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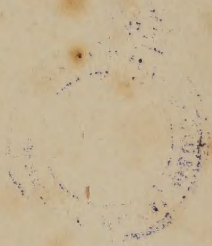














THE DUBLIN  
MEDICAL PRESS,

A Weekly Journal

OF



MEDICINE AND MEDICAL AFFAIRS.

VOL. XXVIII.

FROM JULY TO DECEMBER, INCLUSIVE.

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## ORIGINAL COMMUNICATIONS.

### THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. FREKE, A.B., M.B., M.R.I.A.

(Continued from page 132.)

#### PART II.—PRELIMINARY OBSERVATIONS.

MY second division of the subject which I have ventured to attempt to investigate is the following—namely, an inquiry into the nature of the mechanism of the human circulatory apparatus. Before we can clearly comprehend the nature of that mechanism—that is, in other words, before we can obtain a clear and comprehensive acquaintance with the true nature of the relation in which the several distinct component parts of that apparatus, regarded as separate and individual structures, stand towards each other while in the discharge of their respective physiological functions—that is, stand towards each other while collectively and in union fulfilling the end or design with which that apparatus as a whole has been constructed; before, I say, we can acquire a clear and satisfactory insight into the nature of that relationship, it would, as I regard it, be desirable, in the first place, to take a rapid and summary survey of the nature of the relative functions generally of the several distinct orders or classes of organized structure, which we have already seen generated in the animal world, with the design of giving development to the several distinct orders or classes of vital phenomena included under what are termed the phenomena of animal life. Let me be distinctly understood. It will, I say, as I regard it, be desirable, in the first place, to take a general survey of the nature of the relationship in which the various organized residual products, which we have already seen generated as the ultimate or final results of the regenerative process, stand towards each other while fulfilling the end or design with which those products have been generated; stand towards each other while conjointly or in union giving development to their respective physiological functions; in a word, stand towards each other while, as one harmonious whole, giving manifestation to the varied phenomena which constitute

what we designate "*animal life*." In other words, we are, as I regard it, called on, in the first place, to inquire—*What is the nature of the relation* which subsists between nervous tissue, vascular structure, muscular fibre, and cerebral matter, while those several residual products unitedly (that is, in union as a whole) are respectively giving development to what we term nervous phenomena, vascular action, muscular motion, and mental phenomena? *How* are those structures respectively related to each other while developing their respective physiological functions? *This*, I say, is the question which, in relation to the inquiries at present before us, should, as I regard it, in the first place, engage our attention.

Having attained to such knowledge—that is, having in the first instance acquired a general insight into the nature of that relationship, we should then, as I regard it, in the second place, proceed to the consideration of the following question—namely, *What are* the several organized structures or residual products which enter into the constitution and form the several distinct component parts of that apparatus known as the human circulatory system?

Should we be enabled to obtain a clear and satisfactory reply to each of the two foregoing inquiries, we shall, as I regard it, have acquired a clear and comprehensive acquaintance with the true nature of—the mechanism of the human circulatory apparatus.

Before engaging with me in the investigation of the former of the two foregoing inquiries, I would solicit of the reader, in the first place, to have clearly and distinctly before his mind the facts and relations which have as yet been ascertained with regard to the ultimate or final results of the regenerative process. In other words, I would beg of him to acquire an accurate and clear recognition of the nature of the several relations which have hitherto been engaging our attention with regard to those organized residual products which give development to what are termed the phenomena of animal life.

I am here induced to solicit thus much of the reader, from an apprehension that unless he have a clear and distinct comprehension of the nature of the relations which



have already been investigated with regard to those residual products, he might not perhaps so clearly and distinctly comprehend the nature of the relations (with regard to those products) which remain for us *still* to investigate, and consequently might not perhaps with the same facility be enabled clearly and distinctly to recognize the full force of the observations I am now desirous of submitting to his judgment. To obviate such embarrassment with regard to any of my readers, I shall then, before entering in detail upon the question more directly before us, devote the present communication to an attempt to place as concisely and at the same time as clearly as may be before their view—1st, *the relations* (with regard to the *ultimate results* of the regenerative process) to which I have *already* endeavoured to direct their attention; and 2nd, *those relations* (with regard to such products) to which I am *now* desirous of directing that attention. Hitherto we have been chiefly occupied with inquiries into the nature of the two following relations—namely, we have been investigating the nature of the relation in which the various *organizing agents* employed in the generation of those final results—that is, those *agents* concerned in raising *mineral matter*, by progressively ascending steps, to the condition of the ultimate results of the regenerative process, to the condition of those *organized structures* which give development to the phenomena of animal life; hitherto, I say, we have been chiefly inquiring into—1st, the nature of the relation in which the several *organizing agents* so employed stand towards *each other*; and 2nd, the nature of the relation in which those several *organizing agents* stand towards the *organized residual products* which it was the specific function of those agents respectively to generate. In a word, we have hitherto been investigating the nature of the relation which subsists—1st, between *organizing agent* and *organizing agent*—that is, between one *organizing agent* and another; and 2nd, between an *organizing agent* and an *organized residual product*. Thus much, I say, I have *hitherto* made an attempt to investigate, but *as yet* we have made no inquiries as to the relation which subsists between *residual product* and *residual product*—that is, between one *organized residual product* and another. *As yet*, I say, we have entered upon no investigation whatsoever as to the relation which subsists between one of the *final results* of the regenerative process and another of those *final results*; between one of those organized structures designed to develop *phenomena of animal life*, and another of the structures designed to develop *such phenomena*. In a word, we have as yet made no inquiry whatsoever as to the nature of the two following relations—namely, as to the relation in which the various final results of the regenerative process stand—1st, with regard to *external creation*; and 2nd, with regard to *each other*. We have as yet, I say, learned nothing as to—1st, *how* nervous tissue, vascular structure, muscular fibre, and cerebral matter *collectively*, are related to surrounding creation, with which they are obviously in *some way* related; or secondly, *how* those structures, *separately and individually*, are respectively related to *each other*. We consequently have still to inquire—1st, *how* the *united results* of the regenerative process are connected with the world that surrounds them; and 2nd, *how* the *individual results* of that process are connected the one with the other. Such, I say, are the *general* questions which, as it appears to me, still remain for investigation with regard to the *final or ultimate results* of the regenerative process. In order to obviate any obscurity or ambiguity my observations in connexion with the investigation of these questions might otherwise possibly present to some of my readers, I shall, as I have observed, devote the present communication to an attempt to place, concisely and briefly, before the observation of such—1st, *the facts* which I have *already* attempted to establish with regard to the final results of the regenerative process; and 2nd, *those facts* (with regard to such products) which, as I regard it, *still remain* to be ascertained.

The facts which I have *already* attempted to establish with regard to those organized structures, which I have

termed “*the final or ultimate results of the regenerative process*,” I shall for perspicuity reconsider under the two following divisions—namely, 1st, those facts which have a relation to the *forming or constructing* (that is, in other words, to the *generation*) of those structures; and 2nd, those facts which have a relation to their *function*. First, then, as to the facts we have *as yet* learned with regard to the *generation* of those products. We have already seen, in the first place, or in relation to the forming or constructing of the animal tissues—that is, in other words, in relation to the *generation* of those tissues; we have, I say, already seen, in the first place, *how* those residual products or *organized structures* have obtained their *organic existence*, although composed of inorganic or mineral elements—that is, although composed or constructed of identically one and the same species of *material constituents* as enter into the composition or construction of *unorganized structures*. In other words, we have seen *by what process* nervous tissue, vascular structure, muscular fibre, and cerebral matter are generated or brought into being from an *unorganized or mineral world*. We have seen that process to be what I have termed the *process of generation*. We have further seen (that is, in addition to the recognition of the process), we have, I say, further seen (and my readers will have the goodness to mark this distinctly), we have further seen the *agency or instrumentality* whereby the generation or construction of those organized structures has been *caused or accomplished*—namely, by what I have termed an *organizing agent*. Thus much, I say, we have already seen, in the first place, or in relation to the *generation or construction* of those structures. Let us then proceed to the second inquiry, and ascertain what we have *as yet* learned with regard to those structures when the process of constructing or of generating them *has been accomplished*; what we have *as yet* learned with regard to those *organized tissues* in relation to their *final destination*; in relation to the *end or design* with which their generation or organization has taken place. Let us, in a word, proceed, in the second place, to inquire: What we have *as yet* learned with regard to the ultimate or final results of the regenerative process in relation to the *functions* those products are called upon to fulfil. Having clearly and distinctly before us the facts which have *as yet* been ascertained with regard to those functions, we shall have the less difficulty in recognizing the nature of the facts which (with regard to those functions) remain for us *still* to investigate.

We have, then, *already* seen, in the second place, or in relation to the *function* of the organized residual products before us—that is, in relation to the *function* of those organized structures which develop the phenomena of animal life; we have, I say, *already* seen *how or in what manner* those residual products or organized structures develop their physiological functions. In other words, we have *already* seen by what *process* (that is, by what *alteration or change* in the position or arrangement of their own component constituents) those *organized structures* respectively give development to phenomena of animal life. We have seen that process to be a *parting* (to an extent *proportional* to that in which the *function* of the organized structure *has been discharged*), we have seen it, I say, to be a *parting* with the *cause* (whatever it be) of the *organized condition* of that structure; we have seen that *change or alteration* to be a *resignation* (to an extent *proportional* to that in which the *function* of the organized structure *has been discharged*), we have seen it, I say, to be a *resignation* of that (whatever that be) which had hitherto retained the components of that structure in what is termed an *organized condition*. In a word, we have seen that process to be what I have termed the *process of disorganization or degeneration*. Thus much, I say, we have *already* seen, in the second place, or with regard to the *function* of the organized structures which develop the phenomena of animal life; but mark this distinctly, we have *not as yet* seen, and have consequently *still* to investigate, the *cause* of the alteration or change just referred to. We have not as yet seen, and



have consequently still to inquire for the *means whereby* that *parting* (with the *cause* of the organized condition) *has been effected or brought about*; the *means whereby* that *resignation* (of that, whatever it be, which retained the components of that structure in the organized condition) *has been caused or accomplished*. We have not as yet learned, and have consequently still to inquire *how* those organized structures have been *caused* to assume that condition *which eventuates in their reconversion into inorganic or mineral matter*. In a word, we have not as yet learned, and have consequently still to investigate, the *agency, instrumentality, or means* whereby the disorganization or degeneration of those organized structures *is accomplished*. Upon this topic, I say, we have as yet made *no inquiries whatsoever*. We have learned how those organized structures develop their physiological functions—namely, by *assuming* or by *being placed* in that condition which *adapts* them for being eventually reconverted into *inorganic or mineral matter*. In a word, we have seen that those structures develop their functions by *undergoing* what I have termed the *process of disorganization or degeneration*; but we have not as yet learned, and have consequently still to inquire, *how* that process of disorganization *has been caused*; we have not as yet seen, and have consequently still to inquire, for the *agency* by whose *instrumentality* or *means* the degeneration of those organized residual products *is brought about*. Let me be distinctly understood. In one of my former communications, I directed the reader's attention to the fact, that there are but four circumstances or conditions under which it is possible to contemplate what we term *ponderable or physical matter* in its relation to what is termed organization and life—namely, that such matter must be contemplated while in one of the four following conditions—viz., either, 1st, while *devoid* of organization and life—that is, while in the condition of *dead, unorganized, or mineral matter*; 2nd, while in the act of being *elevated* in the scale of organization; 3rd, as matter possessed of what I have termed *quiescent vitality*; 4th, and finally, while in the act of being *degraded or of descending* in the scale of organization. In one or other of these four conditions or states must any *given specimen* or *special example* of what are termed ponderable or material constituents be contemplated in its relation to what is termed organization and life. I have selected *muscular fibre* as that given specimen or special example of material constituents for the purpose of watching the ponderable components of that muscular fibre while in *each* of the four foregoing conditions. *As yet* I have contemplated those material constituents, or ponderable components, while in the *first, second, and fourth* of the four conditions referred to—that is, while *unorganized*, or while existing as *mineral matter*; while *ascending* in the scale of organization; and finally, while *descending* in the organized scale.

The circumstances to which, in relation to those components, as contemplated in the three conditions referred to, I am now desirous of recalling the reader's attention, are the following two—namely, 1st, we have seen *how*—that is, by *what agency or means*, the material components of muscular fibre have been *raised* to the *third* of the four foregoing conditions. In other words, we have seen the *instrumentality whereby* mineral matter has been elevated to the condition of *muscular fibre possessed of quiescent vitality*; and 2nd, we have seen those material components *while* in the *fourth* of the conditions referred to. In other words, we have seen the ponderable constituents, of which muscular fibre is formed, *while* those constituents were *in the act of being degraded in the scale of organization*. We have, I say, seen those constituents *while* in that fourth condition; but mark this distinctly, we have *not* seen *how*—that is, by *what agency or means*, the assumption of that fourth condition *has been caused*. We have not as yet learned, and have consequently still to inquire, for the *instrumentality whereby* the components of muscular fibre have been *caused* to depart from or leave their *quiescent* condition, and to assume the condition of muscular fibre

*in the act of being degraded in the scale of organization*.\* Upon this, I say, we have as yet made no inquiries whatsoever. Such being the case, I am now desirous of contemplating the components of muscular fibre while in the *third* of the four foregoing conditions—that is, while those components exist in the state of *muscular fibre possessed of quiescent vitality*, and that for the following purpose—namely, in order to obtain a reply to this question—viz., *what is the agency or means* whereby the components of muscular fibre *are caused* to leave the condition of *quiescent vitality*, and to descend in the scale of organization? What is the *instrumentality* whereby the constituents of that *organized* residual product *are caused* again to approach the *unorganized or mineral world*? What, in a word, is the *agency* whereby the *disorganization* of the final results of the regenerative process *is accomplished or brought about* when the process of *organizing or of constructing* those products has been *completed*? I trust I have expressed myself clearly. Lest, however, it should be otherwise, I shall endeavour to be more explicit.

My readers are aware of what, in *physical science*, is meant by the terms "*vis inertia*" of matter. There is a *physiological* as well as a *physical inertia*, and I would urge upon the reader, before proceeding further with this subject—first, to *convince himself of the soundness*; and secondly, to *reflect upon the physiological bearing* of the following statement—the truth of which admits of no question—namely, the various organized residual products which respectively develop what are termed "phenomena of animal life," such as nervous tissue, vascular structure, muscular fibre, and cerebral matter; these several structures, I say, when the business of *forming or of constructing* them has been *accomplished*—that is, in other words, when the process of their generation has been completed and has ceased; then, I say, these structures respectively exist in the condition which I have termed that of matter *possessed of quiescent vitality*, and in that condition it is *absolutely essential* (in accordance with the existing state of things) that such structures must *ever continue to exist* until they have been operated upon by *some cause* which is competent to destroy or disturb that condition. In that quiescent, inactive, or dormant condition, I repeat it, *all* organized structures (be the nature or function of such structures what it may) *must for ever remain*, during the duration of time, until they have been acted upon by *some agency or means* which can *cause* them to *leave* that condition; until they have been operated upon by *some instrumentality* which can arouse or disturb their quiescent vitality, and *cause* them to *descend in the scale of organization*. In a word, until they have been acted upon, if I might so term it, by *some force*, which can overcome, if such terms be permitted, the *physiological vis inertia* of those structures.

*What is that cause for each of the four orders or classes of organized structure before us? What is the force* (if such term be allowed) provided by Nature for overcoming the *inertia* of those organized structures *respectively*? What, in a word, is the *agency, instrumentality, or means*, which Nature has supplied *whereby* nervous tissue, vascular structure, muscular fibre, and cerebral matter shall be *caused* in the *normal or natural manner* (that is, in conformance with Nature's design), what, I say, is the *agency, instrumentality, or means* provided by Nature whereby those structures respectively shall be *caused* to leave their

\* The reader, I trust, understands me distinctly: what I desire to convey is, in other words, this—namely, we can see the *some* material constituents at different periods while existing in the two following very different conditions—viz., 1st, *while* those constituents constitute one of the component parts of *man*—that is, in other words, *while they exist in the highly organized condition* to which we give the name *muscular fibre*; and 2nd, *while* those constituents constitute one of the component parts of *urine*—that is, in other words, *while they exist in the scarcely organized condition* of the components of that effete compound. The question before us is this—namely, *how* has the *change* in these constituents been effected?



condition of *quiescent vitality* and to assume the condition of matter in the act of being degraded in the scale of organization? What, I repeat, has been the *special provision* made specifically for this purpose by Nature for each of those four orders of structure individually? This is, as I conceive, an important physiological inquiry, and merits, as I regard it, the reader's attention.

There are two facts in relation to the question before us (that is, in relation to the *special provision* which Nature has made for causing or bringing about the disorganization or de-generation of the four orders or classes of organized structure referred to), there are, I say, two facts in relation to this question which will at once be admitted by all—namely, 1st, that the organized structures referred to do undergo the process of disorganization or degeneration during or subsequently to the development of their physiological function; such structures being eventually reconverted (from the condition of organized structures) into inorganic or mineral matter; and 2nd, that the oxygen of the atmosphere combines with certain of the components of those organized structures during or subsequently to (but mark it distinctly, *not antecedently* to); and 2ndly, I say, that oxygen of the atmosphere combines with certain of the components of those organized structures during or subsequently to the discharge of their physiological function—that is, during or subsequently to the development of the phenomena of animal life; which combination of oxygen with those components acts as a cause of the disorganization or de-generation of those organized residual products, and of their eventual reversion into inorganic or mineral matter. In the oxygen of the atmosphere, then, we recognize a portion of the special provision which Nature has made for causing or bringing about the disorganization or de-generation of the organized structures referred to, and their ultimate reduction to the unorganized state. That such is a fact, there is no physiologist will question.\* In a word, in the oxygen of the atmosphere we recognize the incidental stimulus, in the absence of which it is impossible (consistently with the arrangements which Nature has made) that those organized structures could (in a normal or natural manner) discharge their required physiological functions. The presence and operation of an incidental stimulus, such as oxygen, is, I say, requisite to enable those structures (in a normal or natural manner) to discharge their respective physiological functions; but such incidental stimulus, though requisite, would, alone (that is, in the absence of some other operating cause), such incidental stimulus, I say, would, if alone, be utterly incompetent to accomplish that end.

I have just employed (in relation to oxygen gas) the expression "a portion" of the special provision which Nature has made for causing or bringing about that effect, and that for the following reason—namely, to me it appears to be obvious that some other element, or operating cause, must, of necessity, have been also in operation before that result could, in a normal or natural manner (that is, in conformance with existing arrangements), before, I say,

\* Should there be any of my readers (which is scarcely likely to be the case) who may feel any doubt or uncertainty as to the correctness of either of the two statements contained in the above paragraph, I would beg of them to ask themselves the two following questions, and to reflect for a moment as to what must be the rational reply—namely, from whence is derived the urea, the lithic acid, the phosphates, &c., of our urine, as also the carbon of expiration? Where do these several substances come from? Why do they exist? and from what source have they been formed? And 2nd, why is the amount of the several components respectively (contained in that urine, expired air, cutaneous expiration, &c.), why, I say, is the amount of these several components strictly proportional (in the normal state of things) to the degree of activity or energy with which the organized structures referred to have respectively discharged their physiological functions? A very little reflection upon each of these questions will, I feel assured, enable any of my readers to convince himself that the two statements contained in the above paragraph are facts.

that result could by possibility be accomplished. For there is a third fact in relation to the question before us, to which I would now desire to solicit the reader's attention; and I would urge upon him seriously to reflect upon the subject until he be enabled to determine to his complete satisfaction whether the inference which, as I regard it, is to be drawn from that fact, be a legitimate deduction or be unsound. The fact I refer to is this—namely, that none of the organized structures at present before us (that is, none of the residual products which develop the phenomena of animal life), that none, I say, of those structures discharge their physiological functions uniformly and uninterruptedly with one and the same degree of activity or energy. In other words, that neither nervous tissue, vascular structure, muscular fibre, nor cerebral matter; that no one of these structures, I say, discharges its specific physiological function at all times with one unvarying and constant degree of intensity. On the contrary, it must be manifestly obvious to all, that each of those structures discharges its physiological function at various times with a variable degree of activity, intensity, or energy. That such is a fact, is too obvious to require further observation. And what do we collect from the recognition of this fact? what inference of importance is to be deduced therefrom? We may, as I conceive, collect this, as I regard it, important physiological deduction—namely, that the discharge of the function of each of those structures, both as regards the time and the intensity of that discharge, must have been placed by Nature under some regulation or control, and cannot have been abandoned to mere hazard or chance. We collect, I say, as I regard it, this important physiological fact—namely, that there must be something (whatever it be) which regulates, arranges, establishes, or controls each of the two following points—namely, 1st, the period or time at which; and 2nd, the degree of activity or intensity with which the oxygen of the atmosphere shall act upon the components of the organized structures referred to. There must, I say, be something, be that something what it may, in the absence of the operation of which, it is absolutely impossible (consistently with existing arrangements) that the oxygen of the atmosphere could (in a normal or natural manner) produce its disorganizing effects upon those organized structures. In a word, there must be something (specially endowed with such function by Nature), in the absence of the operation of which, the component constituents of those organized structures would not be so circumstanced, placed, or conditioned as to admit of oxygen producing thereon its disorganizing effects; would not be so circumstanced, placed, or conditioned as to admit of oxygen eventually reconvert those organized structures into unorganized matter. There must be something in the absence of which those organized structures, though exposed to the influence of oxygen gas, would still retain their condition as organized structures. In fine, there must be something (whatever it be) in the absence of which their incidental stimulus is incompetent to produce its required effects upon those organized structures.

Let me be distinctly understood. If it be true, in the first place, that the discharge of the functions of each of those structures is dependent upon, or accompanied with, some such alteration or change (whatever that change or alteration may be) in the arrangement, constitution, or organization of the component constituents of which that structure is formed; that the discharge of the function, I say, of that structure is dependent upon some such change in its own constitution as prepares or adapts its components for entering into combination with oxygen gas; or in other words, some such modification or alteration in its own organization as admits of those components entering into such combination (for observe, before the discharge of the function of that structure had commenced, its components did not enter, or evince any disposition to enter, into combination with oxygen gas); if, I say, it be true, that the discharge of the function of each of those structures is dependent upon such modifica-



tion in its own constitution *as admits* of its component constituents entering into combination with oxygen gas, whereby that *organized* structure eventually becomes reduced to the condition of *unorganized* or mineral matter. In a word, if it be true, in the first place, that *the discharge of the function* of each of those structures is *dependent upon* what I have termed *the process of disorganization or degeneration* (and there are perhaps none of my readers will question that fact); if it be further true, in the second place, that some such arrangement *must* (in accordance with the existing state of things) have been adopted by Nature *as to admit* of the function of each of those structures *being discharged* (as circumstances may demand) *at various times with various degrees of activity or energy* (and it is impossible, as I regard it, that any one could question this fact); and finally, if, in the third place, it be also admitted that *the ability or adaptation* of the components of each of those structures to enter into combination with oxygen gas, *is strictly proportional* to the degree of activity or energy with which that organized structure has discharged its physiological function (and a comparison of the degree of activity or energy with which the function of these several organized structures has been discharged—a comparison, I say, of such activity with the results of an analysis of the urine, expired air, cutaneous transudation, &c., during and subsequently to the discharge of that function, will banish all doubts as to this statement being fact, should such doubt exist in the mind of any of my readers). If, I say, it be true that the three foregoing statements are *facts* (and to me it does not appear that they admit of being questioned), then, as I regard it, the following deduction results as a *necessary consequence*, as an *indisputable* (as I conceive) or *unquestionable inference*—namely, that *some provision* (whatever it be) *must have been made* by Nature whereby *an adaptation or ability*, on the part of the components of the organized structures which develop the phenomena of animal life, *to enter into combination* with oxygen gas, *shall be strictly proportional* to the *constantly varying* degree of activity or energy with which it is required that those structures should at various times discharge their physiological functions. In other words, that *some plan or arrangement* (whatever it be) *must have been adopted* by Nature whereby *the union* of oxygen gas *with the components* of those structures may be *regulated*, both as regards *intensity* and *time*, in such a manner *as to admit* of the function of each of those structures being discharged *at various times with various degrees of activity or energy*. I trust I convey myself clearly. What I desire to express is, in other words, this—namely, 1st, *the discharge of the function* of the various structures referred to *has* (as regards *time* and *activity*) *been made proportional* to the union of oxygen gas with certain of the components of those structures; 2nd, *the discharge of the function* of the various structures referred to *has not* (as regards *time* and *activity*) *been abandoned* by Nature *to mere hazard or chance*, but has, on the contrary, been placed under the control or subjection of *something* (whatever that something may be) whereby *that function may be discharged at various times with various degrees of activity*. Consequently, *the union of oxygen gas* with the components of the various structures referred to *cannot* (as regards *time* and *activity*) *have been abandoned* by Nature *to mere hazard or chance*; but, on the contrary, *must have been placed* under the control or subjection of *something* (whatever that something may be) whereby *the union of oxygen gas* with the components of those structures *may take place at various times with various degrees of activity*.

In other words, *something* must have been specially provided by Nature whereby *the union of oxygen gas* with the *component constituents* of the organized structures referred to may be regulated, may be timed, may be proportioned; in a word, *may be controlled*. *What* is that *something* for each of the organized structures before us—namely, for nervous tissue, for vascular structure, for

muscular fibre, and for cerebral matter? *what*, I say, is the *special provision* which Nature has made for supplying that *something* for each of the *organized residual products* which develop the phenomena of animal life? Such is the question to which I would desire to direct the reader's attention\*—namely, in other words, *what is it* which

\* Should there be any of my readers to whom *the necessity* for the provision above referred to may not be at first sight apparent, I would beg of him to ask himself the following question, and to reflect for a moment upon what must be the rational reply—namely, *why is it* that a grain of corn may remain for an indefinite number of years in our barns, where it is *freely exposed to the influence of oxygen gas*, without evincing the smallest tendency whatever *to change its condition*—without evincing the smallest tendency whatever *to vary the relative arrangement of its component constituents*; in a word, *without any of those component constituents manifesting the slightest disposition to enter into combination with oxygen gas, or to be altered in any way by that agent*? *Why*, I say, is this so, when we find that so soon as that grain of corn has been thrown upon the earth, that then (if exposed to the influence of oxygen gas) it does at once evince a tendency *to change its condition*—that then it does at once evince a tendency *to vary the relative arrangement of its component constituents*—that then, in a word, those component constituents *do manifest* a disposition *to enter into combination with oxygen gas, or to be altered in some way by that agent*? *Why*, I repeat it, has this been the case? The answer to that question must, as to me it appears, be this—namely, the agency or instrumentality (whatever it be) which has been provided by Nature for the purpose of causing the required change in the relative arrangement of the components of that grain of corn; or in other words, which has been endowed with the faculty of *placing* those components in such a position (in which position observe they had not previously been), in such a position, I say, as to admit of their entering into combination with, or be in some way affected by, oxygen gas; the agency or instrumentality, I say, so endowed or provided for this purpose by Nature, *was not in operation* (or at least was not so in operation as to produce that effect) until that grain of corn had been thrown upon the earth. In a word, we may, as I regard it, from the contemplation of that grain of corn in the two foregoing positions, collect the two following facts—namely, 1st, that the operation of some specific cause (whatever it be) is required to effect or bring about that action or change (whatever it be) in that grain of corn whereby its components become adapted for being affected by the oxygen of the atmosphere, *whatever be the effects* produced by that oxygen in the components of that grain of corn; and 2nd, that *this specific cause* (whatever it be) exists (or else is called into action by something which exists) in the earth upon which that grain of corn has been thrown.

We have already, in one of my early communications, investigated the question as to the causes which, and which alone (in a normal or natural manner), can, by possibility, effect or bring about the changes observed to take place in the relative arrangement of the components of that grain of corn. In other words, we have inquired into the requisites which Nature has made it essential should be fulfilled before the functions of any "vegetation" in existence can be discharged. Those requisites we have seen to be twofold—namely, 1st, the presence of what I have ventured to term an "incidental stimulus;" that is, the presence of some chemical agent (such as oxygen gas) which is capable of producing some chemical effect upon, or of entering into chemical combination with, some of the components of that "vegetation" or organizing agent. In a word, the presence of some agent which can augment the chemical force already existing in the components of that "vegetation" or organizing agent, so as to increase the tendency they have to enter into chemical combination; and 2nd, the presence of what I have ventured to term a specific stimulus, in the absence of which specific stimulus (whatever it be) it is absolutely impossible that that "vegetation" or organizing agent could in a normal or natural manner (that is, in accordance with the design Nature had in view in creating that agent), it is, I say, absolutely impossible that that "vegetation" could in a normal manner discharge its required physiological function. In the absence of which specific stimulus (whatever it be) it is absolutely impossible that the incidental stimulus, or oxygen gas, could in a normal manner (or in accordance with Nature's design) enter into chemical combination with (or produce other chemical effect upon) the components of that "vege-



(conjointly with, or in addition to, their *incidental stimulus* or oxygen) acts as the *efficient cause* whereby the disorganization or degeneration of those several *organized structures* is accomplished?

The reader, on entering upon the consideration of this subject, will please to bear distinctly in mind that the question at present before us is this—namely, what is that *efficient cause* which (conjointly with, or in addition to, oxygen gas) has been provided for each of the *organized residual products* in question? I say, *organized residual products*, in contradistinction to *organizing agents*; for we have *already* investigated the same inquiry with regard to organizing agents. I shall, for perspicuity and clearness, briefly recal to the reader's attention some of the results of that investigation with regard to *organizing agents*. In one of my earlier communications, I endeavoured to direct the reader's attention to the three following facts—namely, 1st, that the humblest or lowliest species of *organizing agent* (that is, in other words, the simplest conceivable *vegetation*) *does not commence* the discharge of its specific physiological function (although *freely exposed* to the influence of oxygen gas), *does not begin* to develop the phenomena of *organic life* (although surrounded by an atmosphere of oxygen) *until* it has, in the first place, been presented (in the form of *unorganized or mineral matter*) with materials which stand to that *organizing agent* in the relation of what is popularly

termed "its nutriment." *Until*, I say, that *organizing agent* has been presented with such materials, it might (though *freely exposed to the influence of oxygen gas*) remain *for ever* in the condition of an *organizing agent* possessed of *quiescent vitality*. When, however, that *organizing agent*, thus exposed to the influence of its *incidental stimulus* or oxygen, has been presented with such materials (in conjunction with certain other requirements, such as temperature and moisture), *then*, and *not till* then, is the *quiescent condition* of that *organizing agent* *disturbed*; then, and not till then, does that *organizing agent* *commence* the discharge of its specific physiological function of developing the phenomena of *organic life*; *then*, in a word, and *not till* then, does that *organizing agent* begin to *confer* or to *impart* organization. To such fact, I say, I have already directed the reader's attention in the first place; 2ndly, I have further endeavoured to point out to the reader that if by *any abnormal process* (viz., *high temperature*, for example; such, for instance, as throwing the seed of a vegetable into the fire), that if, I say, by the operation of any *abnormal cause*, the oxygen of the atmosphere be *forced* to act upon the components of that *organizing agent*, and to reduce them to the condition of *unorganized matter*; that *then*, I say, that *organizing agent* (though *caused* to undergo the process of disorganization or degeneration) *does not* (in the absence of what *normally* acts as that cause), *does not*, I say, undergo that process in a *normal or natural manner*; that *then* that *organizing agent* (though *caused* to undergo the process of disorganization or degeneration) *does not* (in the absence of what *normally* acts as that cause), that *then*, I say, that *organizing agent* *does not* discharge its *specific physiological function*. In a word, that when the *disorganization or degeneration* of an *organizing agent* is *caused exclusively and alone* by an *augmentation of the chemical or physical forces* which already exist in the components of that *organizing agent*, that *then* that *organizing agent*, although reduced to the condition of *unorganized matter*, *does not* (while in the act of undergoing the process of that reduction) *discharge* its specific physiological function; *does not*, while in the act of undergoing the process of degeneration, *develop* the phenomena of *organic life*; in a word, *does not*, while in the act of undergoing the process of disorganization, *confer or impart organization*. Hence we collect the necessity for the presence and operation of some *specific cause* of that disorganization to enable that *organizing agent* (while undergoing such disorganization) to *discharge its specific physiological function*. To such fact, I say, I have already directed the reader's attention in the second place. 3rdly, I have further, in the third place, endeavoured to make it apparent to the reader that the *same facts* are equally true with regard to *all* *organizing agents* in existence, from the lowliest or most humble to the most elevated or lofty, *all without exception* require the presence and operation of materials in the form of what is popularly termed "*their nutriment*," before in a *normal or natural manner* (though *freely exposed to influence of oxygen gas*) they can undergo the process of disorganization or degeneration. In a word, *all organizing agents*, without a solitary exception, require the presence and operation of certain *specific or special materials* which stand to such *organizing agents* in the relation of what is popularly termed "*their nutriment*," through the agency or operation of which *specific or special materials* (conjointly or in conjunction with an *incidental stimulus*, such as oxygen gas) those *organizing agents* may be *aroused* from their condition of *quiescent vitality* and *caused* to discharge their specific physiological function.

tion" or *organizing agent*; and thus *increase* the tendency those components have to enter into *chemical combination*. The grain of corn just referred to, may, as we have seen, remain for an indefinite number of years in our barns without evincing the smallest tendency to undergo *any change whatever*; without all or any of its components manifesting the slightest disposition to enter into *chemical combination* with, or to be in *any other way affected* by oxygen gas, although during that period *freely exposed* to the influence of that *chemical agent*. Why is this so? Simply, as it appears to me, for this reason—namely, *because the specific stimulus* of that *organizing agent* was *absent*. The *specific stimulus* (namely, that, whatever it be, which *so acts* upon the components of that *organizing agent* as to place those components in such a position as *adapts them* for being *affected* by oxygen gas, and for entering eventually into combination both with that gas and with each other), the *specific stimulus*, I say, of that *organizing agent* (whatever it be) we have already seen to exist in the earth. When, then, that *organizing agent* has been thrown upon the earth, *then*, and *not till* then, can it (in accordance with Nature's design) discharge its specific physiological function of—developing the phenomena of *organic life*.

Such, I say, as it appears to me, has been Nature's arrangement with regard to what I have termed *organizing agents*. The same, identically the same, appears to me to have been also her arrangement with regard to what I have termed *organized residual products*. Identically the same species of requisites must, I say, as it appears to me, of necessity, be in operation, in order to cause one of the final results of the regenerative process to manifest its specific physiological function of developing a phenomenon of *animal life*. They, too, one and all, require the presence and operation of an *incidental* and of a *specific stimulus* to admit of their discharging their respective physiological function in a *normal or natural manner*. In a word, they require—1st, the presence and operation of oxygen, whereby the *chemical force* (already existing between their components) may become *so augmented* as eventually to cause a union of those components with that oxygen and with each other; and they require, 2nd, the presence and operation of *something* (be it what it may), the presence and operation, I repeat it, of *something* which can place those components (which *previously* to the operation of that something *had not been so placed*), the presence and operation, I say, of *something* which can place those components in such a position as to admit of their being influenced by the operation of oxygen gas, and of eventually entering into *chemical combination* with that gas and with each other.

What is that *something* for each of the *residual products* before us? Such is the question to which I am desirous of directing the reader's attention, and it is to that *something* (whatever it be) to which I would apply the terms *specific stimulus* of such *residual product*.

To those materials which stand to *organizing agents* in the relation of what is popularly termed "*their nutriment*," I have ventured to apply the following terms—namely, the *specific stimulus* of those *organizing agents*; I have done so for the two following reasons—namely, 1st, from the fact that (while the term "*nutrition*" appears to me to express but little which can convey any *very definite*



ideas to the mind) *the specific physiological function* of those materials is to *arouse or stimulate* the organizing agents (upon which they have been adapted by Nature for acting) to the *discharge of their specific physiological function*; and 2nd, from the fact that *that* (whatever it be) which discharges an *analogous* function with regard to *organized residual products*, does not stand in the relation of what is termed "nutriment" to those *residual products*. What is *that* which discharges an *analogous* function with regard to *organized residual products*? What is *that* whose *specific physiological function* is to *arouse or stimulate* to the discharge of its *specific physiological function* an *organized residual product*? Such is the question at present before us.

Thus, then, the question which I am at present desirous of attempting to investigate, may for perspicuity be expressed in these terms—namely, *What is the specific stimulus* (that is, the stimulus *specially* provided with that *specific design*) which has been furnished by Nature for the purpose of *calling or arousing* to the discharge of its *specific physiological function* each of those *organized residual products* respectively which are designed to develop what are termed "phenomena of animal life?" What, I say, is that *specific stimulus* which (in conjunction with their *incidental stimulus* or oxygen gas) can so act upon those *residual products* as (conjointly with that *incidental stimulus*) to be the *efficient means* whereby those *organized structures* become eventually reconverted into *unorganized matter*? What, I say, is the *specific stimulus* which has been *specially* provided for each of those *residual products individually*? Such is the question I am now desirous of attempting to investigate, and to the further consideration of which I shall proceed in my next communication.

(To be continued.)

#### HOSPITAL REPORTS.

##### NORWICH HOSPITAL.

#### *Popliteal Aneurism; Compression; Ligature of Artery; Amputation.*

B. W—, aged 34, admitted, November 15, 1851, under the care of Mr. Norgate. He is a strong, healthy-looking man, of a sanguineous temperament, is married, and his occupation is that of a farmer's labourer. His father died at the age of 33, from the rupture of a bloodvessel; his mother is alive, and in good health. He has had intermittent fever twice; seven years ago he had rheumatic fever, which lasted sixteen weeks; and he has been subject to occasional slight rheumatic attacks since; also occasional seizures of acute pain in the præcordial region, stopping his walk or work. He has never had venereal disease, nor has he been addicted to drinking.

About ten or eleven weeks before admission, having "felt a stiffness in the left ham" when he rose from the sitting posture, his attention was directed to that region, when he perceived a tumour of about the size of a nutmeg. He has no recollection of having strained himself; nor can he assign any cause for the appearance of this tumour. On the discovery of it, he applied poultices for two or three nights, and the pain was removed. In about three weeks, he again felt uneasiness in the tumour, which gradually increased in size up to the period of his admission. He did his work up to November 8th, on which day he was at plough.

*Condition on Admission.*—There is a pulsating tumour in the left popliteal space, fusiform in shape, and of about the size of a small hen's egg. On the application of the stethoscope, a distinct *bruit de soufflet* is heard, which, as well as the pulsation, ceases by making pressure on the femoral artery above. It can be entirely emptied of its contents, which are fluid. The fascia closing the popliteal space is tightened, but there is very little distension of the veins or infiltration of the limb; pulse about 80, regular. There is no evidence of cardiac disease, beyond a slight roughness in the sounds. The left lung is not in so satis-

factory a condition as one could wish; there is some dullness on percussion, with deficient expansion of the corresponding side of the chest. The patient was ordered small doses of digitalis and hyoscyamus, three times a day. Middle diet, without beer.

Mr. Norgate was desirous of attempting the cure of this case by compression, by means of the instruments used by the Irish surgeons, and had already ordered them to be made; but on the 20th of November the tumour had so increased in size, and with it the discomfort of the patient, that it became necessary to do something at once; and therefore, as a temporary means, it was resolved to make pressure with Signorini's tourniquet, which was applied over the femoral artery at the upper third of the thigh. November 25th. Pressure has been continued since the 20th, but has been unfortunately applied in an imperfect manner, for want of proper apparatus; meantime the tumour has enormously increased in size. Pressure is now being made by means of the thumb of another person applied over the artery at the groin, and great ease thus procured to the patient. 26th. Pressure, as employed yesterday, no longer affords relief to the patient; he is writhing with pain, which he describes as existing all over the knee, ham, and leg, accompanied by coldness of the foot. The aneurism has now all the appearance of having become diffuse; the entire ham is one pulsating mass; the tumour has extended up the inner aspect of the thigh, to the extent of two inches; with all this obstruction, there is still but very slight œdema of the leg. Ordered forty minims of Battley's solution, to be taken directly. Bleeding to fourteen ounces. To have ten minims of tincture of digitalis every six hours, and a brisk cathartic at night. All compression to be discontinued. 27th. Patient comparatively easy since the bleeding; the blood drawn is highly buffed and cupped. 29th. The remedies adopted having somewhat quieted the system, it was resolved to tie the femoral artery, which was accordingly done to day, at half past twelve, the patient having been previously put under the influence of chloroform. The vessel was secured just where it is crossed by the inner edge of the sartorius. Two p.m.: Pulse 85; begins to feel pain in the leg similar to that which he experienced prior to the operation; the pain is more severe in the calf. Half-past two p.m.: He now describes the pain as excruciating. Half a drachm of Battley's solution, to be taken directly. Three p.m.: Pain slightly diminished; foot quite warm, but he says he cannot feel it. 30th. A grain and a half of acetate of morphia has been given in three doses during the night; this morning he is much easier, and says he feels his toes. Pulse 140.

December 1st. Pulse 108. Circumference of ham very much diminished, considerable tension in the ham, with a brownish discoloration and much pain; there is also commencing lividity of the foot and loss of sensation as far as the ankle. Temperature of sole, 83 deg., that of ham, 90 deg. 2nd. Pulse 105. The patient is much easier; the lividity of the foot has increased and has extended somewhat beyond the ankle; there is less tenderness and tension in the ham; but the pain on pressure is now felt lower down in the middle of the leg. Temperature of the sole, 77 deg. 5th. There is now considerable lividity of the foot to two inches beyond the ankle, at which point there is an obscure line of demarcation; beyond this the temperature is good and the limb appears restored; the entire surface below this mark is discoloured, but in some places more than others, forming patches; œdema of foot. To have a mutton-chop, brandy, eggs, &c. 6th. Vesication has commenced on the inner side of the ankle. The entire limb to be placed on an elastic cushion filled with hot water. 7th. Discoloration having now commenced in the calf, a consultation was held, and the immediate removal of the limb unanimously recommended. Mr. Norgate accordingly amputated the thigh, about four inches above the knee. Nothing worthy of record occurred during the convalescence of the patient, who was discharged, January 24th, with the stump quite healed.

*Dissection of the Limb.* The aneurism, occupying the



whole popliteal space, was of a nearly globular form, five inches long by four inches broad, and was nearly uncovered in making the posterior flap, the artery being cut about an inch from its expansion into the tumour. The minute examination of the tumour disclosed that it had its origin on the anterior and outer side of the vessel, and that its walls had given way when it had attained the size of a large walnut: also that it had become partially diffused into the inner head of the gastrocnemius, the aponeurosis of which formed its boundary above, and the torn muscular substance below. All the articular and the sural arteries were obliterated by pressure, or had their origin from the sac itself; the popliteal vein and nerve lay in a groove of the tumour, and had been subject to great pressure, as was to a less degree the peroneal nerve. The muscles of the posterior aspect of the limb were much altered in colour, though not shrunk in bulk, being mottled with what appeared to be fat in the interstices of their largest fibres. Above and below the disease the vessels were in a healthy state, save only the usual obliteration the the commencing line of demarcation. The cure of the aneurism had begun, by the formation of a firmish clot with some fluid blood below. The posterior ligament of the knee-joint was not diseased, nor the synovial membrane.—*Lancet*.

The opponents of the treatment by pressure will doubtless enumerate this amongst the unsuccessful cases, but with no fair grounds; for pressure was evidently, if applied at all effectually, so managed as to forbid success. We are surprised to learn that the proper instruments were not to be found in the *armamentarium chirurgicum* of the Norwich Hospital, or that they were not at once procured from London, where, we presume, they can be had.

#### PATHOLOGY OF DIABETES.

WE reprint the following from the 2nd volume of the Transactions of the American Medical Association:—"For all practical purposes in the present state of our knowledge, we may, in the opinion of Dr. Todd, adopt with advantage the following view of the pathology of diabetes. 'That it is primarily a disease of the mucous membrane of the stomach, whereby an abnormal diastase is formed, which rapidly converts into sugar such aliments as admit of that conversion; the mucous membrane probably likewise secretes sugar; the sugar thus formed, passes into the blood, and is rapidly eliminated by the kidneys, causing, at the same time, the attraction to those organs of the elements of a large quantity of water.' Very much to the same point are some interesting remarks of Professor Flint, in the *Provincial Journal*, on the pathology and treatment of this affection. The presence of sugar in the blood and various secretions other than the urine, he remarks, renders it inappropriate longer to rank diabetes among renal diseases. It is a disease affecting the assimilatory process, in consequence of which, sugar ingested passes unchanged into the bloodvessels, and alimentary principles capable of being converted into sugar undergo that chemical change. The kidneys are involved only as one of the excretory outlets by which this useless saccharine material is eliminated from the system. The hyper-secretory action of the kidneys (which is probably due to the presence of sugar acting as an excitement), constitutes an important element of the disease. This will serve to explain, in part, the dryness of the surface, the costiveness, the thirst, &c. The loss of those alimentary principles which contain sugar, or are capable of conversion into sugar, for all purposes of healthy assimilation, will explain the debility, the wasting, and the great gravity of the disease. We have thus advanced a considerable way in our knowledge of this disease; but we are still at a distance from knowledge of the nature of the perversion which the processes of assimilation undergoes, and of the ulterior morbid condition upon which the perversion depends. In other words, its true pathology and etiology are still unknown. The knowledge, however,

which has been acquired, is not without its practical value. It prevents, in the first place, treatment based upon the idea of its being essentially a urinary disorder, and other false pathological views, and in this way saves the patient from measures which might prove not only useless, but injurious. This, although negative, is nevertheless not the least important of the advantages which attend an improved knowledge of diseases generally. . . . Our rational course, in the present state of knowledge, is to endeavour to restore the proper action of all the functions; and especially to modify and improve the processes of assimilation."

M. Mialhe believes that diabetes "depends upon a want of sufficient alkalinity in the fluids of the body; that the transformation of amyloid substances into sugar, is not peculiar to diabetic patients; it is not an accidental phenomenon, but a necessary part of the digestion and assimilation of food; that this is brought about by an animal diastase in the saliva, which he has discovered; that amyloid substances must in all animals, without exception, be converted into sugar under the influence of this diastase. *But what becomes of this sugar?* It must participate in nutrition, and, in order to do this, it undergoes certain transformations; for in the normal state, it is not detected in any of the secretions. Its passage through the kidneys is pathological, and depends upon a disturbance which has its origin in the want of alkalinity in the blood. The alkalies in the blood, M. Mialhe contends, are the principal agents in the digestion and assimilation of saccharine and amyloid substances. The saccharine principle must undergo farther transformations to be assimilable. In the healthy subject, the alkalinity of the blood is sufficient for this decomposition; but if this be deficient, the transformation fails to take place; the sugar becomes a foreign body, and is cast off, not only by the kidneys, but by all secreting surfaces, and we have diabetes. The cause of this affection may therefore be traced to a defective assimilation of the sugar, through a want of alkalinity in the animal economy. Human blood is naturally alkaline, but would eventually become acid, through the ingesta, but for the counterbalancing effects of especial secretions—the urine and the perspiration, which when normal, are always acid. The saliva and the tears are uniformly alkaline."—*London Journal of Medicine*.

#### CALOMEL IN LARGE DOSES AS A DIURETIC IN DROPSIES.

By W. H. MCKEE, M.D., of Raleigh, North Carolina.

IN the treatment of dropsies, calomel has been considered from its earliest introduction into use, as a valuable adjuvant in combination with other remedies, but in no single instance am I aware that it is mentioned by writers as acting as a diuretic when given alone either in small or large doses. Its use in large doses is no new practice, for it has been given freely in the treatment of fever and cholera, and for its hydragogue, cathartic, sialogogue and deobstruent properties, it is well known. In combination with squills, nitre, and sometimes digitalis, it is a very popular mode of administration, and one that generally fulfils the indication for which it is prescribed; but there are cases in which it fails as well as the rest of the class of diuretics, and the physician is thrown back on his own resources for something more active and reliable. When such is the case, calomel in doses from forty to a hundred grains repeated for two or three nights successively, will certainly fulfil the most sanguine hopes, by not only freely purging, but by producing copious diuresis, and at the same time sedation, followed by sleep such as cannot be had from opium nor its preparations, with safety. During its action, gin or whiskey toddy may be freely used, should there be much prostration; but this is seldom the case, the stimulus only aiding the diuretic action. I have seen persons who were unable to lie down, for a week at a time, longer than a few moments, sleep well after the action of the first dose.

The usual mode of administration is to give fifty grains of calomel for three successive nights, and should it fail to produce the desired effect, to wait for several days and



repeat the calomel in eighty or a hundred grain doses, but in no instance that has come under my observation have I ever known the fifty-grain doses fail; and in but one case have I ever given a hundred grains. This was followed by free and copious purging at first, and in a short time by diuresis. It is not often that the first dose will act as a diuretic, but after the administration of the second its effects will be produced; the third dose I have never known to fail. During its action, it will, in some instances, produce violent emesis, and sometimes act as an emeto-cathartic; but this only facilitates its action, and no serious consequence may be apprehended. While using these doses, vinegar should be freely applied to the mouth and throat, so as to prevent its specific effect, and cold drinks of all kinds prohibited. Calomel given in the above doses is no more liable to produce its constitutional effect than it is when given in smaller ones. I have known one grain to produce salivation without accomplishing any good, but evidently harm. When the indication requires it, it should be used freely. As with quinine, we may produce ringing in the ears, and many contend that when this is the case, the specific effect is produced, and all is accomplished that may be expected of it. But this is known to be false. In the treatment of fever it is continued until the fever is subdued, without any detriment to the patient. So it is with the calomel in large doses in the treatment of dropsies. By using the necessary precaution, you can succeed in introducing into the system such quantities as will fulfil the indication, with no more danger than there is in giving smaller ones. When salivation is produced, it is as manageable as under any other form, and yields as promptly to the usual remedies. I do not recommend its use in these doses in all cases of dropsies, for many of them are merely functional, and the sequelæ of some acute disease, and readily yield to milder remedies; but it is in those cases where there may be hepatic and splenic derangement, when the ordinary remedies fail, that calomel may be relied upon, not only for its cathartic properties, but mainly for its diuretic action. So prompt is it in producing this effect, that I have known it to succeed in expelling the fluid where there was organic disease of both the heart and lungs. If the constitution of the patient is very delicate, for instance a female, doses of thirty to forty grains will be large enough. I was called to see a lady aged about 50, who had been pronounced by her medical attendant to be in the last stage of hydrothorax; with cough; bloody expectoration; great dyspnoea; inability to lie down; general anasarca and distension of the abdomen; countenance anxious; tongue red, pointed, and dry. She had taken a great variety of remedies, and appeared to be hourly growing worse. I prescribed thirty grains of calomel to be aided by whiskey toddy, and to be repeated the second night. The first dose produced copious purging, the second acted as an emetic with moderate purging, but with profuse diuresis. On visiting her the third day after administering the first dose, she was so much relieved that she was enabled to lie down and sleep with comfort, and to get up and walk without assistance. Her cough and expectoration ceased, tongue became moist, and all difficulty of breathing disappeared. But it is just to remark that the specific effect of the calomel was freely developed, but yielded promptly to the ordinary mode of treatment. After this, she was treated with chalybeates and the preparations of quinine, and recovered her usual health within a few weeks.

The diet in all cases should be very abstemious. After the action of the calomel, it will be necessary to administer some remedies to prevent a re-accumulation of the fluid. I have found a solution of the muriated tincture of iron to answer the indication very well, but in some instances it will disagree with the stomach. When such is the case, the tartrate of iron and potassa suspended in wine—about an ounce to the quart, and a dessert-spoonful given three times a day—will suit the most delicate stomachs, as well as fulfil the indication desired. Should the bowels become constipated, and require an aperient or cathartic, cream of tartar and Epsom salts equally combined will answer the

purpose. But should the re-accumulation of water take place in spite of these means, it will become necessary to repeat the calomel, and follow it by the same treatment. In a number of instances I have found the following combination to answer the purpose when most remedies had disappointed me, especially when the calomel was contraindicated from constitutional causes. Take one pint of the tincture of *asclepias syriaca*, which is made by adding one ounce of the fresh root to one pint of whiskey; let it stand for fourteen days, and then add it to two pints of the strong decoction of *sarsaparilla*, with one drachm of powdered alum. Of this, give a tablespoonful three or four times a day. Should it not be active enough, or too active, it may be regulated according to the ability of the patient to bear it. It will keep the bowels gently moved two or three times a day, besides acting as a good diuretic and tonic, increasing the appetite and strength.

Too much attention cannot be paid to the manner of dressing as well as the diet. Flannel should always be worn next the skin, and exposure of all kind avoided, especially in damp and rainy weather; for after the fluid has been expelled from the system, the muscular and cellular tissue is so much relaxed, that if these precautions are not attended to, and aided by proper bandaging of the abdomen, the fluid will, as a matter of course, re-accumulate. By adhering to this, the tissues are aided as they gradually assume their natural healthy and tonic action, and are enabled to resist the morbid influence; for, in fact, this is the great difficulty in curing hydropic diseases.

In confirmation of my own experience in the diuretic action of calomel, the following extracts from the published proceedings of the Medical Society of the State of North Carolina, will give additional testimony to its efficacy:—

“A discussion arose as to the *modus operandi* of calomel, on an inquiry made by Dr. J. Williamson of Caswell, if calomel was in fact a stimulus, or what was the received opinion as to its action? and he referred to an instance where it had been administered in very large doses by a friend, with decided benefit, in dropsy, acting as a sedative and diuretic at the same time.

Dr. C. Johnson of Raleigh remarked, ‘that he had considerable experience in the exhibition of both drugs (calomel and quinine) in large doses, and could testify to their sedative value and influence when given in this manner. Calomel, he believed, in doses of 50, 100, or more grains, particularly in some cases of dropsies, depending upon enlargement of the liver and spleen, and obstruction of the portal circulation, was followed by the happiest results, producing copious and free discharges, sometimes very watery, but not always corresponding in quantity with the increase of the doses, which was, perhaps, generally true of increasing doses of calomel; and that in many instances, sometimes after the second dose, more generally after the third, when the doses have been given day after day, it acted powerfully as a diuretic. He had seen many cases of dropsy of this kind improve rapidly, and speedily recover under this treatment. He had never seen salivation produced in this manner, although the action of the calomel was decidedly *sedative*, inducing quiet and sleep, diminished frequency of the heart’s action, and an improved state of the secretions generally, with a moist tongue and skin, and all without much if any prostration.’”

I am aware that it is too often the case that a general conclusion is drawn from a mere isolated fact, but such is not the case in the present communication. I could give a number of cases to illustrate the above treatment, but deem it unnecessary, as the general principle is here laid down. The main object in directing the attention of the profession to this subject at all is, that they may see what is the experience of others, and to show that calomel possesses a property far more reliable than has generally been conceded to it as a diuretic, and surpasses all other remedies of that class in dropsical diseases. Should the experience of others, after having given it a fair trial, accord with my own, I shall feel that my humble labours have not been in vain.—*Phil. Med. Examiner.*



### POISONING BY CAMPHOR ADMINISTERED BY INJECTION.

M. ARAN communicated to the Medical Society of the Hospitals of Paris a case of poisoning by camphor, which deserves to be better known, as the dose in this case is that directed in the latest formularies.

The subject of this case was a young woman, aged 27, who presented various nervous symptoms, and to whom, after having in vain made use of a number of remedies, M. Aran wished to administer camphor. For this purpose he prescribed four grammes (about sixty-one grains) of camphor in an injection; but two minutes after the administration of the injection, the patient complained of a sensation of sinking, and a pain in the abdomen. She then was seized with violent convulsions, with loss of consciousness, frothing at the mouth, twisting of the limbs, drawing of the head back, cyanosis of the face, coldness of the extremities, feebleness of the pulse, extreme dyspnoea, &c. This attack lasted twelve or fifteen minutes. The patient recovered her consciousness after cold water had been thrown on her, but was constantly choking, and said she was about to die. A purgative injection evacuated what remained of the camphor enema in the intestine; stimulant frictions were applied to the limbs, and an infusion of black coffee was administered every minute. The symptoms persisting notwithstanding, M. Aran placed the patient on a girthweb bed; the body was covered with sinapisms, sprinkled with water of ammonia, and for twenty minutes a continual stream of cold water was let fall on the head: at the same time were administered, as we have said, some mouthfuls of black coffee. These affusions calmed the agitation and anxiety. The pulse rose sensibly; then the patient was removed to a very hot bed, the coffee was continued, and an infusion of it given by injection, and thus every danger was overcome. The next day there remained only great feebleness, and not the least remembrance of what had happened.

The result of the discussion which followed this communication, and in which MM. Brousseau, Bricheteau, and Gendrin took part, that the dose of four grammes directed by the formularies is too large. It is better to commence with a small quantity, and gradually increase it. As to the means to be used in a like case, amongst the most are cold affusions, continued with perseverance, which are in this case of as much service as in other cases of poisoning, particularly in poisoning by hydrocyanic acid.—*Jour. de Méd. et Chir.*

### SUDDEN LOSS OF SIGHT BY LIGHTNING.

M. HENROTAY, regimental surgeon at Namur, reports the following case of sudden loss of sight, in consequence of a flash of lightning, in a patient who wore a galvanic chain round his neck:—

A man, named Geeraets, aged 38, of broken-down constitution, and lymphatic temperament, was employed as magazine guard at Beverloo. Overcome with old rheumatisms, which had stiffened all his joints, for some months back he had worn a galvanic chain hanging on his chest till last summer, when he was suddenly attacked with dyspnoea as one of the parapets from which he was separated by a short space was struck with lightning. When recovered from his emotion, in a quarter of an hour, he was able to reach home. This event had left but a feeble impression on his mind, when, on the 1st of May, in this year (1851), as he was sitting in his room, reading a newspaper, the window being open, immediately after a flash of lightning, Geeraets is suddenly affected with vertigo, he reels, holds on by the furniture about him, and loses his sight completely. At this time, the galvanic chain which he still wore, was simply carried round his neck. I was called to see the patient, with M. Warlomont, in a short time after the accident.

Geeraets had a distracted appearance; the eyes open and immoveable; the pupils slightly more dilated than natural, and very little sensibility. He complained of headache and vertigo. We found the pulse soft, feeble, and impressible; a bruit de raie in the heart; he complained of some nausea, slight thirst, anorexia, and slight pain in the epigastrium on

pressure. The state of the pulse and constitution of the patient prohibited general bloodletting. We directed twenty-four leeches to be applied behind the ears in two relays, sinapisms to the lower extremities, and the patient was put on the lowest diet. At the end of the second day, these measures having caused no sensible amelioration, I ordered a large blister to the nape of the neck. From this moment there was a manifest improvement, so much so, that on the sixth day the sight was completely restored. It is unnecessary to add that Geeraets hastened to rid himself of his galvanic chain, and buried it several feet below the ground.

This case proves that the galvanic chains, the use of which has spread with such singular rapidity in our country for some time past, are not entirely without danger. Writing this at a distance from any library, it is impossible for me to discover if cases of a like nature are recorded in authors; and as a practitioner may be at a loss as to what treatment to make use of under like circumstances, I thought it best to mention the good effects which followed the application of a large blister to the back of the neck.—*Archives Belges de Méd. Militaire.*

### POOR-LAW INTELLIGENCE.

#### MEDICAL DISTRICTS—KILLARNEY UNION.

D. C. COLTSMAN, in the chair.

DR. PURCELL said the question of the medical districts was for a long time in abeyance, and he hoped the board would come to some decision. The Commissioners were of opinion that six divisions were absolutely necessary to carry out the intention of the legislature. In that opinion he (Dr. Purcell) concurred. However, to meet the board in every way they could, the Commissioners were now satisfied to have but five. He had taken pains to make out five divisions accordingly, in two different ways, the schedule and map of which he would lay before them. He did not think the intention of the legislature could be carried out with less. He therefore hoped the board would agree to five, or else have six. Dr. Purcell concluded by laying the schedule and map on the table.

The Chairman said it was right to inform Dr. Purcell that the board had frequently discussed this question, and had been in communication with the Commissioners on the subject for some time. On every occasion upon which the question was discussed, the great majority of the board were of opinion that four medical divisions, and no more, should be formed. He now begged leave to ask whether Dr. Purcell was authorized, on the part of the Commissioners, to make a compromise between four and six?

Dr. Purcell—Certainly. We will be too happy to have the guardians meet us half way.

Mr. James O'Connell said it appeared that the area of the union was 250,000 acres. Now, Mr. Chairman, continued Mr. O'Connell, your knowledge as well as mine will show that a large proportion of that is water. Our beautiful lakes and mountains form a large part of it, and are not inhabited at all. In a union in Galway, the area of which is considerably larger than ours, four medical districts were deemed sufficient. If the majority of this board could for a moment suppose that giving an additional physician could in any way serve to alleviate the distress of the people, there is not a single member of the board who would not cheerfully acquiesce. But the great majority of the board think that, however good the intention of the legislature may have been, a more useless law, as regards Ireland, never emanated from the British parliament. What will those medical men do? What relief will they give? None can be relieved except those stricken down by poverty, who are not themselves paying rates. Now, it is notorious that the great majority of that class are relieved in this house. The relieving officers are told that if those poor people are not able to attend here themselves to send them here; so that the number to be relieved will be comparatively small. Then as to the nature of the relief, Dr. Maybury or Dr. Murphy is called upon. He finds the pulse of the patient, say, up to 100 or 120. The patient cannot be removed from his wretched hovel, where food is as essential as medicine, but the doctor has only the power of administering medicine, but no more. The conviction on the mind of the board was, in point of fact, that this law is of use only to one body of respectable men



in the south of Ireland—in quartering a number of young men on the only property in the country—land. Though, no doubt, the friends of some of those young gentlemen were anxious that the number of medical districts should be increased, the majority of the board, feeling that there was no necessity for more than four at all events, placed on record the opinions which had just been read. It was from no unwillingness to tax themselves that they had adopted this course. If the Commissioners' *sic volo sic jubeo* is to be all in all in the matter—if they persevere in forming an unnecessary number of divisions, the fault is not ours, and the board should allow the Commissioners or their professional advisers to carry out the law, if they force such a measure on us. A gentleman of rank and high respectability in the neighbouring union of Tralee (Mr. Crosbie of Ardferd Abbey), had expressed a very strong opinion from which I was sorry to differ. He said, “I am disposed to give the most liberal construction to this act. I think that every man in the county of Kerry, who is not rich, should be attended.” I said that my knowledge of Kerry was tolerably good, that outside the town of Tralee there were not six men who could be called rich, so that, according to Mr. Crosbie's motion, we'd all be entitled to be dosed (laughter). Of course it is the mere poor who are to be relieved—those who are not able to pay. Mr. O'Connell concluded by moving the following resolution:—“Resolved that this board persevere in their original resolution, by which they agreed to divide the union into four medical districts; as, on the most mature consideration, they think that number in every respect to be amply sufficient to carry out the objects of the act 14 and 15 Victoria, cap. 68.”

Dr. Purcell must say, with great respect for Mr. O'Connell, that four divisions would not be sufficient to carry out the purposes of the act. If the act of parliament was to be carried out, let it be carried out in the sense in which it was intended to be. He was sorry that Mr. O'Connell entertained such a terrible opinion of medical men, the Medical Charities Act, and the manner in which it was contemplated that it should be carried out. A very distinguished member of parliament, whose name Mr. O'Connell bore, and with whom he was nearly connected, had stated, in his place in the house, when the poor-law was being passed, that the only relief which ought to be carried out in Ireland was medical relief—relief for the sick, the maimed, and the blind.

Mr. O'Connell assured Dr. Purcell that he did not mean to cast the slightest disrespect on medical men. There was no one in the community who respected them more. He thought that they were the only professional men in Ireland who gave to a large extent their professional services gratuitously.

Dr. Purcell—I am sure that you believe that. Having been connected with a dispensary myself, I can say that it is physically impossible that one or two can attend over an area of eighteen or twenty miles. Though you may say your mountains and bogs are uninhabited, still if there be one or two families at either extremity, they must be attended to, and the physical labour of the medical officer must be the same. Even supposing the population few, the distances are very great in the districts as struck out by the board. The population in the town of Killarney is very large, and in every district we have struck out, it is large. If the population be poor, as Mr. O'Connell says, they must be attended to. Medical relief as administered under the new act, would be found economical in its results; because if the head of a family heretofore got say, fever, and didn't choose to come in here, and that he died, the entire family were thrown on you, when, if a little timely medicine—a dose of salts, or some other simple medicine—were administered, he might have been restored before disease set in, and the union saved a great deal of expense.

Mr. C. Murphy, as one of the minority who voted for more divisions than four, and would now vote for six in preference to five, thought it right to say that, from his knowledge of one part of the union—the western division—he looked upon it as morally impossible for any one man to do justice to the poor sick. It extended from Beaufort-bridge to the bounds of Glanbeigh, in the Cahirciveen union, cutting cross, at the same time, from Beaufort-bridge to the Maine, and taking in Drummin and Miltown divisions, thus doubling the road to the medical officer, if he had two calls. He was an advocate for more divisions than the majority of the board had determined on, not from any partiality for the doctors, but because he was convinced that one doctor could not, for instance, do the business in the division to which he referred. If a woman was in labour at the foot of the Reeks,

and another at Castlemaine, how could one man attend both? Or if there were two cases of fever, one at either extremity of that large district, how could one man attend them? He was a heavy ratepayer, but still he was an advocate for the poor having the benefit of the act, or having it done away with altogether. He would, therefore, move, as a compromise, that Dr. Purcell's proposition be adopted.

Mr. Morrogh Bernard would ask Mr. Murphy, if there were four women in labour, at the four extremities of the division, would he be for appointing a medical man for each (laughter)?

Mr. Murphy said gentlemen might laugh; but he, for one, was not for saving the rates at the expense of the lives of the poor.

The Chairman said that we should accede to as many districts as we conscientiously believe would extend the relief which the legislature intended, but not an iota beyond it; for we are not here for the purpose of cutting out situations for a swarm of medical gentlemen—subsidizing professional men with public money, to enable them to make up for the deficiencies of their private practice. When we come to consider the working of this act, I will draw your attention to the importance, as a board of guardians, delegated with a power which, so far as finance is concerned, is very extensive—the importance of discharging your duty as guardians by, in every instance, adhering to every possible economy, and not to permit, by your vote, the expenditure of one shilling of the public funds except where the necessity is clearly demonstrated. Now, let me ask on what data are we to be governed in coming to an opinion as to what number of districts we are to fix on for the purposes of this act? What data can the Commissioners or the guardians go upon except those of population and area? Now, I am in a position to state that in an area of a hundred thousand acres there is not a human being living. Take the extent of the union—go to the west, commencing at the Reeks, and continuing on by Tomies, Glana, and on by Mangerton to the Paps, and though some of those tracts may be inhabited at the bottom, there is not one inhabitant in that area of 100,000 acres. There are 10,000 acres under water, and 100,000 acres of mountain uninhabited: so that the real area we have to deal with is a habitable area. No one expects that the doctors will administer medicine to the fish in the water, or the deer on the mountain. But the habitable extent of this union, compared with other unions where only four medical districts have been formed, is far less—for instance, Tuam. Their relievable population is 19,000 more than ours. I think, then, that I have laid before you data going strongly to show that we have not taken an unfair view of what we consider the necessities of the union, in recommending only four districts. I am glad that Dr. Purcell has come down, because, whatever be the result of this discussion, it has given us an opportunity of stating to him the reasons why we have come to the conclusion that four districts are sufficient for the wants of the union under the act: so that it is upon no light grounds that he will call upon us to alter our views. On reference to the debates, I have seen that, while the poor-rate in England averages over the entire of the most prosperous country in the world but 2s. in the pound, the average in this unfortunate country is 4s. All the taxation, for all purposes connected with local matters in England, is 2s. 3½d. in the pound: in Ireland, the average over the entire country, including the more prosperous parts of Ulster and Leinster, is 6s. 8d. in the pound. Notwithstanding that fact, you'll hear Irishmen outside, and English members stating we are anxious to avoid our just liabilities.

Mr. Gallwey—As the Commissioners have sent down an officer to state their dissent from the views maturely come to by the board, perhaps he would explain the grounds of that dissent.

Dr. Purcell—I consider the population too great—the area too great—for four medical men.

Mr. Gallwey—The extent of the population to be taken into account under the act. It appears now, from the statement made, that 110,000 acres should not be taken into account.

Mr. Richard Maybury said that there was one matter with regard to the parties entitled to relief under this act which the guardians should very deliberately reflect on, and which should have considerable weight with them, in coming to a decision on this question. The act says the parties entitled to relief are the sick poor, and he (Mr. Maybury) had no hesitation in coming to the conclusion that such a clause embraced artisans, mechanics, and all others rated under a £4



valuation. That class would compose the entire population of all the lanes in Killarney, besides a vast number in the rural districts. The relief given under the old law, was administered from no less than six dispensaries, which were in full operation up to the 1st of November last in this union. That relief was considered insufficient; and surely if these were inadequate, how much more so would four dispensaries be now? Sickness was becoming prevalent in the rural divisions, on account of the cessation of those institutions, and loud complaints were already heard of the delay in affording this union the benefits of this act. Those best acquainted with their wants—the Roman Catholic clergymen—had expressed themselves to the effect, that medical relief was absolutely necessary; and he (Mr. Maybury) had no stronger authority to appeal to as to the misery created by the continued absence of those medical charities. It was true that a large portion of this division comprised a considerable surface of bog and moor; but that was an additional argument for dividing the union as suggested by the Commissioners. The board should bear in mind this fact, that where a medical officer had to travel over fourteen miles to the extreme end of the district to visit a sick patient, it entailed a far larger amount of physical labour than if he had to attend to a large number congregated in a small space. He (Mr. M.) agreed with Mr. Murphy that there were some persons in this country who regarded the safety of their pockets more than the interests of the sick poor; but it was now for the board to show to the Commissioners that they were anxious to make this law a *bona fide* law, and not a nullity, and by thus giving in their aid and coöperation, show their anxiety for carrying out the benevolent intentions of the legislature. Mr. John Brennan said the people were more healthy since the dispensaries were done away with.

Mr. Leahy—There were more people died from Knockacappal in this house, since your dispensary was removed, than from any other part of the union.

Mr. Bland said it is all very well to say that the cost will only be about 2d. in the pound. It will be a great deal more. I have just come from a union, where I saw an application sent in for a medical man, and the actual fitting up of what was once a *shebeen* house was £90. You'll see in your five or six districts sums of money laid out, not for the good of the poor, but for the profit of young doctors.

Dr. Purcell—£90 for the fitting up of a house was a humbug, and should not have been allowed.

After some further discussion, Mr. O'Connell's resolution being about to be put,

Mr. C. Murphy moved an amendment that five division should be formed.

On a division the numbers were—for the resolution, 19; for the amendment, 9.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, APRIL 21, 1852.

### WORKING OF THE DISPENSARY ACT.

WE direct the attention of our readers to the discussion given in our columns this day (page 250) at a meeting of the Tralee Board of Guardians. It touches so many disputed points that it is well to see how the parties deal with them, and the defence set up for some questionable views respecting the intent and meaning of the act. The Guardians and Commissioners have evidently come to issue on the points disputed, and we hope that the latter will have the courage to insist upon obedience to the law. Dr. PURCELL, the Inspector, is entitled to approbation for his conduct on the occasion. He did his duty without provoking hostility, and showed a proper feeling of regard for medical interests without forgetting those of the poor or ratepayer. We entertain a sanguine hope that with a little firmness, a little argument, and a judicious appeal to facts, this measure will, in the sequel, be brought into more salutary operation than at present, but this can be achieved only by a resolute determination to construe it in a liberal

spirit; keeping in view the obvious conclusion, that the very best result of the Irish poor-law will be the restriction of relief to those to whose wants the medical practitioner ministers.

### PAYMENT FOR MEDICAL SERVICES.

WE again copy some observations affecting this question which appear in a London contemporary, because we are convinced that the time has arrived for a free inquiry into the cause of the evil consequences of gratuitous medical services in public institutions. There is no use in concealing it, the time has passed when character acquired in the hospital or lecture-room had its reward in the shape of lucrative practice, and when men were well paid for their early labours by later returns. Whatever the cause may be, it is now a notorious fact that "the public" are to be propitiated by very different means, and therefore that this excuse for trespassing on private property can no longer be accepted. The unfair advantage taken, even by persons calling themselves statesmen, to extort gratuitous services from medical practitioners, is even found an impolitic resource; and men of common honesty and common sense agree that, in every other calling, "a fair day's wages for a fair day's work" is after all the best bargain. In this view we surely are bound to concur, and therefore should we practically enforce it. How can our brethren in the provinces assert a right to proper remuneration when those in the metropolis accept salaries merely nominal?

The question of the payment of the medical officers of hospitals cannot be considered as an isolated subject. It is one intimately connected with the entire economy of our great public hospitals, and the medical schools which have grown up within them. It appears that the old and richly endowed hospitals—the royal charities, as they are termed—without, we believe, an exception, pay their physicians and surgeons, and their assistant-physicians and assistant-surgeons. We entertain little doubt, that the attention now directed to this subject will lead to the adoption of the principle of remuneration in the case of those hospitals whose funds are sufficiently ample to warrant it. No doubt much wrong has been done by leaving medical men to be the very last servants of rich hospitals to receive remuneration for faithful, arduous, and even dangerous service. But when the lawyer and the divine are well paid, the medical man cannot long be asked for gratuitous service. To name a special instance, we see the London Hospital has just advertised, that, in order to obtain a clergyman of high talent and standing, the governors are about to increase the salary of their chaplain. Now, the London Hospital is one of the non-remunerating hospitals, though it possesses a splendid income; but surely after parading a liberal hand towards the divine, this hospital cannot continue to play the niggard towards the medical man. It is, however, unfortunately too true, that there are several of the metropolitan medical charities whose funds are in such a low position that payment to medical officers is out of the question. They are obliged to shut their gates against the destitute sick and diseased, not for want of room, but for want of funds. It is a well known fact, that, compared with its size and population, the hospital accommodation in London is inferior in extent to any other capital city in Europe. This truth is a severe censure upon our boasted philanthropy. Nor is this all. Even the accommodation we have is not available, for lack of money. There are hospitals, wards, and even beds, waiting; but there are in many cases no means to furnish nurses, and food, and medicines for the suffering sick. Let the empty wards and beds of University College, Charing-cross, St. Mary's, the Royal Free, and, we believe, the Westminster Hospitals, attest the truth of this. It is, indeed, a crying shame and scandal to an age of charity like this, that the means of health and blessings which our great general hospitals possess, should not be fully employed. But is there any cause for this in which medical men themselves play a part? From a mature consideration, we fear we must reply that there is such a cause. We believe we see it in the tendency to fritter away charit-



able energy in the formation of bastard hospitals and dispensaries for the treatment of special diseases, having certainly no especial claims to isolation from general medicine and surgery. The instances are indeed few and rare in which special charitable medical institutions should be tolerated. These exceptions are pretty nearly exhausted when we mention syphilis, consumption, and the diseases of children. But even these divisions are running individual riot. There is not one hospital for consumption, but a dozen hospitals, infirmaries, and dispensaries, contending for the alms of the charitable in this particular disorder. There are also nearly a dozen hospitals and dispensaries for the diseases of women, crying out loudly for contributions in all directions. These things are a real injury to the cause of charity, and a great damage to the general hospitals, which, if efficiently organized and placed in full development, would do infinitely more good to the poor, and conduce with greater certainty to the advancement of medical science, than a thousand of the mushroom institutions we have been contemplating. The scores of pseudo-charities which infest the metropolis, and which are daily increasing in numbers and the impudence of their claims, consume charitable money to an enormous extent. It is well known that the economy of relieving the sick is only perfect in large hospitals. The amount of expense per bed diminishes in a remarkable degree after the first hundred have been provided. There can be no thrift or economy, but the direst waste and extravagance, in the petty places now dignified by the name of hospitals. They must all have their house-rents, collectors, secretaries, advertising and printing expenses, domestic servants, &c.; so that of the guineas given, but the smallest fraction reaches the bodies of patients in appliances of food and medicine. Here, then, we believe we have hit one of the blots of the age, and one which can only be remedied by the force of medical opinion. Medical men can, if they please, so influence society, that the streams of charity shall flow in deep and fertilizing streams, instead of being spread over a vast surface without producing an adequate result. There would then be no empty wards, no ranges of empty beds, deforming our great hospitals; and hospital physicians and surgeons might reasonably expect the day of remuneration to arrive. There is another point of immense importance in our hospital organization, which should not be lost sight of—namely, the mode in which the appointments to these institutions are filled up. Canvassing, favouritism, testimonials, cliquery, are every day becoming more and more odious. The despotic hand which now rules France has just swept away the “concours,” under which the French School of Medicine has risen to a high grade of dignity and perfection. Possibly, now this system of election has been banished from the sister country, it may find more favour here than it has hitherto received. Englishmen may now begin to detect its virtues. Practically, the germ of the concours, or its analogue, has already been adopted in this country; and we are much mistaken if its development does not force its way through the barriers which surround it. We give away prizes, medals, scholarships, fellowships, and even house-surgeonships, by competition; and this only need be extended to the appointment of physicians and surgeons, to render our system of election perfect. This reform would be a greater change upon the present system, than the present upon the past, in our hospital elections. If we could only establish the concours, and reform the condition of charitable feeling in this country, our hospitals and medical schools would rise to unparalleled usefulness and prosperity, the realm of medical science would be enlarged, and a vast benefit would be reflected on every man engaged in the practice of medicine in every grade and department.—*Lancet*.

#### THE PHELAN TESTIMONIAL.

WE have had a flaming epistle in the way of a “reclamation” from “the Secretary” of Mr. DENIS PHELAN’s Committee, taking to task our brethren in Cavan, who very naturally disclaimed association with him in his generous undertaking. But as our readers may prefer an appropriation of our space to some more useful subject, and as “the Secretary” has no personal claim on our columns, we must decline the honour of providing print and paper gratuitously for his use. It is quite enough to state that he says he is not the corresponding officer of any association, but only of a committee, and that Drs. ROE, COYNE, and

BABINGTON, “deliberately shut their eyes to the truths” contained in certain replies he has had to his circular, “highly creditable to Mr. PHELAN.” Moreover, he reminds us that these gentlemen could not be suspected of a connexion with any association or committee of the kind, seeing that they never were fortunate enough to be Workhouse Medical Officers. Nevertheless, we think the gentlemen in question exercised a sound discretion when they removed all doubt which might have existed as to their possible coöperation in the proceeding. In addition to this, we have, however, an assurance that the Secretary has received replies to his circular calling for the same, which “constitute an amount of independent evidence from men of high education and standing in the profession, of every shade of political feeling, and of various religious persuasions, that is most highly creditable to Mr. PHELAN, as an officer who had arduous and important public duties to perform, and which cannot fail to prove highly gratifying to his feelings.” Doubtless he has received these replies so flattering to the object of his veneration, for it behoves Medical Officers of Workhouses to cultivate amicable relations with Poor-law Inspectors. We believe some of them have had practical experience of that. In these troublesome times no one can tell what changes may take place, and therefore is it prudent for a man to have his name on no black list. As “the Secretary” says, “he is sorry that we, in giving the address to our readers, did not also lay before them his circular, which accompanied it, as forwarded to the Union Workhouses,” we here append it, commending the whole affair to the special notice of the Commissioners as a valuable illustration:—

DEAR SIR,—The committee appointed to prepare an address to Mr. Phelan, a copy of which I enclose, request your coöperation in carrying forward this object. They desire me to request that you will be good enough to assist them in procuring the signatures of such medical officers as are now, or may have been, in charge of the auxiliary houses of your union; the names of these gentlemen not being known to me, I am precluded communicating directly with them. As this address will be presented at the earliest moment possible, you will perceive how desirable it will be that I should have your signature, and those of your former and present colleagues, at your very earliest convenience.—Yours very faithfully,

CHARLES HALPIN, M.D.,

Secretary to the Committee.

Cavan, March 20, 1852.

#### MEDICAL BLACKGUARDISM.

WE believe that while there is a vast amount of honest and respectable practitioners in England, there is also, judging from advertisements, a fair proportion of what in vulgar parlance are called “dirty fellows,” of whom the author of this advertisement is one:—

A medical practitioner will shortly require the services of a gentleman (*not Irish*) as visiting assistant, who must be of active habits, obliging disposition, and courteous manners, of good attainments, and fair professional experience. Address to X. X., care of Mr. Rivers, Apothecaries’ Hall, Blackfriars.

We venture to say that this insulting libel on Irish Surgeons has had its origin in some sore personal irritation, probably castigation for some brutal exercise of authority. In another case, in which this gratification of spite was resorted to, we ascertained that jealousy was the provoking cause; whether it has been so here time will tell. But who is this Mr. RIVERS of the Apothecaries’ Hall; is he an official of the Company? If so, the sooner he is compelled to answer for such gross conduct the better: for until he gives up the name of his employer, his must fill its place. We entertain no fears for the characters of Irish Surgeons



in England; with but very few exceptions, they have proved themselves worthy of confidence, and whether as assistants or principals, have given general satisfaction. There is doubtless a strong anti-Irish prejudice prevailing at the other side of the channel, but we do not believe that it prevails in the medical body.

### THE FOUNTAINS OF MEDICAL HONOURS.

It is evident that "the doctors," like all the rest of the world, are about to be subjected to severe trials. The days of gold-headed canes, cocked hats, and full-bottomed wigs have long since passed, and now the virtue of caps, gowns, hoods, and bands comes to be tested. The transcendent qualification of a little Latin (and that none of the best), still less Greek, and a smattering of "Science," is profanely questioned, and the long-cherished delusion touching academic infallibility is irreverently exposed. *Ecce signum!*

A general feeling, which the fellows of the College of Physicians will do well to take into account, prevails against the proposal to make the fellowship of the college, under a new charter, a matter of examination. There is, and can be, no such difference between fellows and licentiates as should fairly be tested by examination. Indeed, we have heard it admitted by influential fellows, that they mean the examination to be used merely as a power of veto against the admission of improper persons to the fellowship. Certainly, classical acquirements will be no surety for the absence of quackery or the presence of high professional principles. As matter of experience, it is not the Dons of scholarship who treat medical science with the greatest respect. We would undertake to show that the foremost dupes and patrons of the present day are men of rank and station, educated at our old universities, where everything which relates to physical science is necessarily at a low ebb. The mesmerists boast that they number in their ranks the first classic, the first logician, and the first mathematician of the age. Of the present fellows of the College of Physicians, there are at least two who have fallen into condign disgrace, and one is a member of the University of Cambridge, the other of the University of Oxford. We object, then, upon principle, to any semblance of a return to the old system of favouring physicians educated at Oxford and Cambridge. Such a plan would debilitate the College of Physicians when an infusion of energy and vigour is sadly needed.—*Lancet*.

### CORRESPONDENCE.

#### DIFFICULTIES OF POOR-LAW MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—For my own information and that of my fellow pilgrims, you will oblige by answering the following queries as far as may be in your power:—Suppose a medical attendant to a dispensary, is in attendance on a lady, preëngaged, in her confinement, or on a rich farmer's wife—rare occurrences in these days—and that a ticket is forwarded to him to attend a poor woman in labour, or any other urgent case, or if he is engaged as above, on a dispensary day, when many persons may be at the institution, or, if on a day of meeting of the dispensary committee, how is he to act? Or what view might the inspector take of it if he happened to pay his visit on such an occasion? These difficulties could be in a great measure obviated by allowing the medical officers a sufficient sum to enable them to keep assistants; one of which, even a boy who served a year or two behind an apothecary's counter, could not be had less than £20 a year, with diet, washing, and lodging, which would amount to at least £25 per annum. Add to these, £40 for wages, board, and lodging for a servant, and the support of a horse; take these items out of the £60 or £80 a year salary, and it will leave a man less than nothing to live on, and support his family. It would appear that the boards of guardians want to metamorphose us into cameleons, thinking that we can live on the air, and that we can have one of the attributes of the Deity—that of ubiquity!—Your very obedient servant,

A MEDICAL OFFICER TO A DISPENSARY,  
AND SUBSCRIBER TO THE PRESS.

Aye, here is the rub. The State will not pay for the

entire services of the Surgeon in the civil service as it does in the fighting service, and if it does not it must not have it. The Dispensary Surgeon will assuredly "do his best," but he must live by his private practice, and that must therefore be his first consideration. Be this as it may, we do not like to see so soon any leaning toward a submission to the views of Inspectors. These gentlemen will doubtless do their duty as becomes them, and we anticipate no superfluous exercise of their authority; if we did, we should recommend very decided resistance to anything of the kind. Here is an extract of a letter from another quarter:—

In Macroom, the union has been divided into four districts, and three medical men named at £40 each, and one at £50! There is work enough for six or eight. The Commissioners remonstrated with the guardians for allocating such inadequate salaries, and named £60 as the least, but the guardians have demurred; and on what grounds, think you, "because they had plenty of applications for the several posts at that low rate of remuneration." How can men expect to be respected, either collectively or individually, when one finds such competition as this? When the provisions of the law are at full work, you will find many resignations, as the office of dispensary surgeon in many districts, under such taskmasters, will be one of perfect slavery.

The following speaks for itself:—

The election of a medical attendant to the Finnea Dispensary, county Longford, was to have taken place on the 18th inst., but as no candidate offered, there was no appointment. £60 a year, and no prospect of practice, were the inducements. So much for the new dispensary law.

#### INSURANCE COMPANIES—"THE STANDARD."

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—My attention having been directed to two letters inserted in the MEDICAL PRESS, in which, amongst others, the writers include "The Standard" as one of those companies who do not pay medical referees, I take the liberty of referring you to the tenth page of the accompanying Report, in which you will find the following resolution by the Court of Directors, on the 10th of April, 1851:—

"MEDICAL FEES.—That the practice of the Company in future shall be to pay a fee to the medical attendants of parties referred to in connexion with proposals for assurance."

In justice to "The Standard," I have to request the favour of your inserting this letter in your next publication; and had your correspondents inquired at this office, they would have at once ascertained that their information was erroneous.—I am, sir, your obedient servant,

SAMUEL SMYLYE, Resident Secretary.

66, Upper Sackville-street, April 14, 1852.

We insert this with satisfaction. It is creditable to the Company, and we hope to see other companies following so good an example.

#### TESTIMONIAL TO DR. CONOLLY.

FEW men have deserved better of their countrymen than Dr. John Conolly. Under difficulties which to a less powerful and benevolent mind would have been deemed insurmountable, he succeeded in abolishing, in the County Lunatic Asylum of Hanwell, the cruel and unnecessary personal restraint to which the unfortunate lunatics had been subjected. The example was followed in most of the public asylums of the country, and now restraint may be said to be the exception instead of the rule. On the 7th inst., Dr. Conolly received from the hands of Lord Shaftesbury, and in presence of a large and influential meeting, at Willis's Rooms, a public testimonial to his services. That testimonial consisted of an excellent portrait of the benevolent physician, painted by Sir W. F. Gordon, R. A., and a magnificent piece of plate. Lord Shaftesbury, himself a philanthropist of no ordinary stamp, in addressing Dr. Conolly, spoke in terms of much feeling and commendation of the services he had rendered to his country. The reply of Dr. Conolly was at once modest and manly. It is an honour to the profession of medicine to number amongst its members such a man as Dr. Conolly.—*Lancet*.



## MEDICAL ETHICS.

*To the Editor of the Lancet.*

SIR,—It was my intention, in conformity with advice of several medical friends, to have treated Mr. Howard's charge against me as unworthy of further notice, but as you have thought the matter deserving of editorial comment, I shall, out of respect to you and your office, put you as briefly as possible in possession of the real facts of the case, from which you will learn that Mr. Howard has himself committed a gross violation of professional decorum; and your readers in consulting practice may be made aware out of how small a matter a person of his peculiar disposition can fabricate a charge of unprofessional conduct. On the 24th of February last, I was requested to meet Mr. Howard at the house of a small farmer, twelve miles from Norwich. On my arrival, Mr. Howard was not there, and I then heard, for the first time, that he had wished for, and expected to meet, another physician; but that the friends of the patient had (improperly enough) summoned me without apprising him of their intention. Mr. Howard soon after came in, and after a natural expression of surprise at meeting a stranger, we conversed upon and visited the patient.

It is unnecessary to go into the details of the case; suffice it to say, that in my judgment wine was imperatively called for, and that Mr. Howard not only agreed that a certain quantity should be exhibited between the time of our meeting, eleven a.m., and his next visit in the evening, but even gave directions as to the means of preserving the bottle from getting chilled. I mention this because, as will be seen, he distinctly told the friends that he had never sanctioned the wine at all—an incongruity which they did not fail to remark upon. He also agreed, in reference to my expressed opinion that mercurialization was not desirable, to give the calomel every four hours, instead of every two hours, as heretofore. Now comes the part of the history upon which Mr. Howard basis his charge against me of contravening the consultation, and which gave rise on his part to an exhibition of coarseness in reference to myself. Observing his gig at the door, I requested him not to delay his departure—not, as he would insinuate, in order to take advantage of his absence, but out of real courtesy to him; which courtesy, he may as well know, I extended by endeavouring to restore that confidence in his prior treatment which the friends plainly intimated they had lost. He had left the house but a few minutes, when a bottle of wine was decanted for the purpose of giving some to the patient, and, my carriage not being ready, it occurred to me to witness its effects on the pulse. I accordingly did so; and requested the same quantity—a full tablespoonful in water—to be repeated in three or four hours. This did not occupy five minutes, and as I was leaving the house, the question respecting inunction was asked, and the reply which appears in the correspondence given. I now left the house, little dreaming that in this manifestation of interest in our patient, I had done anything which the most capacious mind could find fault with. It is true, Mr. Howard was an entire stranger to me, except in name. On the evening of the next day, I was again requested to see the patient, and at the same hour. On this occasion Mr. Howard was not present, and I soon learned, to my sorrow, and no little surprise, that the treatment agreed to had been peremptorily suspended on his evening visit; Mr. Howard not only denying that he had sanctioned the wine, but giving utterance to the rude comments on the value of my services which appear in my first letter. So unwilling was I to credit the recital which was made to me with well-deserved indignation on the part of my friends, that I was at the pains to verify the statement by a separate inquiry from three witnesses. Nothing, obviously, was now left for me to do, but to insist, in my own defence, on the views of treatment suggested by me, and to express to Mr. Howard, jun., who joined me at my request, my sentiments respecting behaviour as entirely new as it was disagreeable to me. The next morning brought the letter in which my well-intentioned return to the patient's bedside is termed an "intrusion," and which, sir, I think you will admit, was not calculated to mollify the impressions of the previous day.

It thus appears that my "unprofessional" conduct amounts simply to this: That while waiting for my carriage, I, after Mr. Howard's departure, entered the sick room and witnessed the effect of treatment commenced at my suggestion, and agreed to; an act which few but Mr. Howard would, I imagine, have misconstrued at any time, but which in the present instance, was purely accidental, and would not have taken place at all, had my conveyance appeared five minutes earlier. I also incidentally stated, that we did not consider

inunction important, this appearing to me a natural conclusion, as we had decided that ptyalism was not desirable, and had ordered calomel at longer intervals. Whether this merits the accusation made against me, I leave you and your readers to decide, as I do to form your own estimate of Mr. Howard's part in the proceedings, which consisted in repudiating in the evening what he had acceded to in the morning, in coarsely commenting on my judgment, and in informing the friends that they "might as well have thrown their money into the gutter." The motive for such treatment of an entire stranger to him, I do not pretend to fathom. If (the only possible explanation which occurs to me) it arose out of annoyance that his own choice of a consultant was not acceded to, it was a most sorry exhibition indeed. I now quit the subject, and beg to apologize for thus occupying your valuable space. Such instances of medical disagreements are painful individually, as they are injurious to the profession at large.—I am, sir, &c.,

W. H. RANKING, M.D.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Mar. 28th,	51.5	37	29.600	.090
Monday,	29th,	50	38	29.400	
Tuesday,	30th,	47.5	44	29.200	.255
Wednesday,	31st,	49	44.5	29.700	.050
Thursday,	Apr. 1st,	58	43	30.060	
Friday,	2nd,	60.5	45.5	30.250	
Saturday,	3rd,	54	40	30.310	
Sunday,	4th,	57	36	30.200	
Monday,	5th,	54	34	30.200	.070
Tuesday,	6th,	60	40	30.216	
Wednesday,	7th,	57	44	30.300	
Thursday,	8th,	62	42	30.350	
Friday,	9th,	61	37	30.400	
Saturday,	10th,	65	39	30.300	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Mar. 28th,	46	32.5	29.332	45.2	41.5	36.8		S
29th,	46	30	29.129	43.5	40.2	35.9	.169	SE
30th,	48	42	28.928	44.8	44.1	43.3	.200	SSE
31st,	48	42	29.361	46.2	44.7	43.1	.002	ENE
Apr. 1st,	49	37.5	29.750	49	47.2	45.4		SSE
2nd,	54	43	29.927	49.4	46.5	43.5		S
3rd,	52	35	29.987	48.7	45.6	42.2		S
4th,	51	29	29.963	45.1	41	35.7		SE
5th,	50	28	29.910	49.2	44.5	39		S
6th,	54	32	29.946	48.9	45.3	41.3		SE
7th,	54.5	41	30.020	50.1	43.2	34.3		ESE
8th,	55	33	30.057	49.4	43.6	36.5		ESE
9th,	54	30	30.111	50.8	43.4	33.9		ESE
10th,	58	32	30.055	55.4	48.6	41.5		S

M. W. HANLON, M.B.

## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE Annual Distribution of the Funds at the disposal of the Society will take place on the first Monday in June.

Applications for assistance must be made by printed forms, to be obtained from the Honorary Secretaries, and must be sent in to the Branch Associations before the 6th of May, or to the Parent Society before the 10th of May.

Branches are established in the principal towns of Ireland, and with Honorary Secretaries, as follows:—

Armagh, Dr. Colvan; Belfast, Dr. Stewart; Cork, Dr. Lloyd; Newry, Dr. Erskine; Waterford, Dr. Carroll.

The applications are to be forwarded to the Secretary of the nearest Branch, if any be near, or to the Secretaries of the Parent Society in Dublin.

Subscribers to the Parent Society are requested to send in their contributions as soon as possible to the Treasurer, Dr. Duncan, 19, Gardiner's-place, Dublin; and subscribers to the Branch Associations, to the Local Treasurers respectively.

By Order,

WM. KINGSLEY,

CHAS. BENSON,

Hon. Secs. Parent Society.

Royal College of Surgeons, Dublin, April, 1852.



**G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.**

*Superior Dissecting Instruments well worth the inspection of the Student.*

#### THE COMPOUNDING DEPARTMENT AT

#### G. O. AND CO.'S MEDICAL ESTABLISHMENT

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their unremitting personal attention; to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

#### BLEEDING, CUPPING, THE APPLICATION OF LEECHES, &c.

G. O. and Co. continue to be Supplied with the FOREIGN MINERAL WATERS FRESH from their various SPRINGS.

*Medicines delivered by Van in all parts of the city and suburbs, and along the line of the Kingstown Railway, at any hour, free of charge.*

#### TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

#### BROWN'S CANTHARIDINE BLISTERING TISSUE,

PREPARED FROM PURE CANTHARIDINE.

An elegant Preparation, vesicating in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the kingdom.—*In Tin Cases, containing twelve feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.*

#### BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—*In Tin Cases, containing twelve square feet, 1s. 6d. each.*

*Extracts and Editorial Note from the New York Journal of Medicine.*

“March 1, 1850.

“BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

“Accompanying this article is a very simple and neat dressing.”

*From the Medical Examiner and Record of Medical Science for May, 1850, published in Philadelphia.*

“We have received from Mr. George D. Phelps of New York specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial and find they fully answer our expectations.”

“Army Medical Department, January 16, 1847.

“The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

“ANDREW SMITH, M.D.,

Deputy Inspector-General of Hospitals.

“Mr. T. B. Brown, Druggist,

“Handsworth, Birmingham.”

Sold by the Sole Consignee, Mr. William Bailey, Horseley Fields Chemical Works, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that on the 2nd of August, 1852, the Council will proceed to elect a Curator of the Museum from among the Fellows or Licentiates of the College.

Candidates will be required to lodge at the College on or before the 24th of July next, such Preparations, in Human and Comparative Anatomy, made by themselves, as they may consider best calculated to demonstrate their skill and abilities.

Information respecting the emoluments and duties of the office may be obtained by application to the Registrar at the College.

By order of the Council,

H. MAUNSELL, Secretary.

Dublin, April 2, 1852.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that on Tuesday, the 4th of May next, at the hour of Two o'clock, the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect, from among the Fellows of the College,

Three Examiners in Medicine and Surgery;

Two Examiners in Anatomy and Physiology;

One Examiner in Materia Medica, Chemistry, and

Medical Jurisprudence;

One Examiner in Midwifery.

Candidates are requested to lodge their applications at the College on or before Thursday, the 29th of April.

By order of the Council,

H. MAUNSELL, Secretary.

Dublin, April 2, 1852.

#### SCHOOL OF SURGERY.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Summer Courses of Lectures will commence on Monday, the 26th of April, when Lectures on the following subjects will be delivered, in accordance with the regulation of the Council of the College:—

Materia Medica	...	...	Dr. Williams.
Medical Jurisprudence	...	...	Dr. Geoghegan.
Practical Chemistry	...	...	Dr. Barker.
Botany	...	...	Dr. A. Mitchell.

Examinations will be held, and Premiums awarded to the successful Candidates, at the termination of the Session.

#### DISEASES OF THE EYE.

#### SUMMER SESSION.

DR. JACOB will commence his Lectures on Diseases of the Eye, in the City of Dublin Hospital, on Monday, the 10th of May.

#### CITY OF DUBLIN HOSPITAL.

#### SUMMER SESSION.

THE Clinical Lectures and other forms of Instruction will commence in this Hospital on the 26th of April. By a recent Ordinance of the College of Surgeons, separate Certificates of Hospital Attendance, during the SUMMER SESSION, are required.

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By JOSEPH WILLIAMS, M.D.

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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—APRIL 3.

Mr. TRANT, President of the College, in the chair.

### PARALYSIS OF ONE SIDE OF THE FACE AND OF THE OPPOSITE SIDE OF THE BODY.

By Professor BENSON.

DR. BENSON exhibited a morbid specimen, illustrative of a case which was lately under his observation at the City of Dublin Hospital. The patient was originally admitted, under Dr. Jacob's care, for an opacity of the cornea, the result of inflammation, accompanied by paralysis of the left side of the face. After a short time, he was placed under his (Dr. Benson's) care, at which period he was labouring, in addition to the foregoing affections, under epilepsy and paralysis of the right side of the body. These were the symptoms in November last, when he first came under his treatment; and on making an inquiry as to his previous history, it appeared that in the month of April, 1851, about twelve months since, he had a severe epileptic fit, which did not, however, leave any bad consequences behind; but that in the month of May following, he had another violent attack of epilepsy, after which he suffered very severe pain, extending from one temple to the other, or somewhat lower down, almost about the situation of the eyes, or inferior part of the forehead. Together with this state of things, there was a certain amount of loss of power of the right side of the body, but not constituting a complete paralysis. He was able to walk to the hospital for advice for the affection of the eye, of which he chiefly complained, and which was brought on by constant exposure of the organ, occasioned by the patient's inability to close the lids. When he came under Dr. Benson's care, he was unable to close the left eye; when gently touched over the left side of the face, there was no appearance of sensation, but he winced when strong pressure was made, especially in the situation of the branches of the fifth pair of nerves. Sometimes, however, the slightest pressure would give him pain, and at other times the strongest pressure would excite no sensation at all—so great was the irregularity of his sensa-

tions in that respect; but he appeared to have lost altogether the power over the muscles supplied not only by the fifth pair of nerves, but even those supplied by the portio dura. He was quite unable to close the jaw with force at the affected side, for he could not bring either the masseter or the temporal muscles to act at that side of the face, and when he attempted to laugh, whistle, blow, &c., the passive condition of the left side, and the activity of the right, caused the most ridiculous contortions of the countenance. The saliva dribbled constantly and unperceived from the left angle of the mouth, and when directed to put out his tongue it was pushed over to the left side.

The patient was aged 36, of the bilio-nervous temperament, dark hair, grayish blue eyes, thin, tall, of irregular and intemperate habits, and had had syphilis more than once.

The diagnosis which was formed and announced to the pupils, and which was afterwards found to be perfectly correct in every essential particular, was, that a tumour was pressing on the left side of the brain, by which paralysis of the right arm and leg was produced—that the tumour was of such a nature, and in such a situation, as to press either on the origin or course of the fifth pair of nerves and the portio dura of the seventh pair. It was not a complete hemiplegia of the right side, and therefore it was inferred that the tumour was not very large; just large enough to produce this incomplete paralysis, yet small enough to cause that kind of irritation which gave rise to the epileptic fits. In the course of some time, after partial amendment (which was effected by an issue inserted on the top of his head), this patient's health began to break down under the epileptic fits. A degree of stupor came on, in the course of the disease, which was subsequently explained by the post-mortem examination. He became stupid, insensible, and unable to enjoy his food; and he sank and died on the 14th of March.

*Autopsy.*—On the under surface of the dura mater, covering the upper and anterior part of the left hemisphere, a small flattened tumour was discovered, not larger than a hazel nut, pressing on the left hemisphere of the



brain, and producing, as they might suppose, the paralysis of the right side of the body. Another scrofulous tumour, of smaller size, was attached to the under surface of the dura mater, just where it rests on the surface of the Gasserian ganglion; this would account for the total paralysis of the fifth nerve, both in its sensitive and muscular functions. For a time he (Dr. Benson) was at a loss to know what was the cause of the paralysis of the portio dura, for it appeared to be healthy at its origin and in its course until it entered the auditory foramen, and there was, to all appearance, no disease in the petrous portion of the temporal bone. However, Mr. Carte, jun., was kind enough to lay open the course of the nerve, and then a tumour was brought into view which evidently pressed on the course of the nerve in its canal, and in that way led to its becoming paralysed. These tumours appeared to be all of a scrofulous nature. The other morbid appearances, observable in the brain, were a thickening of the arachnoid membrane covering the left hemisphere, together with an accumulation of serous fluid in the ventricles, and considerable enlargement of the glandulæ Pachionæ. There was nothing very new (Dr. Benson said) in the foregoing case; but he thought it worthy the attention of the Society as confirmatory of the views held by pathologists, with respect to the nerves implicated in the disease, and showing that they might diagnose with tolerable certainty the morbid appearances that would be found after death in similar cases, by analysing the symptoms, and setting its proper value upon each.

Dr. JACOB observed that the case just related by Dr. Benson was one of an instructive kind, as it showed them that pressure on the fifth pair of nerves might take place to the extent of inducing very severe neuralgia and loss of sensibility, without at the same time inducing sloughing of the cornea. There could be no doubt that division or destruction of the fifth pair of nerves, by diseases occurring in the situation mentioned by Dr. Benson, was often followed by sloughing and destruction of the cornea. But this did not occur in Dr. Benson's case, although sensibility was totally lost, and the neuralgia was exceedingly severe; and therefore it must be concluded that different degrees of compression on the nerves produce different effects. It was to disease of these nerves that they attributed the neuralgia that often occurred in those situations. In other cases they would find neuralgia, accompanied with a corresponding paralysis, from compression of the seventh pair of nerves, and in a third, sloughing of the cornea, caused by destruction of that nerve, probably one of the most unexpected results in the pathology of the nervous system. At the time this case was under treatment in the City of Dublin Hospital, he had a case in his private practice, in which there was a loss of sensibility at the left side of the face, with insensibility of the conjunctiva, total destruction of the cornea by sloughing, loss of the contents of the eyeball, and at the same time of vision. He had the materials of the case on paper, and had intended to lay them before the Society on that evening, but having omitted to bring with him the letter which he had received from the gentleman under whose care the case had originally been, and in which the writer had detailed the early history of the complaint, he would not dwell any further upon it until the next meeting of the Society.

Mr. BUTCHER inquired of Dr. Benson whether the small scrofulous tumour which pressed on the fifth pair of nerves was amalgamated with their structure, or was in connexion with the wall of the chamber in which the Gasserian ganglion was lodged?

Dr. BENSON said it seemed to be attached to the under surface of the dura mater, where the latter lay upon the Gasserian ganglion. It was, however, so closely united with the Gasserian ganglion, that on dissecting it off, the ganglion was necessarily injured. Though evidently belonging to the dura mater, it was in some degree amalgamated with the Gasserian ganglion.

Mr. BUTCHER thought the tension of the membrane which covered in the ganglion so great that no tumour on

the upper surface could produce pressure on the ganglion itself, but on the contrary, would press upwards, and give rise to pressure on the hemisphere.

Dr. BENSON remarked, that there was one phenomenon, connected with the paralysis of the right side of the body, which perhaps showed that the disease, going on in the eye of the affected side, in these cases, was not altogether the result of exposure, but was, at least in some measure, caused by a want of proper innervation; for the patient, whose case he had described to the Society on that evening, had to a certain extent recovered from the paralysis of the right side of the body, as if the brain had become accustomed to the pressure, and thus allowed the paralysis to go off; but so long as the paralysis continued, spots were produced on the parts affected by the slightest degree of pressure, and abscesses formed on the elbow, shoulder, and other places, showing the tendency, on that side of the body, to run into disease; and in all probability, the same result took place in the eye, independently of the bad effects from exposure to dust, and other injurious influences, to which, they knew, it was submitted during paralysis of the orbicularis palpebrarum, which was not the effect simply of exposure, but of want of sufficient innervation.

Dr. JACOB—You may have a sloughing of the cornea, however, where there is no paralysis in any part of the body.

#### TWO CASES OF SUB-CONJUNCTIVAL DISLOCATION OF THE LENS.

By S. T. CHADWICK, M.D. Edin., M.R.C.S.E., &c.

THE two following cases of sub-conjunctival dislocation of the lens recently came under my observation, the history of which I transmit to you for insertion:—

William H—, aged 55, by occupation a hand-loom weaver, and who resides at Tong, a distance of two miles from Bolton, came to market one afternoon, when, after transacting his business, and on his way home, he called in at a public-house to get half a pint of beer; he had scarcely sat down, when a man in a state of intoxication came behind him, and uttering an imprecation, he said he would "croak" him, meaning thereby that he would thrust out his eye; then introducing one of his fingers forcibly between the left eyelids at the external angle, which act produced a considerable degree of suffering, immediately followed by faintness.

I saw him in about an hour after the receipt of the injury, and found him complaining of great pain; there was already some tumefaction about both palpebræ, and the appearance of a few drops of blood having passed over the cheek, which had evidently escaped from the eye. It was with the greatest difficulty that I could prevail on him to allow me to separate the eyelids, and I had to desist, as the attempt aggravated his pain very considerably; consequently I was prevented arriving at anything like a satisfactory opinion as to the extent and kind of injury that had been sustained; there was sufficient evidence, notwithstanding, to satisfy my mind that serious injury had been inflicted on the visual organ.

I prescribed for him a grain and a half of opium, to be taken at bedtime, and the lotion of the solution of diacetate of lead, diluted, to be kept constantly applied by means of linen compresses. On the following day, I found the swelling considerably augmented, the pain more intense, so much so, that there was no possibility of ascertaining the state of the cornea or sclerotica. I ordered a mixture containing the sulphate of magnesia and the solution of tartarized antimony every four hours, and a pill composed of calomel and opium three times a day; six leeches around the orbit, followed by fomentations. This treatment was persevered in for a few days, and as the warm fomentations were more grateful to the patient's feelings, they were substituted in lieu of the evaporating lotion. On the fourth day, however, owing to severe circumorbital pain, accompanied by lancinating pains through the head, he was cupped from the neck to twelve ounces.



On the seventh day the swelling and inflammation had so far abated as to permit a more satisfactory exploration of the parts, which presented a considerable degree of sclero-conjunctival vascularity. The cornea was entire; the anterior chamber had a deep-red appearance, as if filled with blood, thereby preventing a view of the iris and pupil. At the external palpebral commissure, there were present marks of violence, as contusion, &c. About midway between the sclero-corneal junction and the caruncula lachrymalis, there was a swelling about the size of a horse-bean, which in two or three days subsequently became more prominent and defined as the chemotic condition of the conjunctiva began more rapidly to subside, so as to render it quite evident that it was the lens lodging under the conjunctiva. With Wenzel's cornea-knife I made a transverse incision over the tumour, when the lens, enclosed in its capsule and nearly transparent, escaped. Until this time the pain had been quite agonizing, although anodyne medicines had been freely resorted to. After this, however, the pain was very materially ameliorated, although he had frequent paroxysms, which were more frequent and severe towards evening, extending to the head and face on the injured side, for which he found relief from friction with a liniment containing laudanum, extract of belladonna, and strong mercurial ointment, twice a day.

A month elapsed before the anterior chamber cleared up sufficiently to convey any information as to the state of the iris, when it was evident that its superior half had been detached from the ciliary ligament, its only attachment being to the lower half of its circumference. The laceration of the iris from the ciliary body accounted for the hæmorrhage in the chambers of the eye. On the removal of the lens, strips of court-plaster and bandages were applied, as after the operation of extraction for cataract. The openings through the choroid and sclerotic, by which the lens had escaped, were soon perfectly united.

It is perhaps unnecessary to remark that the patient was kept in a darkened apartment, a strict antiphlogistic regimen enjoined, and slight ptialism maintained for a few weeks.

The eye, although several months have elapsed, shows no disposition to become atrophied. There is no useful vision; he can merely see the outline of large bodies, but cannot distinguish objects; which state of things is not to be wondered at, when we consider the slow but insidious and disorganizing inflammation which was going on in the texture for several weeks, besides the probable concussion the retina might have undergone at the time of the accident. I ought to remark, that about the time when the inflammation began to abate in the injured eye, the other became attacked with a sympathetic inflammation, which was so troublesome and intractable that fears were entertained lest he might lose useful vision of that also. By the ordinary treatment, however, after a considerable time, it improved, and he now possesses useful vision, although somewhat impaired.

The second case is that of Mr. Robert C—, linen draper of Little Lever. The account he gave was, that one evening, sitting before the fire, he went asleep; awaking in a fright, and in the act of rising from his chair suddenly, his foot slipped, when he fell forwards, his head and face coming forcibly into contact with a form, which was placed immediately opposite. On being raised, it was found that he had received a violent injury of the eye. A week elapsed before he sought medical treatment, his wife having used a variety of local applications, and given him strong purgative medicines, besides keeping him on a very spare diet. He informed me that the means employed had afforded him relief, and the swelling of the eyelids, which had been considerable, had nearly subsided. At this time the integument of the palpebræ and cheek was in a state of ecchymosis, there was redness of the conjunctiva and scleroticæ, the iris was inflamed, and the pupil irregular. The superior lid projected, which, on being raised, the appearance we observe in staphyloma scleroticæ presented itself. The tumour, which was circumscribed,

semi transparent, and situated at the superior part of the eye, a little above the junction of the cornea and sclerotic, had precisely the form of the lens. On making an incision through the conjunctiva, the lens did not immediately escape, as in the case of H—, but came away in two or three fragments, a portion of which had to be gently removed by the scoop. The ordinary treatment was followed up, and he made a rapid recovery, although the pupil is dragged towards the point where the lens was extracted, giving it an oval, irregular appearance.

In this case, likewise, there is no sinking of the eye; he has tolerably good vision, which is much improved by the aid of cataract glasses.—*Lancet*.

We do not think that the result of these two cases will go far to encourage surgeons to extract the lens because the eye has been severely injured. As to the lens escaping through a rent in the sclerotic and choroid and lodging under the conjunctiva, we are sceptical; and as to the virtues of "compresses" wet with a sugar of lead wash, we have our doubts too. Perhaps, after all, these unlucky subjects might have escaped as well under a disciple of Priessnitz or Hahnemann. A scrap of wet rag and some globules might have achieved as much as the heroic manipulations and remedies enumerated.

#### NEW METHOD OF TREATING FRACTURES OF THE THIGH AND LEG.

By CHARLES ROLLS, M.D., Wardsville, U. S.

I AM aware that, in recommending a new plan of treatment, in a case of surgery, on which there has been already so much dispute, and on which the medical profession, even at the present time, is much divided, I am entering on difficult ground, and one in which I shall probably encounter much opposition. But as I write in the hope of advancing surgical knowledge, and of suggesting an improved system of treatment in one of the most tedious and often troublesome cases which surgeons have to deal with, I trust that my remarks will be received in the same spirit with which they are penned; and if opposed, such opposition will be in that fair tone of criticism to which I shall be at all times ready to reply.

In fractures of the thigh, and frequently in fractures of the leg, I have in numerous instances been surprised and distressed to see how often the patients, even although under the best treatment which the country affords, leave their beds, on which they have been lying for weeks, to be deformed for the remainder of their life. I allude not to my own practice, nor to the patients of any practitioner in particular; but I doubt not every member of the profession will bear me out in the assertion, that cases of deformity are much more frequent than they could wish, and that after paying every attention in their power to their patients, they are often sadly disappointed by finding the limb, at the expiration of the time usually allowed for such fractures to unite, deformed, and their own reputation, perhaps, seriously injured. The question then arises—Is this deformity to be attributed to the fault of the practitioner, or is it the fault of the system or practice pursued?

This question I will first discuss.

Every surgeon, of course, knows, that there have been two modes, *par excellence*, recommended in treating fractures of the thigh: one, the bent position, as recommended by Mr. Pott, and most generally adopted by English physicians, and following in their wake the physicians in this part of Canada; the other, the straight position, as recommended by Desault, and generally followed by the French surgeons. Of course I feel great diffidence in opposing so celebrated a surgeon as Mr. Pott, and putting in my feeble dictum against a practice which has been so generally adopted by English practitioners; but after giving much consideration to the question, and considering it in every light, and under every point of view, I must say I do not think that Mr. Pott duly considered his arguments in



favour of that position before he promulgated them; nor do I think that the position itself presents sufficient advantages in the treatment to counterbalance the disadvantages which both patient and physician experience in carrying it out. Mr. Pott's arguments run thus:—"The muscles are the moving powers which disarrange a bone, after being set or replaced in its proper position. If these muscles be relaxed, they will have less power than when in a state of tension or extension to disarrange the reset bone; the bent position is the fittest for retaining the bone in its proper place during the cure." Now, there is one great point that Mr. Pott, it appears to me, has forgotten in these arguments; and that is, that if the bent position relaxes to a certain extent the muscles on the anterior part of the thigh, just in the same ratio does it extend or make tense the muscles on the posterior part; and therefore, supposing the power of the bulk of the anterior muscles to be equal to the power of the bulk of the posterior muscles, he will thereby lose as much as he gains. These arguments fall therefore to the ground.

Mr. Samuel Cooper, in his work on Surgery, perceived the force of this objection to Mr. Pott's plan of treatment; but being either convinced in his own mind, or else prejudiced in favour of the bent position, he comes to Mr. Pott's rescue, and thus argues:—"Reckoning up muscle after muscle, which by this position becomes relaxed, and then muscle after muscle, which by this position becomes extended or tense, he concluded by endeavouring to prove that in the most common part in which fractures of the femur occur, the amount of muscles relaxed are much more powerful than the amount of muscles made tense, and thus he justifies the position. Mr. Cooper's defence of the plan is plausible; but I am far from allowing that it is sufficiently reliable for us to found our treatment upon. I am not aware that the power of any particular muscle has yet been calculated; and I am very sure that the combined power of any number would be very difficult for the general run of surgeons to calculate, letting alone the difficulty they would experience in finding the exact spot of the fracture, and the exact number of muscular fibres inserted above and below that fracture.

There is also another point on which Mr. C. has forgotten to remark; it is, the course of the obliquity of the fracture, if oblique. This, every one who has studied mechanism will immediately perceive, will give much greater efficacy to the action either of the anterior or posterior muscles, according as the upper part of the fracture be anterior or posterior, internal or external; and therefore those muscles should be favoured whose action would in such case have the greatest power of displacement. But how are surgeons, generally speaking, to ascertain the course of such fracture? and if not, how can they calculate the exact relative power of the various muscles concerned? But taking it, for the sake of argument, for granted, that the bent position does relax a greater amount of muscular fibre than the straight, the next question which arises will be—Does the amount of benefit thus gained counterbalance the advantages thereby lost? I think not.

Desault, in his objections to the bent position, enumerates the following:—"The difficulty of making the extension and counter-extension, when the limb is so placed; the necessity of their applying them to the fractured bone itself, instead of a situation remote from the fracture,—as, for example, the lower part of the leg; the impossibility of comparing with precision the broken thigh with the sound one, in order to judge of the regularity of its shape; the irksomeness of this position long continued; the inconvenient and painful pressure of a part of the trunk, on the great trochanter, of the affected side; the derangement to which the limb is exposed, when the patient has a motion; the difficulty of fixing the leg firmly enough to prevent the effect of its motion on the thigh bone; the manifest impossibility of adopting this method when both thighs are fractured; and experience, in France, having been little in favour of such posture. He adds, moreover, what is gained by the relaxation of some muscles is lost by the tension of others."

Now many of these objections are certainly very valid; but the one on which I should lay very particular stress, and which I believe to be the cause of more deformities than the whole remainder combined, is that which related to the difficulty of correctly comparing the injured with the sound limb, and thereby forming a correct judgment (during the continuance of the surgical treatment) whether or not the limb has been placed and still continues in as correct a position as it should or could be. Take, for instance, the simplest case which can occur in fracture of the femur. Suppose there is no external damage, no unusual swelling of the part, no severe bruises,—a case, in short, of simple fracture, with a shortening of the limb, say one or two inches. The surgeon arrives; the patient is placed on a mattress of either hair or straw; the extension and counter-extension proceeded with, in the prescribed mode; the splints are adjusted, and every part of the operation completed as is usual when the bent posture is adopted. The limb has been measured and compared with the sound limb, as nearly as the surgeon can *guess* the corresponding spots (from which measurement has been taken) in the two parts; and all is supposed to be right. In two or three days the surgeon again calls: he finds the part of the mattress on which the nates lie has sunk, say half an inch to an inch; some corresponding movement must have taken place in the broken limb. The surgeon again measures the length of the limb, and discovers that the broken one does not so exactly tally with the sound one as at the time of setting it and his last measurement. However, the difference is but trifling, and he reasons with himself,—“It would be a great pity to unloose all the dressings, and extend and reset the part; and the patient may cast reflections upon himself; and perhaps, after all, it is all right; the difference in length may be attributed to the sinking of the mattress, and a slight change in the patient's posture,—and—and—and—.” Finally, he concludes that it is better to leave things as they are, and takes his leave. On his next visit, owing to the same causes, the difference in length between the sound and injured joint has not diminished, but rather increased; but the same arguments prevail in his mind to let Nature take its course. What wonder, then, if, when the patient rises from his bed, he finds one of his legs some inch or two shorter than the other, and that if he wish to keep up a gentlemanly appearance, he must henceforth wear boots or shoes with heels of different thicknesses, from one half to a couple of inches, or over. In such a case as the above, is it the surgeon or the system which is to blame? Perhaps a little of both; but in my opinion the latter much more than the former. For even had the surgeon, at his second or third visit, taken off all dressings and reset the bone, still pursuing the same plan (that is, the bent posture), he would be liable to the same disarranging causes, and would probably have to repeat the same process on every succeeding visit.

On account of these objections, and many others I might adduce, were I not afraid of increasing the length of this article too much for insertion in the journal, I am opposed to the usual practice adopted among English surgeons of using the bent position in cases of fractured thigh or leg. The question then arises, if the bent position be not the most advisable, is not the straight position, as recommended by Desault, likewise liable to many objections? I believe it is; although not to so many, by far, as the former position. Let us compare them.

The straight position is certainly the best for the purposes of making extension and counter-extension. The straight position is certainly the best for the purpose of comparison between the injured and the sound limb. The straight position is certainly the best for keeping the bed or mattress in an even and smooth state, which is better adapted to the coaptation of the limb and the comfort of the patient. The straight position is likewise better adapted to inform the medical attendant of the state of his patient at his periodical visit, as he may see, almost at a glance, whether or not any derangement has occurred since his former visit. On these accounts, were I constrained to choose between the two, I should prefer the straight to the bent position,



being satisfied it gives greater advantages both to surgeon and patient. But I am opposed to the practice of adopting either position (that is to say for a permanent one) during the whole period in which (in the accidents under consideration) the patient is confined to his bed; and I consider that if the position were, from time to time, changed from the straight to the bent, and from the bent to the straight, according as it might suit the feelings and wishes of the patient himself, it would be far less irksome and less painful to him, as well as conduce to his more speedy recovery. Let me explain myself more fully.

According to the usual treatment, after a fracture that is once set, the patient is expected to lie in the position in which it was set (be it either bent or straight), during the whole period of his recovery,—say seven to nine weeks. Does it not immediately strike every intelligent observer, that the weariness, the irritability, the restlessness, the utter exhaustion, and the sluggishness which consequently takes hold of the vital and reproducing powers of the system, must greatly and most materially retard the reparation of the injured limb? And is it not frequently to be ascribed to these causes alone that in many cases union never will take place? Is it not likewise perfectly apparent, that if, when the patient becomes weary and tired with one position, he be changed to another, it must greatly revive him; the pain and weariness of long confinement would be more endurable, and a more cheerful spirit and less of the repining one will present a prospect of more speedy recovery?

At this point some will, perhaps, be tempted to exclaim: "That is all very good, we well know that a frequent change of position must be very agreeable to a patient during a long and tedious confinement; but how is this change to be effected, without incurring great risk, and indeed almost a certainty of derangement in the fractured part, produced by means of such change of position?" I will now proceed to explain how; and in this explanation will be involved the new plan of treatment which it is the object of this communication to recommend to the profession for general adoption.

The apparatus necessary for the mode (which I am about to recommend) of managing either a fractured leg or thigh, consists of three ordinary splints, suited either to the leg or thigh, as the case may be; the eighteen-tailed bandage; cotton wool or tow; and a *long splint*, extending from the axilla to the sole of the foot, the construction of which is as follows:—The head of the splint (if I may so call it) is like the head part of a common crutch, only so small that the patient may lie on the bed without being inconvenienced by the under part projecting. On the inferior part is a piece of flat board, inserted on the extremity of the third or leg portion of the splint, and which fits to the sole of the foot, from the heel to the toes. Between these two extremities the splint consists of three portions: the body portion extending from the axilla to the hip-joint; the thigh portion extending from the hip-joint to the knee-joint; and the leg portion extending from the knee-joint to the sole of the foot. These three portions are connected with one another by joints in the hinge fashion, so that the thigh portion can be bent forward and upward toward the body portion; and the leg portion downward and backward toward the posterior part of the thigh portion; or in other words, after the splint has been fixed on the patient, on the outward part of the injured limb, the limb can be placed in the bent position usually adopted by the English surgeons, and the splint, by means of its action on the hinges, accommodates itself to the position, and supports and retains the part in such position. I would recommend practitioners to have two or three such splints, of different lengths, according to the different periods of life of his patient; for instance, one for young children, one for more advanced, and one for grown persons: each joint of the splint made in proportion to the relative lengths which the different parts of the body to which they have to be applied bear one to another. In the middle of each part is a slide, so that each individual part can be lengthened or

shortened to suit exactly the case under treatment. Immediately above the joint, at the hip, a broad leathern belt or strap is applied, long enough to buckle tightly around the pelvis; another at the knee-joint; and another at the ankle. Three small buckskin straps are affixed to surround the thigh, and three to surround the leg.

We will now suppose the patient lying in bed and all ready (in a case of fractured femur) for setting. I first arrange the long splint, by fixing it to the sound side, and either lengthen or shorten either or each of the parts (by means of the slides) as may be required. Laying it (the splint) then aside, the extension and counter-extension of the damaged limb is made in the straight position. Three splints, well padded with cotton-wool or tow, are then adjusted, one anteriorly, one posteriorly, and one internally; and all secured with the eighteen-tailed bandage. The long splint is then applied on the external part of the broken limb, and well padded, from the axilla to the foot, in any part where it may come in contact with the flesh; the straps around the pelvis, knee, and ankle are then tightened as firmly as the patient can conveniently endure; the small straps around the fractured part, either thigh or leg, likewise tightened, and a common roller bandage applied from the ankle to the toes, so that the sole of the foot shall be firmly and securely affixed to the foot-board which I have previously described. This completes the operation.

If the surgeon be a firm believer of Mr. Pott's doctrine of the advantage of relaxing the muscles, he may, if he please, adopt it for the first three or four days or week (according to the feelings of the patient), by gently bending the knee and raising it, and supporting the portion with pillows properly placed under it; neither need he fear, in case the long splint I have described has been firmly fixed at the different joints, and the bandage from the ankle round the foot and board beneath it keep the sole firmly fixed in its position, that any derangement will occur. But I recommend that the straight position, as a general rule, be maintained, if possible, during the first week; after that, if all progress favourably till then, there is but little danger of derangement from any muscular action around the damaged parts.

I am well aware that this point—viz., moving a fractured limb from the position in which it was set, will raise many objections among those who have always been taught that perfect rest and freedom from motion are absolutely necessary in the treatment of the fractures under consideration. I am free to grant, under the treatment usually adopted, it may be so; for what power, may I ask, have the short splints, which are in present use, to retain the parts in apposition. Certainly not enough to counteract the powerful action of the muscles, which action must have the direct tendency to drawing up, or, in other words, shorten the limb. If these short splints, therefore, only be used, perfect rest presents the best possible chance for a happy result in the case. But in the treatment before us, we have two fixed points—viz., the axilla and the upper surface of the board to which the sole of the foot is firmly and securely applied, and so long as the shoulder joint (if I may use the expression) is preserved on an exact level with the other side, and the sole of the foot is kept in close apposition with the foot-board of the apparatus, so surely must the limb be kept of one length, let the position be bent or straight; of course I need not add the condition, that the measurement must have been exact, and the splints arranged with nice tact and due judgment.

To recapitulate. I object to the bent position for treating these fractures under consideration for the many and solid reasons urged by Desault against its adoption; and further, because I am strongly of opinion that the weariness, irritability, and fatigue attendant (in all persons, but more especially in those of nervous, irritable temperament) on long confinement in one position, materially retards the regenerating process of Nature; further, because this position does not afford the surgeon the necessary facility for making an exact observation; and further, because



have seen so many deformities in cases treated under that plan.

I object to the straight position, as recommended by Desault, because of the weariness, &c., induced (similarly as in my objection to the bent position) by long confinement in one position; further, because although it might afford greater facility for the passage of dejections than the bent, it will not afford the same as can be adopted by the treatment I recommend; and further, because the long, straight splint, recommended by Desault, not having any fixed points of apposition, cannot keep the limb in a state of constant extension, such as I recommend, and which I am well convinced is the only sure method by which an exact union and a well-shaped limb can be, with any degree of certainty, counted on.

I recommend the new plan of treatment which, in this paper, I have endeavoured to bring before the attention of practitioners, because—1st. It will give them the advantage of setting the fracture in a straight position (which certainly is a great advantage), at the same time they may immediately after adopt the bent one if so inclined; at the same time, I do not recommend that position to be adopted before the expiration of a week, by which time, generally, the parts will have taken on a regenerating action. After this the positions might be varied to suit the feelings of the patients. 2nd. I recommend this plan, because of the great facility it will give the medical attendant to judge of the correctness in the length of the limb. Each time he visits his patient will have an opportunity of examining and comparing the length of the damaged side with the length of the sound one; and as long as the sole of the foot is placed in correct apposition with the surface of the foot-board, and the soles of both feet exactly correspond, the patient at the same time lying as straight on the bed as possible, and the upper part of each shoulder-joint being as correctly on a line as possible, so certain may be that the limb is in correct apposition, and the cure progressing favourably. 3rd. I recommend this plan of treatment because, as I before said, it will afford the patient, by being supported in the reclining posture, greater facility in the passage of his dejections. 4th. I recommend this plan, because of the very great relief it will afford the patient, by allowing him a frequent change of posture during a long and tedious confinement, and by this means conduce, at least in my opinion, to a more speedy recovery; and 5thly. I recommend it, because, with its other advantages, it combines that of continued extension, which Bichat so strongly recommends, and which I feel well convinced is the true secret of overcoming the resistance of opposing muscles, and of affording the best (I could almost say) the only prospect, in oblique fractures, of an exact and correct union of the fractured part.—*Upper Canada Journal*.

#### ACETATE OF LEAD IN EPISTAXIS.

By D. H. AGNEW, M.D., of Philadelphia.

DURING the month of November, 1850, I was called to see Mr. N—, who, with the exception of a very short interval, had been bleeding from the nose for four hours. No probable cause could be ascribed for the attack. When I first saw him, the blood was flowing quite rapidly from the nostrils, showing no disposition to coagulate. He complained of a sense of tightness across the forehead (not amounting to pain). The pulse, though small and quick, possessed a degree of firmness, which, taken together with other symptoms, induced me to believe the discharge to be dependent upon some temporary congestion of the vessels of the head. In accordance with this view of the case, the arm was tied up, and a quantity of blood, sufficiently large to make a decided impression upon the general system, abstracted; the head and shoulders elevated; cold applications to the former; a very stimulating pediluvium, with directions to draw into the nostrils occasionally a solution of sulphate of zinc and alum. This treatment, though it had the effect of diminishing for a short time the

hæmorrhage, failed entirely in arresting it, and before the lapse of an hour the flow became as great as at the commencement of the attack. The patient now began to feel the loss of blood very much, the pulse failed, the face became pallid, and the nervous system excessively agitated. It was now proposed to plug the nostrils, preparatory to any other measures for relief, but to this the patient obstinately objected. At this time the acetate of lead was suggested, from its known efficacy in controlling hæmorrhages from other parts. Ten grains were immediately administered in a little acetic acid, with directions to take a second powder, containing five grains, two hours and a half subsequently. Before the period came round for taking the second dose, the discharge had materially diminished, notwithstanding which it was given, and an hour following it had entirely subsided. The rationale of its operation seemed in this case to be beautifully and strikingly exemplified. The first effect was its sedative influence over the circulating system, apparent by the rapid diminution in the frequency of the pulse. Second, its sympathetic action (as I believe) through the medium of the nervous system upon the calibre of the capillary vessels of the Schneiderian membrane lining the nasal cavities, obvious in the diminution of the flow: and lastly, its effect upon the sanguine fluid itself, by increasing its coagulability. As a remedy in the different forms of profluvia, its value is well known to the profession; yet we think more decided results would be obtained were it administered in much larger doses than are usually recommended. I would not encourage the idea that caution in its use is unnecessary, though I do think the danger from its free employment greatly exaggerated. While writing, a case of uterine hæmorrhage occurs to me, where a fifteen-grain dose of the acetate of lead effectually arrested the discharge, and saved the patient's life, after the failure of every other resource, the lead among the rest, though exhibited in small doses. The precautionary measure of administering the article with acetic acid has not been neglected, and perhaps it is by thus preventing its conversion into the carbonate that no ill results have been witnessed. Seeing no similar therapeutical application of this agent, it is reported in order that it may receive a further trial.—*Phil. Med. Examiner*.

#### ON RETENTION OF THE CATAMENIA.

DR. MARCHAND mentions a case of a young woman, æt. 22, who had never menstruated, had suffered since the age of 13 or 14 from pains in the hypogastrium and loins. The pains recurred each month at the same period, and continued three or four days. During some years the abdomen had been tense, and for some time, the enlargement and the pain had gradually and considerably increased; the general health was, however, very good. On examination, it was ascertained that the external orifice of the vagina was closed by a membrane, behind which the menstrual fluid was retained. This membrane was laid open by a crucial incision; and after some blood had been forcibly ejected to some distance, there escaped two or three quarts of a black inodorous fluid, without clots. Compression was made on the abdomen. For three days the menstrual fluid continued to escape without pain, to the amount of four or five quarts; the abdomen diminished in size, and the patient seemed to be going on well, when she was seized, on the fifth day, with subacute peritonitis, of which she died nine days after the operation.

*Autopsy.*—The whole of the peritoneum beneath the transversalis muscle was in a state of inflammation. The convolutions of the intestines, slightly adherent to each other, were covered with false membranes, the serous membrane beneath being of a deep red colour, especially in the vicinity of the pelvis, where, and in the iliac fossæ, there was some pus or sero-purulent fluid. The uterus was longer than natural, about the size of a fist; the cavity of the neck was also dilated. The vagina was enormously dilated, especially towards the upper portion. The vaginal and uterine mucous membrane were tinged



with blood. The Fallopian tubes presented different appearances in their uterine and in their ovarian portions. The uterine part was normal; while the ovarian or abdominal end was distended with black blood, and resembled a varicose vein of the size at least of the little finger. The dark blood which they contained was very fluid, and could be very easily pressed out in drops through the fimbriated end of the tube. There were some drops of the dark blood on the portions of the peritoneum in contact with the Fallopian tubes; and at these points were the most evident traces of peritonitis.—*Archives Gèn. de Méd.*

#### CHLOROFORM IN PULMONARY CONSUMPTION.

By T. SPENCER WELLS, Esq., Surgeon, R.N.

MR. WELLS relates the following case at the request of a recently deceased nobleman, who had suffered during the last eight months of his life from attacks of difficult breathing and spasmodic cough. Most of the favourite remedies were employed with no relief to the symptoms; indeed, in some cases, with positive harm. Mr. Wells proceeds:—

At Rome, in May, the violence of the cough was quite extraordinary, and the fits of difficult breathing resembled those of pure spasmodic asthma. I was called to him in one of those fits just after having employed chloroform for another purpose. The thought then occurred simultaneously to his lady and to myself, to attempt, at any cost, to give some temporary relief. I accordingly threw a few drops of chloroform on a handkerchief and held it before his face. The most complete relief was afforded immediately. In a few seconds, he passed from a state of extreme suffering to one of perfect ease. Tolerably healthy respiratory murmur was heard in parts of the chest where loud cooing and whistling noises had been heard just before. From this time he would never be without chloroform in his room. He thought once or twice that it left a feeling of faintness, or increased weakness for some hours, and at one time, slight coldness and want of circulation in the extremities followed it; but I am not at all sure that these were not mere coincidences. They led me, however, to use the chloroform in a dilute form, mixing it with from four to six parts of eau de cologne. About half a drachm of this mixture on a handkerchief quite sufficed to afford relief, and as he did not take it at first more than three or four times a week, the quantity of chloroform inhaled was then very small; yet it always enabled him *immediately* to take a long, full, deep breath, and he described the sensation of relief as “most luxurious.” Latterly, as advancing disease led to a more frequent necessity for its employment, I thought the spirit in the eau de cologne might affect his head. I therefore gave the chloroform pure. Afterwards, the “dead feeling” in the limbs and increased weakness was never observed, although the quantity of chloroform inhaled was much greater. He never took it, however, in such a quantity as to produce anything like insensibility. He was always perfectly conscious, and knew the exact moment when the necessary relief was obtained. If he continued the inhalation longer, he felt himself becoming a “little light about the head,” and sometimes spoke for a few moments in a confused manner; but I never observed, at any time, the least ill effect which could fairly be attributed to the chloroform. The pulse always became fuller and softer, but its rate was scarcely, if at all, affected. During the last few days of his life, those well-known symptoms of ulceration of the trachea came on, which often render the termination of consumption so agonising both to the patient and his friends. They led to the more frequent and almost constant use of chloroform, but in the small doses, and with the same happy results. The intellect remained perfectly clear until asphyxia was actually commencing, and he was most anxious that those suffering from his disease might find relief from the same remedy. He called it his “bottle of life.” He was well acquainted with the physiology of respiration and circulation, was continually analysing his own sensations, and he said he felt perfectly sure, not only that the

chloroform relieved some spasmodic closure of the air-passages, and allowed air to enter his lungs, but that the vapour itself “ventilated his blood” more than common air would do. Its effect was always certain and immediate. We never had to *hope* that the remedy would be effectual; we were always *certain* that, whatever the degree of dyspnoea, however great the violence of the cough, so long as we had chloroform, the means of relief were at hand, and we were never once disappointed.

I do not wish to add any speculations to a narrative which I intend as a plain statement of facts, still less to deduce any general conclusions from one case; but I may add, that I have employed chloroform in two cases of spasmodic asthma with similar good effects, and that I have never been able to trace the least ill effect to its use. Even if it were proved to produce such injurious effects as opium and other narcotics, I submit that this would be no valid objection to its employment, for the daily general use of these drugs, the benefit of which is often very doubtful, shows that such ill effects are universally thought to be less than those likely to result from unrelieved cough and dyspnoea. I had more than one proof during the progress of the case just related, of the truth of the general belief, when, owing to accidental circumstances, no chloroform could be procured for some time. It must be remembered, also, that the period during which phthisis was running its course was much more than double the average length.—*Med. Times.*

#### GANGRENE OF THE LEG FROM ANEURISM OF THE AORTA.

WILLIAM GREEN, æt. 43, labourer, of Manchester, was admitted into the infirmary, January 23, 1852. He states that he has always had good health until thirteen weeks before admission, when he took cold and had inflammation of the lungs, from which he recovered. On the 21st of January, whilst going to his work, he suddenly felt a severe pain in the right knee, which quickly extended down the leg, and it became numb and cold. He went home, sat by the fire, and got some one to rub the leg; whilst sitting by the fire, so imperfect was sensation, that he allowed the limb to be burnt rather severely, and was not aware of the circumstance till it was pointed out to him. At the time of his admission the leg was red, cedematous, raised into large blisters, and traversed by red lines, extending as high as the knee. On the calf of the leg, where he suffered it to be burnt, there is a slough about four inches square, and another on the foot, of smaller extent. He has no sensation as far as the knee, but he complains of pain above on pressure nearly to the hip. Pulse full, quick, and irregular; has some cough and pain in the chest; perfectly sensible and answers questions rationally. Ordered one grain of opium every three hours, poultice to leg, also a febrifuge mixture; he was put on extra diet, and a full dose of opium given at bedtime.

24th. He was delirious during the night; inflammation active, and seems extending up the leg; bowels open; pulse quick and irregular. 25th. He is much worse; inflammation has extended up the leg, and he has no sensation in the limb above the knee; thigh painful on pressure, red lines extending upwards; pulse quick and weak. Continue remedies. Ordered vin. rubri, oz. vj. daily. 26th. He continues much the same. 27th. He is worse; has been very delirious; face sunk; abdomen tympanitic; pulse weaker; tongue dry. Ordered a mixture of bark, ammonia, and opium; beef-tea *ad libitum*. 28th. A somewhat indistinct line of demarcation begins to be perceptible below the knee; he is exceedingly restless and answers questions incoherently; pulse weaker and irregular. Continue remedies. 29th. He is evidently sinking; limb much the same. 30th. He continued to get worse; the line of demarcation is more distinct; he has delirium, hiccup, vomiting, and is sinking rapidly. He died about three p.m.

*Post-mortem twenty hours after death.*—Lungs inflamed, and very adherent; an aneurism of the arch of the aorta,



about the size of an orange, containing coagula, which were very loose: left ventricle was enlarged; abdominal viscera healthy; limb gangrenous to the knee. On laying open the large vessels a large clot of blood was found blocking up the popliteal artery, also another in the external circumflex artery, and one in the superficial external circumflexa ilei. Rest of the viscera healthy.

In this case there is no doubt that a portion of the loose coagulum from the aneurism of the aorta had been carried on with the current of blood, and being arrested at the spots above stated, cut off the circulation completely from the lower part of the limb.—*Prov. Jour.* [We suspect that some doubts may be entertained on the subject.]

#### MUSCULAR CONTRACTION—CADAVERIC RIGIDITY—FRENCH AND AMERICAN EXPERIMENTS.

It appears that the savans of Paris have been very recently engaged in physiological experiments upon muscular contractility and cadaveric rigidity; and they seem considerably elated, if not dazzled, by the new corruscations of light which these researches are supposed to shed in the realms of physiology. Whether this be, as it claims to be, a new burst of light, we will inquire into presently. In the meantime, we propose to give a translation from a French journal, narrating these discoveries, as reported by M. Leon Fourcault, on behalf of M. Brown-Séquard, as follows:—

According to the opinion generally received, post-mortem rigidity, which takes possession of the cadaver some time after the last breath, is wholly due to the mechanical effect of the coagulation of the blood in the animal tissues. The reasons given have, at least, considerable plausibility. Among those individuals suddenly struck dead, whose blood preserves its natural elasticity, rigidity of the muscles manifests itself with great force, whilst it is scarcely seen in those who die after protracted diseases, or after copious hæmorrhages,\* and still less among those who die asphyxiated by deleterious gases, the specific action of which prevents the coagulation of the blood. This contraction of the muscular system always disappears in advance of decided putrefaction, which destroys the organism, and subjects it to the reign of inanimate matter.

Hence, we are readily induced to admit two kinds of death: the one general, which supervenes first, at the moment when the heart ceases to beat, and which is in some sort only a displacement among the organic wheels of life, the intimate and harmonious action of which constitutes the unity of superior beings; the other variety of death supervenes subsequently in each individual wheel of the organism, as the consequence of the primary variety. Thus the general life may be abolished with the existence of the feeling or sentient unity, while, nevertheless, each organ preserves, during a time, a life of its own, after life proper; the persistence of which sustains itself above, and for some moments contends against, the reign of inorganic matter. To this last phase of life cadaveric rigidity belongs, which, so far from being considered as the result of a purely mechanical action, bearing testimony to confirmed death, is, on the contrary, the last manifestation of muscular activity: at the moment of actual death, the muscular functions act for the last time, without guidance or aim, until the vital principle is completely exhausted.

The system of experiment to which M. Brown-Séquard boldly submits the living organism, seems to us to have been dictated by analogous considerations to those we have enumerated, and the results which he has obtained favour the opinion that cadaveric rigidity is but life manifested in its utmost or last limits.

Having at first incidentally observed that the parts affected with this post-mortem rigidity (the assumed evidence of death) may, under the influence of sanguineous injections, become again supple, and give signs of irritabi-

\* This opinion is erroneous. The most copious hæmorrhage in the subjects of yellow fever does not prevent cadaveric rigidity.

lity, M. Brown-Séquard entertained this particular question, and, on varying his experiments, has arrived at the results which we are about to copy from him. In the dead bodies of rabbits and guinea-pigs (which become rigid in from ten to twenty minutes) he divided the aorta and cava in the abdomen, just above the bifurcation of these vessels; that done, he put into the ends of these divided vessels quills or tubes of glass, and by means of these he connected the vessels of the dead with those of the living animals of the same species, so that the blood of the latter was injected into the arteries and veins of the former, thereby establishing the circulation in the inferior limbs of the dead. This transfusion resulted in the removal of cadaveric rigidity in from six to ten minutes, and two or three minutes later the limbs responded by motions excited through muscular nerves.

It is then proved by these experiments, that the nerves and muscles which have lost their excitability, may have the latter reproduced by the influence of the blood, and even for a quarter of an hour after post-mortem rigidity had pervaded and ruled the muscles.

The same result was obtained by operating in another mode more simple and more easily repeated. A rabbit or guinea-pig was divided transversely on a level with the inferior borders of the kidneys, a ligature was applied on the aorta, which suppressed the vascular communication between the two sets of vessels; little by little the muscular activity declined in the inferior limbs, and was replaced, ordinarily, in less than half an hour by rigidity. After having been abandoned to this state for fifteen or twenty minutes, the ligature was removed, whereupon the circulation was reëstablished, and then, as in the preceding case, rigidity was removed, and excitability reappeared in the muscles and motor nerves.

Finally, in another series of experiments, M. Brown-Séquard investigated the voluntary motions and sensibility, with a view to ascertain whether they might not be reëstablished in limbs which, without having been separated from the nervous centres, could, nevertheless, be reduced to rigidity from the suspension of the circulation. With this view, he tied the aorta below the renal arteries, in vigorous rabbits; in less than ten minutes sensibility was abolished in the parts below, and in two minutes longer voluntary motion ceased; irritability still continued for nearly half an hour; afterwards rigidity took place, and was allowed to persist a quarter of an hour, at which time the ligature was removed, the circulation was restored, and, as had been expected, the blood brought back voluntary motion and sensibility.

These new researches bear out the following conclusions:

1. That rigidity in the cadaver does not prove that the muscles are dead.
2. That the motory and sensory nerves lose in the limbs all power to act where there is no circulation, but recover their functions from the action of the blood.
3. That the limbs of mammiferous animals, after having been kept for fifteen or twenty minutes in a state of rigidity analogous to that in dead bodies, can be restored to their normal state; that is, to irritability, sensibility, and voluntary motion.

The following account is evidently a continuation of the experiments of M. Brown-Séquard:—

On the 18th of June, 1851, at eight o'clock in the morning, an assassin, condemned to death for murder, was executed at the Barrier St. Jacques. His headless body was given to a celebrated physiologist, M. Brown-Séquard, for the purpose of trying an experiment on the transfusion of blood. He had, in operations upon animals, noticed that the muscles which were just becoming rigid, seemed to re-suscitate under the influence of fresh blood injected into the veins. The dead body preserved its muscular irritability until seven in the evening, when the stiffness, always consequent on death, seized upon the whole muscular system. As it was too late to obtain blood from the hospitals, and as that of animals seemed to promise but little success, M. Brown-Séquard caused an assistant to make an incision



in his arm, from which he took about half a pound of blood. This was passed through a linen cloth, and injected into the radial artery of the subject, a little above the wrist. The corresponding vein was opened, and the natural blood of the dead man, now perfectly black from want of oxygen, was made to yield its place to the fresh blood injected. By continuing the injection, it passed through the capillary vessels, from the arteries to the veins, and flowed up through the orifice cut to allow the old blood to escape. Though it entered of a brilliant red colour, it came out as black as the natural blood of the subject. But, being moved about in the air, it soon recovered its red hue, when it was again injected, to be still again disgorged by the open vein. In about half an hour the hand became sensitive, and moved convulsively under the discharge of an electric battery, which previously produced no effect. Out of the nineteen muscles of the hand, twelve recovered their natural irritability, or sensitiveness, and three of them contracted or expanded throughout their whole length. This state lasted from nine o'clock till midnight, when it began to yield to the rigidity natural to all bodies deprived of life. At six in the morning another experiment was tried, but neither the battery nor a fresh infusion of blood excited the least appearance of motion. The experiment seemed to decide, beyond a doubt, that in the human body, as well as in animals, the approach of rigidity may be deferred for a considerable period by the injection of fresh blood, and that by the further application of electricity, the muscles may be made to move as in the living subject.

In another journal we have met with a statement showing that the French savans regard artificial circulation as restoring to the dead both sensibility and motion, in part at least. But what is the test used to prove this "high argument?" Electricity! "Sous l'influence de cette circulation et au bout d'une demi-heure, la main de supplicé, par une sorte de resurrection partielle, redevint sensible et s'agit aux chocs reiterés des décharges électriques. Cependant tous les muscles ne se montrèrent pas également sensibles." (See 2nd L'Illustration, *Journal Universel*, Aug. 14, 1851.)

The fundamental propositions advanced in the above report, so far from being original and altogether new, are comparatively old. It is now a half a score of years since Dr. Bennet Dowler of New Orleans, not only investigated experimentally, and preoccupied the grounds recently taken by the French savans, but a vast deal more, without the aid of electricity. He has not restricted his experiments to the inferior animals, as dead guinea-pigs and rabbits, nor wholly to vivisections, but has experimented on hundreds of men, women, and children, without the all-powerful, but unphysiological, forces generated by electrical batteries.

The general views of life and death presented in the above report, were long since brought forward in Dr. Dowler's essays on contractility, animal heat, capillary circulation, natural history of death, and, in other papers, with copious experimental illustrations. His ideas and terms (so far as the two languages will allow) seem to have been adopted by MM. Fourcault and Brown-Séquard, as novelties.

It is unnecessary to allude to Dr. Dowler's vast collection of unpublished researches upon these subjects. Soon after his experiments began, he published various extended monographs with experiments illustrative of the duration, degrees, progress, renewal, and decline of contractility and muscular motion, including the conditions that might be supposed to influence the muscles, as the nerves, the blood, hæmorrhages, the temperature, rigidity, diseases, and under the most varied manipulations and modifying circumstances. The reader and the French savans have only to look into the medical journals of Louisville, New York, New Orleans, and of other cities at home and abroad, to be convinced that the news from Paris is old, and that Dr. Dowler's claims to priority of discovery are entirely indisputable. It is now more than

five years since Dr. Dowler (as he informs us) forwarded a number of copies of a pamphlet entitled *Experimental Researches on the Post-mortem Contractility of the Muscles*, to several members of the Academy of Medicine and of the Academy of Sciences. Indeed, Dr. Dowler's discoveries in the muscular functions must have been known as early as August, 1843. We have now before us a letter addressed to Dr. Dowler from the illustrious Louis, which we are permitted to use, and of which we subjoin a translation, showing that Dr. Dowler's paper entitled *Post-mortem Researches*, had been received in Paris more than eight years ago. Now, in this very paper is announced Dr. Dowler's discovery of the excitation of post-mortem contractility, by percussion, as well as several other discoveries, as post-mortem calorificity, post-mortem circulation, capillary action, &c. &c. :—

SIR AND HONOURED CONFREERE, — I know not how to thank you sufficiently for the extreme kindness with which you honour me in addressing to me the two pamphlets which you have printed; one on pathological anatomy, and the other on what you call sun-stroke. As to the subject of pathological anatomy, you have done, without doubt, that which no other physician has done till now; for it has been given to no person to make post-mortem examinations a few minutes only after death, when cadaveric rigidity (one of the most certain signs of death) exists as yet to no great degree. You have been able to see that which few persons have seen—to establish lesions susceptible of changing quickly; and, if you have been able to collect in detail, and until the last hour of the patients, the symptoms which they have experienced, you will do a thing very useful to science to publish what you have seen. As to what you call sun-stroke, the medical public cannot but read with a great deal of interest what you say; and for my part, sir and honoured confrere, I dare require you to pursue your researches in order to have complete certainty that the facts observed by you, or rather the deaths of which you speak, are truly connected with the consequence of the insolation. Permit me, in conclusion, to persuade you to continue your valuable labours, to study rigorously the facts which you have collected, as you yourself propose. Have enough confidence in yourself to make them known to the medical public, to whom they will be serviceable, and please accept, sir and honoured confrere, the assurance of my grateful and devoted sentiments. LOUIS.

Paris, August 5, 1843.

Dr. Dowler's method (percussion) and results are alike original. Physiologists had used, and they still use, electricity as the means of exciting muscular action—an agent of great power, one that produces irregular and convulsed motions in dead animals. Sir Charles Bell himself admits that results thus obtained are fallacious, "for the nerves, dead or alive, may convey the galvanic power, like a wet cord."

It is unnecessary to reiterate in this journal the results of Dr. Dowler's researches upon these subjects. It is sufficient to say that he has shown that the muscular force may be repeatedly excited, exhausted, and regenerated for many hours, and even after the appearance of post-mortem rigidity, without electricity, and after the removal of the nerves and blood. Cadaveric rigidity is often readily removed by art; and then, in many cases, muscular contractions will follow with perfect regularity, the cadaver raising his arm from the floor to his breast, carrying weights in his hand—after, as well as before, the removal of the brain, cord, nerves, and blood.

The French savans have, doubtless, been deceived, as well in the nature as in the originality of their experiments. They had exhausted, temporarily, the muscular by the electrical force; they then set about injecting the blood-vessels with fresh living blood; in the meanwhile the regeneration of the muscular force had been progressing, and had the operators injected no blood whatever, but delayed for an equal period, contractility would have returned; for the amputation of a limb, and the removal of the blood and bloodvessels, will not in the least diminish the contractility, though in the living state, Dr. Dowler has admitted that the blood and the nerves may contribute as auxiliary to the inherent forces of the muscles, being rather



the essential conditions than the essential agents of motion, both voluntary and involuntary.

We venture to suggest another source of error into which the French savans have probably fallen. They tell us that cadaveric rigidity having manifested itself in the guinea-pig, blood was thereupon injected, rigidity disappeared, and contractility returned. Now, we incline to think that it was the incidental manipulation of the animal, not the blood, that removed the rigidity; for Dr. Dowler's researches show, that in man and in the alligator, how much soever they may be mutilated, rigidity may be, by forced motions, removed repeatedly, after which contraction can be excited for hours, and in the latter for three days. The rigidity will take place repeatedly, if the body be left perfectly undisturbed for a suitable time.

Dr. Dowler's researches prove that sensation and voluntary motion may exist independently of the brain. The French experimentalists seem to show that both of these fundamental functions can be revived, for a time, by the transfusion of blood from the living into the dead, even after the rigor mortis. We wait for further proof, as the subject is not sufficiently ripe for safe speculation.

Let the French savans look at page 54 of the July number of this journal, where they will see, in Dr. Dowler's last contribution, a summary statement of the principal laws of muscular contractility, cadaveric rigidity, &c., deduced from experiments commenced eleven years ago.

With respect to this last contribution of Dr. Dowler (so fundamental, not to say revolutionary, in its bearings), we may remark, that, judging from sundry letters, and from notices of the medical press, so far as we have seen, its reception has been very flattering.

It has been urged, as an objection to Dr. Dowler's papers and essays, that they are not sufficiently practical in their spirit and bearing. To this we reply, that the writings of Hunter, Harvey, and some others, were looked upon by the less sagacious of their contemporaries as of little practical utility at the time, and too speculative in their tone for the age; but the lapse of years, and the researches of organic chemistry, have established as indisputable truths many of these then supposed speculations, and mankind are at this present moment receiving the benefits and blessings derived from the experiments of those illustrious minds. So, in like manner, we anticipate glorious results, at some future day, from the untiring labours and ingenious experiments of Dr. Dowler; and if we cannot apply to practical purposes—to the coining of money—the important discoveries in physiological sciences which our confere has from time to time published to the world, we indulge the pleasing hope that another generation will reap the full benefits of his labours, and render homage to his name.—*New Orleans Med. and Sur. Jour.*

#### CARBUNCLE AND SACCHARINE URINE.

JOHN BROADBENT, aged 66, of Manchester, packer, was admitted as a patient of the Manchester Royal Infirmary, December 12, 1851. At this time, he presented, on examination, a large carbuncle on the back of the neck; it had a quaggy feel, and when pressed pus exuded from numerous cribriform openings. His tongue was moderately clean, and his pulse weak. A crucial incision was made into the tumour, poultices subsequently applied, and a mixture ordered, containing bark, ammonia, and opium. He stated, on the question being put to him, that he thought the quantity of urine increased; it was ordered to be measured, and a portion reserved for testing the following day. The urine measured five pints, sp. gr. 1.031. Tested by being boiled with liquor potassæ, it produced the deep colour so characteristic of diabetic sugar. Boiled with sulphate of copper, and excess of potass, it yielded immediately the red oxide. A portion was put on one side for about forty-eight hours, and when examined by the microscope showed an abundance of torulæ.

The subsequent treatment was conducted on the ordinary principles of surgery. Tonics were given, with a generous diet and stimulants. Stimulating applications

were applied to the wound. The patient recovered rapidly, and in a few days not a trace of sugar could be discovered in the urine. The sugar remained for sixteen days after he came under treatment, in variable quantity, and continued steadily diminishing, as follows:—

Dec. 17, Urine	4½ pints,	sp. gr.	1.031.	
„ 21, „	4 pints,	„	1.030.	
„ 25, „	4 pints,	„	1.026.	
„ 29, „	3½ pints,	„	1.028.	Slight indication.
„ 31, „	less than 3 pints,	„	1.024.	No sugar.

John Owen, aged 62, of Manchester, green grocer, was admitted a patient of the Manchester Royal Infirmary, November 21, 1851. At the time of his application he presented a large carbuncle at the back of the neck. He was exceedingly ill; bowels confined; pulse weak and rapid; the tumour presented the usual venous hue and cribriform openings; it was freely opened. Ordered a stimulant poultice. A full dose of calomel given, the bowels well opened, and then a tonic mixture of bark, ammonia, and opium administered. The urine was ordered to be measured, and kept for examination. The man is improved this morning; the pulse has improved in quality, and the wound looks as well as could be expected; he has had some delirium in the night; urine measured five pints and a half, sp. gr. 1.034; the tests mentioned before were applied, and the presence of sugar easily demonstrated. There was nothing after this in the case particularly worthy of notice; the case improved rapidly under good diet, stimulants, and tonics, and the sugar disappeared from the urine in eight days. A trace was again to be found on the tenth day, after which no more could be discovered.—These cases are of interest as showing the presence of sugar, but a comparatively short time has elapsed since it was first pointed out, and it has been repeatedly questioned. In these cases there could be no doubt as to the existence of the sugar; it was freely poured out, easily found, rapidly diminished under treatment, and ultimately disappeared altogether.—*Prov. Jour.*

#### ON A NEW METHOD OF APPLYING CAUSTIC IN THE TREATMENT OF STRICTURE.

By JOHN L. MILTON, Esq., London.

In the present divided state of opinion in the surgical world as to the treatment of stricture, any contribution likely to increase our mastery over it cannot fail to be interesting. The following is a novel and simple mode of applying the caustic:—The general plan is to direct a small hole to be made with a pin in the extremity of the bougie, and into this is inserted the piece of caustic destined to be applied to the stricture; or else we have armed bougies.

The objections to these are, in addition to those which have made so many surgeons abandon them for the plan of fixing the caustic themselves, that in many cases, especially in the country, armed bougies cannot always be had recourse to, as they are not always to be had when they are wanted, and that they are more expensive. The plan of cutting a piece of caustic is not free from objections: it is somewhat tedious, and the caustic sometimes projects and comes loose. Not that I believe there is anything to be apprehended from this, unless it be very large, but it alarms both the surgeon and patient, and in some irritable strictures produces a very unnecessary amount of spasm and suffering. The plan I now propose is somewhat similar to Hunter's way of applying caustic to pustules in the eye. The place where the caustic should go being cut flat on the bougie with a knife, and then made a little rough, a piece of caustic is laid on a sixpence, and fused in the flame of a candle; the rough spot on the bougie is dipped in the fluid, and is instantly coated smoothly with caustic. It is then dipped in the tallow, and twirled gently round till this sets, so that it has a smooth button-shaped sheath of fat. All that is now necessary is to clear the way to the stricture with a large bougie, and then to pass down that which has just been armed. The advantages of this plan are—1.



That we can fix the caustic to any part of any bougie. 2. That we can regulate the quantity with the greatest exactness. 3. That there is no waste; for what is left on the silver cools and hardens, and can be used another time. 4. That the surface is smooth, and does not irritate the urethra. 5. That these bougies are simple, cheap, always attainable, and efficient, and that (the caustic being protected by the fat from the action of the air and moisture) they may be prepared beforehand during leisure moments. —*Med. Gaz.*

## REVIEWS AND NOTICES OF BOOKS.

ON TRUE AND FALSE SPERMATORRHŒA. By Dr. PICKFORD of the University of Heidelberg. Edited by Chirurgus. London. 1852. 8vo. pp. 82.

THIS brochure consists of a translation from Dr. Pickford's work, with an introductory chapter of some length by the editor. The object of its publication is partly "to expose and correct the gross fallacies which prevail respecting spermatorrhœa and its consequences;" and partly to aid in protecting "the victims of sexual hypochondriasis from imposition at the hands of quacks." The introductory chapter by the editor is devoted entirely to the latter subject; it commences with some remarks upon the causes which lead persons the subject of "diseases of the genital organs" to become the prey of advertising quacks and nostrum-venders, and upon the frauds practised by the latter.

"The task upon which I am about to enter (the editor observes) is the exposure of a monster evil of unparalleled extent, and based on as refined and systematic a course of deceit as ever was reared by mendacious and rapacious knavery, for the purpose of preying upon the credulity and sufferings of mankind. But great as is the ingenuity which the impostors I am about to expose possess, and prolific as they are in concocting, and persevering in carrying out their schemes of fraudulent delusion, it is more than questionable if they could ever have met with the success they have attained, did not the proprietors of both the metropolitan and provincial press (with a few honourable exceptions) admit their lying and beastly advertisements into their columns."

"It is undoubtedly, in a great degree, through the sordid concurrence of these guardians of public morals (as they sometimes style themselves), that this crying nuisance has hitherto been able to defy the execration of all right-minded men. Without such aid, those miscreants could never have obtained more than an obscure existence, and a very limited power of doing evil; for they could otherwise have aspired to no higher position, and no greater gains, than those obtainable by thrusting their filthy handbills into the hands of passers through the public streets, or by chalking their announcements in urinals and by-places. That the portion of the public press which lives, as it were, from 'hand to mouth,' should, for the sake of the large sums these quack firms pay for their advertisements, lend itself to so disgraceful a traffic, is not much to be wondered at, however it may be regretted. But that such papers as the *Morning Chronicle*, the *Morning Herald*, and the fashionable and aristocratic *Morning Post*, should be guilty of this species of panderism, is perfectly incomprehensible. That these papers should degrade themselves by throwing open their columns to such obscenity for the sake of a few additional pounds to their otherwise well-replenished coffers, is not merely a subject of surprise and regret, but merits the severest condemnation from every friend to public decency, morality, and health."

The parties who are the principal founders and proprietors of the numerous quack firms (self-dubbed consulting-surgeons) which infest this metropolis, are most of them (the author observes) more or less connected with each other by the ties of consanguinity or marriage. But as it is evident that it would interfere with their operations were they all to advertise under their real names, they each adopt some *nom de guerre*. "Thus they frequently assume the name of some eminent surgeon, and under the shield of this *clarum et venerabile nomen*, set up their priapian firm; and hence a name

which is associated with every idea of unsullied integrity and well-earned professional fame, is degraded into the service of a quack firm, and used for the purpose of levying black mail from the credulous."

There is another deception (the author observes) which they have artfully concocted in connexion with their advertisements, which is well calculated to deceive the ordinary class of patients. "I allude (he adds) to the numerous extracts of seemingly reviews of their works, which they append to their advertisements, and in which *parents, guardians, and patients* are all alike recommended to peruse the valuable remarks which are contained therein, on the 'diseases of which it so ably treats.'"

"The following is one of the modes which they practise in order to give an appearance of reality to these laudatory reviews. Having got an advertisement of the work drawn up, they procure some party to write an address, wherein their filthy book is recommended to the perusal of the different parties enumerated above. This address is annexed to the advertisement of the book, and its insertion duly paid for as an *ordinary advertisement*. After it has thus appeared in some newspaper, the whole, or some portion of it, is annexed to other advertisements, inserted in different newspapers, with the name of the paper in which it originally appeared as a paid advertisement, at the end; so as to create the belief that the quotation is a portion of a favourable review of the work by the editor of the paper, instead of being what it really is—viz., a portion of an address inserted and paid for as an advertisement by themselves."

The system of extortion and terrorism resorted to by these advertising firms is exemplified by a letter to the author from a person who had been so unfortunate as to fall into the hands of one of them, as well as by the remarks which follow it. "It is said (the author observes) that these scamps not only in the first instance adopt alternately every possible means of cajolery and intimidation, as shown in the preceding letter, in order to seduce patients into paying them large sums of money; but further, that all the letters the luckless patient, in foolish confidence in their honour and integrity, addresses to them, are religiously preserved, in order to serve as a further means of extortion and intimidation."

"Thus when at length the patient's faith in the realization of their promises of a cure is exhausted, and probably all his available pecuniary means also, and he is in consequence desirous of withdrawing himself from their coils, he is at once informed that they cannot think of allowing him to do so until he is cured. Should he persist in his determination, he is met with the threat, that if he does not continue the treatment, his *friends* will be informed of his condition, and copies of his letters furnished to them. Now, when it is known that most likely these letters contain admissions of criminal indulgences in the practice of self-abuse, and most exaggerated descriptions of the patient's state of debility therefrom, and perhaps even statements of utter impotency, it will be at once seen what a terrific and powerful engine of extortion these threats become. Need we, then, wonder that every possible means is adopted to raise the means of satisfying these almost insatiable wretches, particularly when they promise to return the victim's letters on their demands being paid. . . . A respectable surgeon informed me that he knew an instance in which a clergyman had been cheated by one of these pseudo-surgeons out of acceptances to the amount of a thousand pounds."

We have delayed so long upon the contents of the preliminary chapter, that we have scarcely left ourselves space for any notice of the subject specially treated of by Dr. Pickford; but the moderate price at which the *brochure*, we presume, is sold, places it within the reach of every one interested in the matter; and we shall conclude with the following extract from the author's concluding remarks on the treatment of spermatorrhœa:—

"According to the preceding investigations, imperceptible losses of semen may stand to the general condition of the patient in the three following relations:

1. They occur in healthy persons.
2. They occur in diseased persons, but are rather the con-



sequence than the cause of the malady, and are of no further consequence.

3. They are the cause of the disease.

To the two first classes, the cure of these imperceptible emissions would do no good; healthy persons may make themselves perfectly easy about the matter; and hypochondriacs who suffer from imperceptible seminal discharges, must be treated in the same manner as other hypochondriacs. And similarly, spinal irritation occasioned by this so-called spermatorrhœa, requires no other treatment than irritation without it. To this class belong the great majority of the diseases which Lallemand and his followers attribute to spermatorrhœa. Fortunately for humanity, true spermatorrhœa is, as Pauli justly observed, an uncommon disease."

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, APRIL 28, 1852.

### IRISH BARDS AND SCOTCH REVIEWERS.

A NORTH British contemporary of ours affects to be hugely astounded, if not indignant, because that we, on the 17th of March last, of all days in the year, contumaciously insinuated that an author of the present times might possibly fail to acknowledge his obligations to preceding writers; and still worse, that we had the temerity to hint that even a conscientious contributor north of the Tweed might inadvertently do so. Anything to the contrary notwithstanding, we must, nevertheless, adhere to this our imprudent expression of belief; convinced that every shrewd reader (our contemporary not excepted) is of the same opinion. We confess that the reason we assigned for the commission of this sin in the locality indicated was not, perhaps, so flattering as the indigenous of it might have expected, and therefore are we bound to retract. We hastily hinted that in that part of the world, a knowledge of what was passing in the rest might be limited by a want of information arising from a prudent disinclination to pay for it in the shape of books; but we now see that we were wrong, for we find that our northern neighbours, so far from being parsimonious in this respect, are quite prodigal. We have made inquiry, in fact, and find that the demand for medical books and journals amongst them is so great that the London booksellers can scarcely supply it. In order to remove all doubts, however, as to our estimate of the character of our thrifty old friends, we once for all declare that we believe them to be the most moral, religious, sober, learned, brave, eloquent, poetical, critical, and wise people on the face of the earth; and, moreover, we admit that plaids are better than pea-jackets, and kilts than trowsers; that oaten cakes are preferable to wheaten-bread; and "Finden haddies" to juicy mutton chops! What more can they ask? But we fear that there is something at bottom which provokes the display of crusty feeling to which we allude, some "nursing of wrath to keep it warm," of which we should not be the victims. If the shopkeeping "patrons" of the Edinburgh University have, with their seven clerical allies in Dublin, brought "Medical Degrees" to a discount by their stupid greediness, why should we be expected to answer for such blundering. Be this, however, as it may, we must still adhere, as we have said, to the opinion we expressed respecting the prevalent practice of palming off as something original or novel what has already been well considered. It matters little whether this be done from ignorance or design, the mischief is the same: the sources of knowledge are obscured, and its archives are rendered of doubtful authority. In the article which stirred up the bile of our brother editor, we advisedly alluded to the

"happy state of ignorance" which is displayed in the "original communications" of certain contributors to certain journals. Does he mean to deny that such a display is not made, or that such a result was not inevitable, seeing the vast undigested heap of materials which a writer has before him? When this ignorance or negligence is displayed in mere ephemeral essays, or in the recording of facts to be added to the common stock, we have no right to complain; but when men undertake researches or inquiries to solve disputed questions, or set up claims to discoveries, they should neither reject nor suppress; and above all things, they should not from unworthy motives conceal the truth. The Scotch journalist to whom we have been alluding affects to believe that in these observations of ours we complained of the "want of originality displayed in modern medical journalism," but he well knows we complained of no such thing. We complained of the dishonest suppression of the truth as to the labours of others to enhance claims to originality. He twits us, too, with our want of what he doubtless prides himself on, the much-prized "original communications" of journalism; but our readers probably prefer a selection made from the heap rather than a portion indiscriminately administered. If the MEDICAL PRESS was stuffed with these same "original articles" (and truly very original some of them are), we suspect our subscribers would soon feel the effect. The truth is, that what we are here taunted with is just what we take credit for. Ours is not a farrago of egotistical effusions or tedious repetitions of notorious facts and arguments, but the best selection we can make of what is of practical value. We aim at making our readers acquainted with what is "going on in the medical world," rather than ministering to the vanity of what are facetiously called "authors." As to our liberal selection from the pages of the *Edinburgh University Journal*, we were not before aware that we erred in that way, and we shall endeavour to avoid the practice in future. Whether our contemporary's contributors will be the better of that remains to be told.

### REMUNERATION FOR PUBLIC MEDICAL SERVICES.

THE following pertinent communication records another example of an old and crying grievance, which is absolutely intolerable. Over and over again promises were given by "the authorities" that provision should be made to prevent such dishonest extortion, but they have been all broken. That W. F. WINSLOW, S.I., is liable for the attendance and treatment there can be no doubt, and however disagreeable it might be to do so, a call on him for payment might settle the matter. The "Board of Health" is an ancient institution in Dublin Castle, having no other power in such cases than the allocation of some small fund to this contrivance for "doing the doctors:"—

#### TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—Can you inform me who constitute the Board of Health, and what rule do they follow in deciding on the value of medical services?

On the night of the 9th of last February, I was waited on, after ten o'clock, by one of our city constabulary, with an urgent representation that a crown witness in his charge had been taken suddenly and alarmingly ill, that her life was of importance to the ends of justice, as she was the principal witness in a crown prosecution to come on at the assizes early in the ensuing March, and that medical assistance was promptly required.

The following is a copy of a note which I also received from his officer:—

"SIR,—You will have the goodness to attend a crown wit-



ness in charge of Acting Constable Jordan, until out of danger, and who I understand is very unwell.

W. F. WINSLOW, S.I."

This note was sent me on the following day as a guarantee for my attendance. The haste and urgency of the case was such as not to allow of the constable's procuring it on the preceding night when I was first called on, and when I was induced to attend by very urgent representations, which were fully justified by the facts of the case. Under these circumstances, I attended at once, and continued in attendance till the 24th of February. I then filled up the usual printed form, and forwarded it with my solemn attestation annexed, to the truth of the following particulars:—

That I am a duly qualified surgeon.

That I had paid at least eight visits between the 9th and the 24th of February, inclusive.

That my attendance was unavoidably prolonged by a relapse brought on by an indiscretion of diet.

That my first visit was paid after ten o'clock at night.

That I was induced to attend by the pressing representations made to me; and, finally, I gave a list of the medicines employed, which was sufficient in itself to show that decided measures were necessary, and (without the collateral evidence already alluded to) that the case was one of some consequence.

After waiting now until the end of March, I receive from the Crown Solicitor's office a post-office order, with the usual intimation that it was the amount awarded me by the Board of Health in the case referred to. The order was for £1 !!

Allow me, sir, to analyze the duties for which the Board of Health pronounce this to be an equivalent:—

One night visit	...	...
Seven subsequent visits	...	...
Medicines as certified	...	...
Writing sundry prescriptions	...	...
Apothecary's bill	...	...
Filling a printed form of affirmation with particulars	...	...
Seeking out a magistrate and making a solemn affirmation before him	...	...

£1 0 0

Out of this sum I have to pay an apothecary.

The printed form, as known to those acquainted with it, is sufficiently lengthy and precise. The particulars were, I may say, sworn to.

I do not think the above award can be considered a just one, and I think it would be fair that the profession should know who the Board of Health are, and also by what considerations they are influenced in the adjusting their awards?

Had I contemplated such a result as the above, I need scarcely say I would not have undertaken the case on any account. I attended on the supposed good faith of a Board who I knew would be put in full possession of all the particulars of the case.

It is vain to plead a sense of public duty as the motive for making this award. Public duty neither sanctions nor requires either injustice or oppression. After services have been extorted by pressing solicitations, and yielded on supposed good faith, is it consistent with any acknowledged principle of right to take an unfair advantage and unduly disparage them, when they can be no longer refused or retracted?

As I do not know who the Board of Health are, I cannot intend anything individually personal. I have had good reason on several occasions to complain of their awards, but knew there was nothing to be gained by remonstrance. I am a Fellow of the Royal College of Surgeons, Ireland, and Surgeon to a leading provincial hospital. I am now some sixteen years in the public service. I have never, either as a student or practitioner, disgraced myself or my profession. It cannot be on the score of want of character or qualification that I am denied reasonable remuneration.

It would be fair, I repeat, that the profession should be made acquainted with the names of those from whose hands they have to expect such treatment, and fair that they should know what considerations regulate the degrees of disparagement to which they are liable, in order that they might know when to decline the honours of the public service.

I am aware, sir, how useless it is to complain of outrage or injury in the medical profession, and I know that mine is not by any means an extreme case. The periodicals from day to day publish cases of legalised injustice which dare not be practised on any other body, but which seem to be regarded with most inconceivable apathy and indifference by

the body themselves. Witness the extraordinary case of hardship, related in No. 677 of the MEDICAL PRESS, sustained by Dr. Hans Fleming of Carrickmacross, but which appears to have excited not so much as the attention of the profession. When I regard it, and the many other similar cases of almost daily, but unheeded, occurrence, I cannot expect that my case will excite any interest. I publish it from a sense that it is some sort of duty to the profession to put those things on record, and also to prevent an indignant silence being misconstrued into acquiescence.—I am, sir, your obedient servant,

ZACH. JOHNSON, F. and L.R.C.S.I., &c. &c. &c.  
Kilkenny, April 22, 1852.

#### UNIVERSITY REFORM AND MEDICAL INTERESTS.

WE wish the Graduates of the London University every success in their endeavours to assert their rights to a legitimate academic position, if for no other reason for this, that it may stir up the Graduates of the other Universities to do the same. It is high time for those of Trinity College, Dublin, to look after their distinctions and privileges, purchased as they have been at an exorbitant price, and threatened as they are with deterioration by most questionable contrivances to facilitate graduation with a view to financial benefits, rather than educational improvements. Here is an extract on the subject:—

Since we last adverted to the present defective constitution of the University of London, and the organization of the graduates to obtain that position which is their due, the committee whom they had entrusted with the advocacy of their cause have prosecuted their demands with a temperate vigour which deserves success, and, we will add, with an ability which will assuredly achieve it. Up to this period of last year, the fruit of three years' active operations may be expressed as an admission on the part of the senate and Sir George Grey, the then Secretary of State, that the claim of the graduates to a place within the pale of the University-Constitution was, in principle, just one; but the admission was minimized by the qualification, that in the opinion of the senate, the time for such a readjustment of the university had not arrived. The graduates have done wisely in accepting the admission, and repudiating the qualification. They had regard to their numbers, which already surpassed the minimum indicated by the senate itself; they considered that the very degrees they had obtained from the university were a proof of their fitness to exercise some share in its government; they felt that men who in honourable competition in the world had earned for themselves prominent positions and important trusts in almost all the foremost educational institutions in the kingdom, could not be unworthy of a recognized position in their own university. But so long as the principle only is admitted, little real advantage is gained. The demands of the most undeniable expediency and justice are baffled by a temporizing policy. If the graduates be convinced that they have a just cause, let them not for one moment relax their exertions, nor be entrapped into inaction on the faith of a promise, the fulfilment of which may, unless they bestir themselves, be indefinitely postponed. Success, whenever it comes, will depend upon themselves. That the graduates' committee are animated by this conviction, they have given us the most satisfactory evidence in their recent proceedings. The senate have so far abandoned the cunctatory plea, as to refer the question of the graduates to a select committee. It is, therefore, again under their consideration; and it is not unreasonable to conclude that it is at last ripe for discussion. Lord John Russell has expressed his approval of the general movement, and he has not hinted that the time is inopportune. Sir James Graham, whose accession to the senate was an assurance that a liberal policy would be pursued, has publicly, before a meeting of the proprietors of University College, given his sanction to the movement; and he has added a phrase of encouragement to the graduates, which we would exhort them to adopt as their watchword. Referring to the past proceedings of the graduates, he reminded them that "a step once gained was never lost." A great step has been gained. It remains for the graduates to improve upon their position—not to tarry upon that step, but to make it the means of gaining another and yet another, until the last, the crowning one of all, is surmounted. That veteran reformer, Mr. Hume, has also



added the weight of his experience in support of the graduates. But not only have individuals expressed their approbation; nearly twenty of the most influential and considerable of the affiliated colleges have responded to the appeal of the committee, and have either directly memorialized in favour of the graduates' movement, or have by resolution or letter recorded their adhesion. The graduates have thus acquired a large amount of external support in advancement of their claims. It is, indeed, in every point of view a public question, and in the time of need the public influence will not be wanting. But at the present juncture, the graduates must continue to rely upon themselves. To justify in the public mind the two great measures of university reform—Incorporation of the Graduates and Parliamentary Representation—the graduates, who will be the immediate recipients of a great public trust, and which they will be expected to exercise in the promotion of free education, must prove themselves to be not unworthy of the office. To do this, they must show that they have faith in their cause and confidence in themselves. By the precedent of the ancient universities—by the expressed resolutions of the senate—by the approbation of powerful statesmen—by the support of numerous important public bodies—by their own scientific and social position—the graduates are, by every plea of right and expediency, entitled to what they demand. Let them demand it boldly, if need be, from the legislature itself, and they will not long demand it in vain.—*Lancet*.

#### THE ENGLISH COLLEGE OF SURGEONS AND THE HOMŒOPATHS.

FROM the following we learn that Members of the London College may globulize gulls with impunity, and wherefore should they not, for they have ample warrant to deal with them more substantially. We see no reason in the world why out-and-out Doctor-Apothecaries, or Apothecaries'-Doctors either, should enjoy a monopoly. The two crafts, homœopathy and allopathy, are fairly pitted against each other, and convinced are we that honest and judicious practitioners and their patients will be the better of it in the sequel:—

The Council of the College of Surgeons have sent the following reply to the memorial of the meeting of the medical men of Hull and its neighbourhood, praying them to express some opinion on the doctrine and practice of homœopathy:—

“College of Surgeons, March 9, 1852.

SIR,—I am desired to acquaint you that your communication, enclosing copies of resolutions of a meeting of the medical profession of Hull and its neighbourhood, held in the Hull General Infirmary on the 6th of January last, on the subject of homœopathy, has been laid before the Council of this College, and that the Council, after mature deliberation, consider it inexpedient to interfere in the matter.—I have the honour to be, &c.,

EDM. BALFOUR, Secretary.”

#### THE TITLE OF DOCTOR.

WE feel very much inclined to agree with the writer of the following note as to the true nature of the public acceptance of the title “Doctor.” Whatever may have been its early origin, it is clear that it is now universally used in the “vernacular,” to designate proficient in the healing art, be their pretensions what they may. It is the title of the *order*, of which Physician and Surgeon are the *genera*, including many *species*, and these again some very curious *varieties*. Why, being thus a name, common to all candidates for employment in the curing trade, it should be coveted by men of higher aim we cannot tell, for assuredly it has lost its efficacy as a distinction. In Dublin it is probably owing to the old trick of the Doctors and Apothecaries to exclude Surgeons from medical practice, on the plea of exclusive devotion to surgical manipulations; but as this “dodge” has become stale, it seems strange that men looking to surgical station will still peril their characters by the adoption of the title. Those who have been so unlucky as to have acquired the title cannot now get rid of

it, but let the rising generation consider its effect in good time. Doctor would look very queer before the names of POTT, HEY, COOPER, ABERNETHY, BRODIE, and others:—

SIR,—I would suggest to you, not to be so exclusive about the use of the title—“doctor.” It is a convenient title for the medical attendant, and I see no reason why physicians should have a monopoly of it. The people always will say “our doctor,” whether “their doctor” be physician, surgeon, or apothecary, and I think the medical attendant should have the privilege of styling himself by the title the people ordinarily give him, whatever his grade may be. But then, again, as you are going to have only one scale of education for all medical men, this distinction about title is the less tenable in your scheme. Some may, having passed the examination, join the College of Physicians, and some the College of Surgeons, whilst others will remain general practitioners; but if they are to be educated alike this invidious distinction of title would be unjust. Let them all be “doctors,” for “doctor” is the title the public will give them; and to keep it from being a “nickname,” let it be their rightful title. But it is intended that those who may select to join the Colleges of Physicians and Surgeons respectively, shall have to undergo another examination; if so, your medical reform will make little or no change beyond a superseding of the Apothecaries' Hall in its functions of examining and giving a licence to practise. All those under the new law who shall not have joined the colleges, will be looked upon as mere apothecaries under some other title—a title it appears not yet settled on, but that title, as the act, or rather proposed act implies, must not be “doctor.” Nor can it be surgeon, for the using of that title would be a usurpation, without the diploma of the college. When I was young there was a medical practitioner who kept a shop in a certain city, and he had on the door his name, with surgeon-apothecary and midwife after it. It so happened that he was a good-looking fellow, and that a wealthy heiress fell in love with him, and married him. He took her name, and having moved into a neighbouring square, put it on his door after his own name, but no surgeon-apothecary or midwife. His own name was Davis, the wife's maiden name, which he adopted, was Issadore, rather an uncommon name no doubt, and many of his patients seeing that the former titles were no longer on his door, came to the conclusion that Issadore was a new technical word, meaning surgeon, apothecary, and midwife altogether. It is, I submit, just such a word we want as a title for the new-fangled practitioners, if the use of the title of doctor is to be prohibited. But I am for the good old title of doctor; it means all, and it is short and handy, and every one has it by heart, and will apply it to the medical attendant in spite of all the penal laws you can enact.—*Extract from letter in Provincial Journal*.

#### CORRESPONDENCE.

#### OPERATION OF THE DISPENSARY ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—In the leading article in your impression of Wednesday, the 14th inst., in reference to the operation of the new dispensary act, you very fairly state, and I quite agree with you, that “the existing critical state of affairs calls for a very prudent exercise of your editorial functions, and a very careful consideration of the policy which results may suggest;” but after relating one case of great hardship, out of the very many which have occurred to the members of the medical profession in carrying into effect this new law, you go on to state—“It is vain to deny that much dissatisfaction prevails as to its defects in working properties, and that loud complaints are made against those entrusted with its execution, on account of some of the results of its operation, but it is impossible now to call for its abrogation; it is also obvious that an inclination prevails to attribute the defects in its operation to a want of decision on the part of one more than another of those entrusted with its execution, but this view we cannot take.” Now, sir, permit me to say, the majority of the medical men through Ireland have mainly themselves to blame for many of the evils they now complain of. If the members of the medical profession in Ireland were more unanimous in purpose, and less selfish, and work together more for their common cause, they are a body quite important enough; and, by unanimity, possessing sufficient influence to protect the just rights of the profession to which they belong; and by adopting such a course of action, place



those in power in a position to assist them, but their motto seems to be "every one for himself." A general meeting of medical men was convened in Dublin in January last to adopt measures to forward and protect the interests of the profession. How was it attended? Few came, and many had not even the courtesy to send an apology for their absence. From that meeting, over which Dr. Kingsley of Roscrea—a vigilant and indefatigable friend of the profession—presided, the following resolution was adopted, and most extensively circulated—viz.: "That the secretary be directed to apply to the medical attendants of dispensaries and hospitals for a further subscription of 10s. each for the purpose of paying a balance which remains due to their late honorary secretary, Dr. Knox, as their agent in London, and for defraying the expenses that must necessarily be incurred in endeavouring to procure further legislation, and for adopting such ulterior measures as may be required to promote the interests of the medical profession." Now, sir, I ask, where the interests of the profession were so much concerned, how has this appeal for the paltry sum of 10s. been responded to? I regret to say by scarcely a reply. With such a state of apathy, indifference, and selfishness, so generally existing amongst the ranks of the medical profession in Ireland, how is it to be wondered at that the interests of that profession should be neglected, and its members ill-used, particularly when we recollect that in carrying the new dispensary act into operation, we are placed so much in the hands of parties who, generally speaking, pit the doctors *versus* the ratepayers, and being all of the latter class themselves, decide, as a matter of course, in their own favour? I think, however, the lesson which dispensary medical attendants throughout Ireland have now received, must open their eyes to their present critical position; and that if even now they could be induced to come forward generally, not for the purpose of factious opposition—such a course would be most injurious—but to consult by what means their present grievances could most effectually be brought under the consideration of the proper authorities, a beneficial result would follow.—I remain, dear sir, yours very truly,

HENRY I. SMITH.  
Mountrath, 2, Coote Terrace, April 16, 1852.

#### TO THE SURGEONS OF DISPENSARIES.

GENTLEMEN,—I would address myself particularly to you whose dispensary year ended on the 1st of December. Are you willing to lose the subsequent three months' pay without an effort or remonstrance? What would you think of forming a committee, collecting funds, taking advice, and making some general and combined movement? A memorial to the Lord Lieutenant, or to the Commissioners, or a petition to the House of Commons? I need not tell you it would be useless to make any application to the boards of guardians.—I have the honour to be, gentlemen, your obedient servant,

ONE OF THE SUFFERERS.

April 26, 1852.

#### INSURANCE COMPANIES.

##### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—As I consider you are conferring a benefit on our profession by exposing the names of those insurance offices that expect confidential professional information gratis, I beg to mention that "The Clerical, Medical, and General Life Assurance Society," No. 99, Great Russell-street, Bloomsbury, London, and 18, Hardwicke-street, Dublin, according to their agent's letter at present before me, "never pay a fee to the referee of the party assuring." I am not aware what claim it has to be called "Medical," or to receive support from that profession. Should you think this worth inserting, by doing so you would oblige yours,

JOSEPH ROBINSON, M.D., &c.

Ballibay, April 22, 1852.

TO CORRESPONDENTS.—The abstract of the proceedings of the Cork Medical Society in our next.

#### UNIVERSITY OF ABERDEEN.

THE following gentlemen have passed as graduates of M.D. of University and King's College, Aberdeen, on the 15th instant:—Ernest Elliott, Portsmouth; George Crosland, Yorkshire; Robert Molloy, Pentonville; William Horne Popham, London; Owen Richards, Cardiganshire; Philip Brown, Durham; John D. Jones, London; James William Young, Co. Meath; James Ross, Elgin, N.B.; Christopher Antisell Allen, Cork.

#### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE Treasurer thankfully acknowledges the receipt of the following sums in aid of the Fund:—

F. L'Estrange, additional donation	...	£5 0 0
Dr. Mollan, Dublin, subscription	...	5 0 0
Dr. Andrew Nolan, Wicklow	...	1 1 0
Dr. Harvey, Dublin, do.	...	1 1 0
Dr. J. F. Duncan, Dublin, do.	...	1 1 0
Dr. Hill, Dublin, ...	...	1 0 0
Dr. Quin, Dungarvan, do.	...	1 1 0
Dr. Christian, Dungarvan, do.	...	1 1 0
Dr. Duncan, sen., Finglas, do.	...	1 1 0
Dr. J. Wilkinson, Limerick, do.	...	1 0 0
Dr. Lynch, Loughrea, do.	...	1 0 0
Dr. Babbington, Coleraine	...	1 1 0
Sir Alan Bellingham, Bart., Castlebellingham	...	1 1 0
Dr. McMunn, Sligo	...	1 0 0

Subscribers are earnestly requested to send in their subscriptions with as little delay as possible. The annual distribution of the Fund will take place on the first Monday in June, but the sums to be awarded to the applicants will depend upon the amount transmitted to the Treasurer previous to the closing of the year's account.

JAMES F. DUNCAN, Treasurer, *pro tem.*

19, Gardiner's-place, April 26, 1852.

#### METEOROLOGICAL TABLES.

##### ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Apr. 11th,	67	41.5	30.200	
Monday,	12th,	66	43.5	30.232	
Tuesday,	13th,	69	45.5	30.300	
Wednesday,	14th,	73	46	30.276	
Thursday,	15th,	73	44.5	30.200	
Friday,	16th,	73	47	30.100	
Saturday,	17th,	61	43	30.066	
Sunday,	18th,	68	44	30.000	
Monday,	19th,	68	42.5	30.062	
Tuesday,	20th,	66	48	30.100	
Wednesday,	21st,	57	42	29.934	
Thursday,	22nd,	56	48	29.650	.010
Friday,	23rd,	58	47	29.850	.650
Saturday,	24th,	55	44	30.076	

##### PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Dry Barm.	Wet T.	Dew Point	Rain.	Wind.
Apr. 11th,	58	29.5	29.920	56.5	49.2	41.7	S
12th,	61	35.5	29.939	53.8	48.7	43.6	S
13th,	61	38	30.020	57.1	50	42.9	SSW
14th,	63	34.5	30.075	63.4	52.2	41.1	SE
15th,	65	36	29.882	62.1	50.2	37.3	SSE
16th,	68	37	29.790	53.5	48.1	42.5	NE
17th,	61	32	29.800	54.2	45.4	34.6	ENE
18th,	60	39	29.732	56.4	50.8	45.4	NNW
19th,	64	39.5	29.795	56.4	49.8	43.2	SW
20th,	63.5	41.5	29.812	55	48.2	41	SW
21st,	58	37	29.640	52.1	45.8	38.6	SSE
22nd,	57	43	29.427	52.4	51.6	50.9	S
23rd,	56.5	47	29.502	56.5	52.3	48.5	S
24th,	62	41	29.667	52.6	45.7	37.7	SE

M. W. HANLON, M.B.

SEA-SALT IN DRUNKENNESS.—In one of the last numbers of *L'Abeille Médicale*, M. Laloux publishes a paper on the utility of injections of sea-salt to dissipate rapidly the symptoms of the severest cases of drunkenness. The solution which M. Laloux injects into the intestine is composed of two large spoonfuls of common salt dissolved in four glasses of tepid water. There follows a considerable evacuation, in consequence of which all the functions resume their office. This remedy has the advantage over ether and ammonia in being procurable everywhere; and we had an opportunity of observing, in an analogous case, that it was more powerful than ammonia in putting a stop to the coma which follows alcoholic intoxication.—*Jour. de Méd.*



**SCHOOL OF SURGERY.****ROYAL COLLEGE OF SURGEONS IN IRELAND.**

THE Summer Courses of Lectures commenced on Monday, the 26th of April, when Lectures on the following subjects were delivered, in accordance with the regulation of the Council of the College:—

Materia Medica	...	...	Dr. Williams.
Medical Jurisprudence	...	...	Dr. Geoghegan.
Practical Chemistry	...	...	Dr. Barker.
Botany	...	...	Dr. A. Mitchell.

Examinations will be held, and Premiums awarded to the successful Candidates, at the termination of the Session.

**CITY OF DUBLIN HOSPITAL.****SUMMER SESSION.**

THE Clinical Lectures and other forms of Instruction commenced in this Hospital on the 26th of April. By a recent Ordinance of the College of Surgeons, separate Certificates of Hospital Attendance, during the SUMMER SESSION, are required.

**DISEASES OF THE EYE.****SUMMER SESSION.**

*DOCTOR JACOB* will commence his Lectures on DISEASES of the EYE, in the City of Dublin Hospital, on Monday, the 10th of May, and will continue them during the SUMMER SESSION, so as to form a complete Course of OPHTHALMIC SURGERY.

**SURGICAL SOCIETY OF IRELAND.**

THE last Meeting of the Society for the Session 1851–52, will be held at the Royal College of Surgeons on Saturday evening, May 1st, at half-past Eight o'clock.

The President of the College will take the chair.

By order,

CHARLES BENSON, } Secretaries.  
O'B. BELLINGHAM, }

April 22, 1852.

**MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.**

THE Annual Distribution of the Funds at the disposal of the Society will take place on the first Monday in June.

Applications for assistance must be made by printed forms, to be obtained from the Honorary Secretaries, and must be sent in to the Branch Associations before the 6th of May, or to the Parent Society before the 10th of May.

Branches are established in the principal towns of Ireland, and with Honorary Secretaries, as follows:—

Armagh, Dr. Colvan; Belfast, Dr. Stewart; Cork, Dr. Lloyd; Newry, Dr. Erskine; Waterford, Dr. Carroll.

The applications are to be forwarded to the Secretary of the nearest Branch, if any be near, or to the Secretaries of the Parent Society in Dublin.

Subscribers to the Parent Society are requested to send in their contributions as soon as possible to the Treasurer, Dr. Duncan, 19, Gardiner's-place, Dublin; and subscribers to the Branch Associations, to the Local Treasurers respectively.

By Order,

WM. KINGSLEY,

CHAS. BENSON,

Hon. Secs. Parent Society.

Royal College of Surgeons, Dublin, April, 1852.

**NEW ROSS UNION.****Carrigbyrne Dispensary District.**

THE Committee appointed for the above District will, on Tuesday, the 4th of May next, at the hour of twelve o'clock (noon), at the Carrigbyrne Dispensary Board-room, proceed to elect

**A MEDICAL OFFICER**

for the above District. He must be duly qualified as required by the rules and regulations of the Poor-law Commissioners, must reside within the District, and compound and dispense the required Medicine. The salary is fixed at £90 per annum.

Sealed applications, containing testimonials as to competency and character, will be received by the Chairman of the Dispensary Committee, directed to S. D. Goff, Esq., Hore-town House, Foulk's Mill, New Ross, on and up to Monday, May 3rd.

The personal attendance of applicants at the time of election will be necessary.

Carrigbyrne Dispensary Board-room, April 13, 1852.

**SCHOOL OF PHYSIC IN IRELAND.**

THE following Courses of Lectures will be delivered during the Summer Session in the Medical Lecture Rooms of the University:—

Practical Chemistry...	Dr. Apjohn,	11 to 12 o'clock.
Botany ... ..	Dr. Allman,	3 to 4 o'clock.
Medical Jurisprudence—	Dr. Brady,	4 to 5 o'clock.


Fee for each Course, Three Guineas.

WM. EDWARD STEELE, M.B.,

Fellow and Registrar, King and Queen's College of Physicians.

**THE ROYAL MEDICAL HALL,**

64, DAME-STREET, DUBLIN.

 Change of Proprietorship.

BEWLEY, OWEN, AND CO., APOTHECARIES,

(LATE BEWLEY, FISHER, AND CO.)

In announcing the entire change which has taken place in the proprietorship and management of

THE ROYAL MEDICAL HALL,

beg particularly to state, that henceforth

THE PREPARATION OF MEDICINES AND THE COMPOUNDING OF PHYSICIANS' AND SURGEONS' PRESCRIPTIONS

will constitute a legitimate and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

Besides the Compounding of Prescriptions, as referred to above,

BEWLEY, OWEN, AND CO.'S ESTABLISHMENT embraces the SALE OF EVERY ARTICLE properly connected with the business of Pharmaceutical Chemists and Apothecaries, and of use in the sick room and nursery.

\* \* GENUINE COD-LIVER OIL,

of the finest description.

The Proprietors beg to direct attention to their extensive stock of Chemicals and Chemical Apparatus, among which are some articles not frequently attainable.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.


Superior Dissecting Instruments well worth the inspection of the Student.

**THE COMPOUNDING DEPARTMENT AT G. O. AND CO.'S MEDICAL ESTABLISHMENT**

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their unremitting personal attention; to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

BLEEDING, CUPPING, THE APPLICATION OF LEECHES, &c.

G. O. and Co. continue to be Supplied with the FOREIGN MINERAL WATERS FRESH from their various SPRINGS.

 Medicines delivered by Van in all parts of the city and suburbs, and along the line of the Kingstown Railway, at any hour, free of charge.

Printed by Thomas Deey, at 15, Molesworth-street, and published there every Wednesday morning, for the Proprietor, ARTHUR JACOB, M.D., 23, Ely-place, in the City of Dublin. London: John Churchill, 46, Princes-street, Soho.

Wednesday, April 28, 1852.



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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—APRIL 3.

Mr. TRANT, President of the College, in the chair.

#### ON SUDDEN DEATH IN THE PUERPERAL STATE.

By ALFRED H. MCCLINTOCK, M.D., F.R.C.S.I.,  
Ex-Assistant of the Dublin Lying-in Hospital.

In a former communication which I had the honour of reading before this Society,\* I treated of sudden death met with in the puerperal month, from idiopathic asphyxia, from syncope, from the shock of parturition, from mental impressions, and from the admission of air into the great vascular canals through the uterine veins. In the course of the discussion which ensued upon the reading of that paper, I ventured to suggest, relative to the cause of death last mentioned, that before we could regard the simple presence of air in the heart and vena cava, as proving that it had entered through the uterine veins and destroyed life, we should know whether air was ever found in the same situation without having contributed to the patient's death. I was not then myself aware of any such observation having been made; but Dr. Henry Kennedy, in the course of some remarks which fell from him, alluded to cases where he had seen air in the heart and cavæ, without its having had any appreciable connexion with the cause of the patient's decease. Devergie also has noticed the extrication of gas within the arteries and veins as a product of incipient putrefaction; furthermore, Ollivier (d'Angers) in the *Archives Générales de Médecine* for January, 1838, expresses his belief that life is sometimes extinguished in a manner almost instantaneous from the generation of gas in the circulating fluid, and its accumulation in the right chambers of the heart. To sustain this opinion he brings forward three cases, having no connexion whatever, be it remarked, with childbed. Quite recently a paper was read by M. Durand Fardel on this subject before the Academy of Medicine of Paris, and in it is related a very remarkable case where sudden death seemed to have been produced by

the extrication of gas within the vascular canals, for not only was air found in the heart, cavæ, and abdominal venous system generally, but—and this deserves particular attention—at the moment of dissolution its presence was manifest in the blood which flowed freely from a vein in the arm, thus proving that it was not a merely post-mortem occurrence. To give the full details of this case here would take up too much time. They are to be found, however, in the *MEDICAL PRESS* for March 17, 1852.

Now, the above facts, if they do not directly militate against the supposition of death having resulted in the cases quoted by Dr. Cormack, from the introduction of air into the uterine veins, at all events tend to depreciate the value of the evidence on which this assumption rests. The safest and most cautious conclusion, therefore, at which to arrive in the present state of our knowledge touching this pathological question, would be this, I think: that the simple presence of air in the heart of a puerperal patient cannot *per se* be regarded as adequate proof of its having entered through the uterine veins and proved fatal, since there is ample evidence to show that the same post-mortem appearance may be met with in persons in whom there was no reason to have suspected the existence of gaseous fluid in the heart or great vessels.

The causes remaining to be described which may, amongst newly-delivered women, abruptly bring the functions of life to a stand, are very various, and I cannot pretend to describe them all. To do so would require very extended and careful research through the records of a department of medicine remarkable for the zeal and diligence of its cultivators.

Dr. Meigs of Philadelphia seems to be the first who announced the opinion, that a woman who has sustained much loss of blood during labour is liable for some days afterwards to the formation of a coagulum in the heart, should fainting take place from any cause. His explanation of this occurrence is best conveyed in his own words:—"It is well known that the coagulability of the blood is greater in proportion as any hæmorrhage progresses—therefore a woman who has lost during her labour forty or eighty

\* *MEDICAL PRESS* for March 10, 1852.



ounces of blood, has the rest of it more coagulable than it was before the flooding commenced. Again, fainting consists in the too little intensity of the presence of the blood in the brain; and a woman just gone through a flooding, experiences a sensation of faintness from lessened vascular distension of her encephalon. If she suddenly assume an erect position, the tension becomes instantly lessened in consequence of the gravitation of the blood. But—and this is the danger—if she faint badly while her blood is become thin and highly coagulable from hæmorrhage, the scarcely moving current partially stops in the heart, and when she comes out of the deliquium, if ever, she does so with a coagulum in the auricle and ventricle; she has got a false polypus in the cavities, and she will surely die.” Death from syncope is doubtless what should be most apprehended where a woman who has had immoderate uterine hæmorrhage faints. In the passage above quoted, Dr. Meigs points out another and no less formidable source of danger, and he substantiates his views by two cases in which he diagnosed this lesion during life, and the examination of the bodies after death made manifest the truth of his opinion. In these instances death could not be said to have been unexpected or sudden; but that it may, to a certain extent, be so, is shown by a case which was communicated to the Edinburgh Obstetric Society by Dr. Keith. In November, 1850, this gentleman delivered a lady of twins at her first confinement. The labour was tedious, and she was kept under the influence of chloroform for thirteen hours. The first child was extracted with the forceps, and the second presented footling. With the expulsion of the placenta, an enormous quantity of blood escaped, but the uterus contracting immediately arrested all further discharge. “The effect of the sudden loss of blood was such that for a few minutes the pulse could not be felt at the wrist at all. The patient was still under chloroform, but for a short time she seemed in a state of syncope. This very soon passed off; the pulse returned to the wrist; she slept for a short time quietly, and on awakening showed no unusual symptom. From this time up to the fifth day, she seemed to be making a fair enough recovery, if we consider the severity of the labour and the quantity of blood lost. The discharge was natural; milk appeared in the breasts, though in small quantity; she took her food well; and with the exception of an acute pain, apparently of a neuralgic character in the lower part of the back, for a few hours on the second day, she made no complaint of pain or even of tenderness anywhere. During this whole period, however, there was an unusual degree of restlessness, and an undefined feeling of discomfort, for which, though frequently asked, she could give no definite cause. The pulse was also faster than usual, and very small. These symptoms I ascribed to a naturally irritable and excitable temperament, aggravated by the shock of the labour, and the loss of blood, and partly to the heart’s action being deranged by an unusual degree of flatulency, from a disordered state of the stomach and bowels. On the morning of the fifth day the nurse told me she had spent a good night, and her own principal request was, that she might have a partridge for dinner. On feeling the pulse, however, it was much more rapid than on the previous day, and very feeble. As I could discover no other cause for this, I supposed she had been excited by the effort of nursing the child—an office which appeared to annoy her very much, and with which she would willingly have dispensed. I, however, told the nurse, who had not the slightest apprehension of any mischief, the state of the pulse, and asked her to send for me immediately if she saw any unfavourable symptoms. I left at ten o’clock and at twelve an urgent message was sent to my house. As I was out at the moment, Dr. Duncan was sent for, and at half-past twelve he found her pulseless, and evidently sinking. I saw her half an hour later; she seemed then to have very slightly revived, after taking a large quantity of champagne and brandy. The pulse was, however, quite gone at the wrist, the heart’s action extremely rapid and feeble, the breathing very laborious. She was still per-

fectly sensible, and could speak without difficulty, and the extremities retained their usual warmth. Dr. Duncan suggested the presence of a clot in the heart as the cause of the symptoms—an opinion which I at once adopted as giving the only satisfactory explanation of the sudden sinking. Dr. Simpson saw her at half-past two o’clock. She died at three o’clock. The body was examined twenty-four hours after death, in the presence of Dr. Simpson, Dr. Duncan, and myself. On opening the abdomen, a large quantity of serum was found in the cavity of the peritoneum, and a very thin layer of very soft lymph covered some portions of the intestines. This was most unexpected to myself, as I had entertained no suspicion whatever of the existence of peritonitis in even the slightest degree. The uterus showed no marks of inflammation, and was in all respects such as a healthy uterus would be at the same period after delivery. As the condition of the abdominal cavity appeared thus to show a sufficient cause for death, our expectation of finding a clot in the heart became less sanguine; but on exposing that organ, we found the right side unusually distended, and on opening it, the right auricle was found quite filled with a large mass of fibrine, quite colourless, and especially, at one part where it adhered to the wall of the auricle, of a firm and leathery consistency. It appeared altogether different from the clot which is often found in the heart after a lingering death. I am inclined to believe that the serous effusion into the peritoneum was in a great measure the result of the mechanical obstruction to the return of the blood to the heart.” Dr. Duncan described the symptoms of this patient when he saw her as “distinctly those of asphyxia modified. There was the dinginess of skin, blackness of lips, with great respiratory distress, and at the same time apparent freedom of the act of respiration.” These symptoms, he thought, were connected with the unusual clot found in the heart after death.

I have thought it right to cite this case, though I am aware it is open to controversy, from the circumstance of peritonitis having been present. Still I cannot, with Dr. Simpson, simply consider it “as one of common puerperal peritonitis in which the symptoms had been more masked than usual.”

On the whole, then, it is but fair to say that the evidence in favour of “heart clot” (to use Dr. Meigs’ term) being a cause of RAPID death after delivery, is as yet rather deficient, but that the possibility of its occurrence may be admitted. Somewhat allied to this lesion is the one about to be described—namely, obstructions of the pulmonary artery, a subject to which Mr. Paget, I believe, was the first to draw the attention of medical men in these countries. His researches on this disease show “that the obstruction of a large and quickly increasing portion of the pulmonary circulation, if it be not complicated by other disease, is usually unattended by disturbance of the respiration or any other important function.” He has also stated—and this is more to our present purpose—that of the patients whose cases had been recorded at the time he wrote, and which were then fifteen in number, seven had died suddenly. Towards the conclusion of his second paper on this subject, he has offered the suggestion, “that many cases of sudden death, for which no cause has been found, or which have been ascribed to some insufficient or improbable cause, have depended on clots obstructing the pulmonary arteries; and that clots of the same kind, which are often found in the systemic veins, and are usually ascribed to phlebitis, though the coats of the vein are healthy, are the consequence of stoppage of the blood similar to that which he has described, and from a similar cause,”—that cause being an alteration in the composition of the vital fluid. Now, without following Mr. Paget in his reasoning upon the etiology of this disease—although such would lead us to infer that the state of pregnancy rather favoured its development—I shall simply narrate an example of sudden death from this cause twelve days after parturition. I find it recorded by Mr. Havers in the *Medical Times and Gazette* for February



14, 1852:—A delicate lady, aged 34, was delivered of her second child after a natural and easy labour. The removal of the afterbirth was attended with some little difficulty, and was followed by a gush of blood so sudden and violent as to place her life in imminent danger. This took place on the 18th of August, and she progressed favourably till the morning of the 23rd, when her attendant "found her restless, her countenance sallow, her eye unusually bright and wandering, and her manner catching and irritable. She said she had passed a bad night, which she referred to the fullness of her breasts, producing a feeling of palpitation and distress at the pit of the stomach. Her tongue was slightly coated, and her pulse as usual quick and weak." These symptoms subsided under an alterative dose, followed by aperients, and matters went on well till the morning of the 30th. "She had been on the sofa and easy chair each day, was in good spirits, and apparently in good health. On that day she was better than usual; she made her lunch at an early hour, and told her nurse she was so well she would dress herself without assistance; while in the act of dressing she fell on the bed; the nurse observed some frothing of the mouth and slight convulsion of the face. She spoke feebly once, then laid herself back and died, the whole circumstances occupying but a few seconds." Mr. Paget assisted at the post-mortem examination, which took place forty-four hours after death. "With the exception of the cicatrix of an old abscess in the apex of the right lung, and the heart to be just referred to, the organs were generally healthy. The muscular structure of the heart was pale and thin, especially that of the right ventricle, which contained some dark blood. Each of the pulmonary arteries contained a clot of blood, nearly filling the calibre of the vessels. The chief clots were about an inch and a quarter in length, mottled and firm, and in some instances slightly adherent to the sides of the vessel. In tracing the divisions of the artery numerous other clots were found of the same character as the larger ones, and extended even into the smaller ramifications of the arteries." Mr. Paget seemed to think these clots had been two days in existence previously to the death of the patient. I cannot hazard any comments upon this case. It is the first recorded example of death in the puerperal state from the cause assigned: if, however, Mr. Paget's theory as to the etiology of obstruction of the pulmonary arteries be sound, it would lead us to infer that this lesion may have a larger share in the production of the sudden deaths of childbed than is at present at all suspected.

Mr. Paget, as we have seen, has expressed the opinion, that some alteration in the constitution of the blood—such, for instance, as is engendered by Bright's disease—predisposes to the arrest and coagulation of the circulating fluid in the pulmonary arteries. Now, it is well known that in most cases of phlebitis, contamination of the blood is a marked pathological feature; and the highest authorities agree in referring phlegmasia dolens to a phlebotic origin. This may in some measure help to throw light upon the cause of sudden death in this disease—an accident which has been noticed by many authors as one to be apprehended from any undue exertion on the part of the patient before convalescence is thoroughly established. An instance of sudden death under these circumstances occurred in this city some years ago. The patient had had a severe attack of phlegmasia dolens, but the acute symptoms having been subdued by appropriate treatment, she was progressing favourably towards recovery. There was some diarrhoea present, however, and one day, in the absence of her nurse, she very imprudently got up to the night-chair, whereupon she immediately fell forwards on the floor, and before medical assistance could be obtained life was extinct. These facts I had from an accoucheur of eminence who had seen this patient occasionally during her illness. Connected with this subject there is a practical observation of some importance which it is well to mention, and it is this: patients who have suffered from uterine or crural phlebitis should be strictly enjoined not to make any considerable bodily exertion, or assume the erect posture, except in a

very gradual manner, and after convalescence is established. Disregard of this may, as we have seen, be attended with fatal consequences, and has often been known to induce syncopal attacks of a very alarming nature.

It is generally considered that where there exists organic disease of the heart or great vessels adjacent, the worst consequences are to be apprehended from the effects of parturition. That this should be the case cannot be matter of surprise to any reflecting mind. The simple act of delivery, as every one here knows, necessarily entails great alteration in the distribution of the blood, inasmuch as the vast demand of the uterus suddenly ceasing, the supply which it hitherto received is thrown upon the system at large. This surplus quantity of blood is in a considerable measure accommodated by the greater distensibility of the vessels of all the other abdominal and pelvic organs, owing to the immense reduction of the volume of the uterus, and the consequent diminution of pressure on these viscera. This is probably the arrangement by which any inordinate or injurious afflux of blood to the cardiac chambers is guarded against. The opposite condition, or a failure in the quantity of blood reaching the heart, is of considerably more danger, and one which must occur if, as often happens, the discharge of blood after delivery be at all copious, or even a little beyond what is natural. In some structural diseases of the heart, the simple act of normal uncomplicated parturition is sufficient to produce fatal effects. In the impaired state of its functions, the suffering organ is unable to accommodate itself to the least fluctuation in the quantity of blood reaching the auricles. Such, I think, was the following case, which was communicated by Dr. McCowan to the Edinburgh Obstetric Society. On the June 16, 1845, he was requested to visit Anne Barker, *ætat.* 21, stated to be in labour of her first child. He found her labouring under spurious pains, which subsided under the usual treatment. On the 19th she had symptoms of pleuro-pneumonia of left side, for which she was bled to ten ounces and cupped to four ounces with immediate relief. About three o'clock of the morning of the 20th, labour commenced and proceeded naturally and speedily till nine a.m., when she was delivered of a still-born male child, and instantly expired. *Post-mortem.*—"The body presented a generally oedematous appearance. On opening the thorax, the pericardium was found distended with a dark fluid. The heart was much enlarged, extending about two inches to the right of the sternum. The right ventricle very thin and dilated. The aortic opening could with difficulty admit the point of the little finger; the valves were hard and cartilaginous. The whole heart was filled with coagulated blood. The surface of the pleuræ were strongly adherent; the greater part of the left lung was hepatized. The uterus and other organs seemed healthy." At the same meeting, Dr. Simpson related a case closely resembling this, the patient suddenly expiring immediately after the expulsion of the child. The existence of cardiac disease had long been suspected. Cases of this kind are not very rare, so that I need not multiply examples.

But it is not only at the moment of delivery that danger is to be dreaded where there exists serious cardiac disease. Experience shows us that for some days subsequent to this event the injurious effects of parturition may be felt by the diseased organ. To illustrate this, I shall relate two or three cases. The following was obligingly communicated to me by Dr. Fitzpatrick. I relate it here, partly because the distressing symptom of orthopnea was unquestionably produced by the disease of the heart; but chiefly on account of its general interest. It may fairly, however, be disputed whether, or how far, her subsequent death is to be ascribed to the organic affection under which she laboured: "Mrs. E., aged about 35, had been the subject of cardiac disease for some months. Being in the fifth month of pregnancy, she was attacked, in April, 1850, with palpitations and occasional dyspnoea; general oedema also existed. Medical treatment considerably relieved these symptoms, but the organic disease was so confirmed that I



prepared her family for a fatal result. On the 28th of August, after a favourable labour of three and a half hours' duration, she was delivered of a son. The placenta came away naturally, but immediately after its expulsion she was seized with sudden dyspnoea, which obliged her to start up from the recumbent posture. This movement brought on uterine hæmorrhage, and for two hours I had the most anxious and distressing attendance I ever experienced in practice. The difficulties of the case may be appreciated when it is recollected that the means for arresting the hæmorrhage aggravated the dyspnoea. However, I ultimately succeeded in allaying the asthmatic paroxysm so far, that the patient was able to lie down, and appropriate treatment then arrested the hæmorrhage. She had no return of the dyspnoea, passed a good night, and expressed herself as feeling better than she had done for some time. On the third day after delivery, the breasts being full and tense, I directed a purgative which acted well, and relieved her. She continued to progress favourably on the fourth day. On the following day I found the patient in a very altered condition. She was sitting up in bed, complaining of orthopnoea and of wind in her stomach; the face was pale and waxy; countenance anxious; pulse weak and rapid; the abdomen was enormously distended with flatus, but free from pain. I learned that she had imprudently dined on chicken, and took some wine the day before; and the symptoms I have detailed commenced early in the morning, after a restless night. The usual treatment for tympanitis failed in giving the slightest relief. The tension of the abdomen increased to the utmost possible extent, and the patient died at four o'clock p.m. The immediate cause of death seemed to be the arrest of respiration from the great distension of the abdominal cavity. I am not prepared to say what influence the disease of the heart may have had in causing death, as there was no post-mortem examination." Though the latter part of this history does not directly bear upon the subject now under examination, still I am sure I shall be excused for introducing it. The extraordinary gaseous distension of the abdomen—so great indeed as to be the presumptive cause of death—is a very remarkable feature in the case. Connected with the pathology of meteorismus, and its mode of production, there is much yet to be learned. My friend Dr. H. Kennedy, the cause of whose absence from amongst us this evening we all must lament, had, I know, drawn up a memoir on this subject, which he intended reading at the Obstetric Society, had not his unexpected illness prevented him. In the *Lancet* for March 20th, Mr. McNicholl of Birkenhead, details a case, of which the following is an outline:—A lady, aged 40, was delivered naturally on the 19th of January. Convalescence was completed in twelve days. Two days after this, when in the act of getting out of bed, she suddenly exclaimed that something had given way internally, and expired in twenty minutes. On examination of the body, the cause of death was found to be rupture—of the right ventricle. Some degree of fatty degeneration of the heart existed.

On two occasions in my own experience I have seen a patient almost die under my hands immediately after delivery, from no other discoverable cause but this complication of diseased heart. One of these cases was seen by the late Dr. Labatt, who entirely concurred in the view I had taken of it. A few years ago a very sudden death occurred apparently from this same cause, which created much sensation, as the lady was highly connected. On the tenth or twelfth day, after a most favourable accouchement, she suddenly, when up, complained of being unwell. The nurse assisted her into bed, and in the space of three or four minutes she ceased to live. This lady was known to labour under organic disease of the heart.

I have now, sir, finished, though by no means completed, the task I proposed to myself. Let it not be said in disparagement of my endeavours that nothing has been brought forward which was new or unknown. If nothing were omitted of what is already known, I should have much cause to be satisfied, as next to calling the earnest atten-

tion of practitioners to this subject, my object has been to give a brief *resumé* of the different circumstances under which the life of a patient in childbed may be abruptly terminated, and to develop some of the hidden sources of danger which beset the puerperal state. To recapitulate, then, the probable causes which may operate in effecting this result are—1, Idiopathic asphyxia; 2, the shock of parturition; 3, syncope; 4, mental impression; 5, air in the veins and heart (?); 6, the formation of a coagulum in the heart; 7, clots in the pulmonary artery; 8, phlegmasia dolens; and 9, morbis cordis. From the observations which have been made under each of these heads, it is needless to reiterate here the absolute importance of careful and minute examination of the body in every case, if we would know with anything like certainty the cause of death. I rejoice to see that this subject is beginning to attract in other quarters the attention it so well merits. At a recent meeting of the Surgical Society of Paris it formed the basis of a paper by M. Robert, who narrated three examples which had occurred in his own practice of sudden death on the ninth and sixteenth days after delivery without any discoverable cause. In the discussion which ensued, MM. Dubois, Moreau, and Baudelocque, stated that they had each met with similar instances. Recorded examples of this accident are more frequently met with of late, because practitioners are beginning to get the better of that "*mauvaise honte*" (I can call it by no other name) which kept them from publishing these unfortunate cases, and this increase of facts will, we may hope, lead to clearer and more satisfactory views as to the causes of sudden death in the puerperal state.

#### CORK MEDICAL SOCIETY.

THIS Society held its usual meeting at the Royal Cork Institution, on Wednesday, the 21st ult. In the absence of the President,

Dr. HAINES took the chair.

Dr. COTTER read an interesting paper on diseased testicle, and exhibited a testis which had been removed in consequence of a fungous growth which Dr. Cotter seemed to consider of a benign character, although the patient had for a long time suffered from the disease, and at the time of its removal was greatly prostrated. The patient recovered. The testis and morbid growth, immediately after removal, weighed over two pounds. The paper led to an interesting discussion, and Dr. Cotter promised at some future time to follow up the subject.

Dr. TANNER exhibited an ingenious forceps for the removal of polypus in the nares.

Dr. HEWITT presented to the Society a boy, aged 15, who, some months ago, was kicked on the nose and temple by a cow. At the time no inconvenience, beyond some hæmorrhage from the nares, occurred, and for three or four days the boy went about his usual avocations. On the fourth or fifth day he complained of giddiness, and lost the power of speech. Living some miles from medical assistance, he was taken in a car to the next dispensary, when his head was shaved and blistered, some medicine given him, and subsequently tartar emetic ointment was rubbed over the scalp. However, up to the present, although the boy (who looks to be strumous, and is rather attenuated) is in possession of his hearing, and has perfect use of the tongue, and seems intelligent, has never been able to articulate. Some of the members tried to make him pronounce the letters of the alphabet, but he could not effect it. His father, who accompanied the lad, stated that on one occasion his mother heard him speak in his sleep! The case is worthy of further investigation.

The members separated at ten o'clock.

**TOOTHACHE.**—M. Desterne says that the most intense toothache, connected with decayed teeth, is relieved in a moment by the magic touch of the membrana tympani with a blunt probe. Neuralgia of the face is relieved in the same way. These effects are supposed to be obtained by the influence of the chorda tympani nerve.



## DISTRIBUTION OF THE MOTOR NERVES, AND MOVEMENTS OF THE EYEBALLS.

By J. STRUTHERS, F.R.C.S., Lecturer on Anatomy, Edin.

THAT there is a meaning in the peculiar distribution of these nerves among the muscles of the orbit, cannot be doubted. It is singular and constant, and is found to be the same in all vertebrate animals. This is stated by writers on comparative anatomy, and I have always found it so. The fourth nerve is never distributed to any muscle but the superior oblique, and to this muscle it always goes, although the muscle has a very different position in the three lower classes of vertebrate animals. But the sixth nerve in most mammals, and in birds, supplies additional muscles; in the latter, the muscles which move the third eyelid, and in the former, the retractor or suspensory muscle of the eye. When this muscle is single, a single division of the sixth nerve enters it; when it consists of four separate slips, intermediate to the recti, two or three delicate filaments leave the sixth to supply them. It is worthy of remark, that the part of the nerve which goes to the retractor muscle is less than a third of the whole trunk, whilst the bulk of the muscle is usually much greater than that of the external rectus.

In inquiring into the function of these nerves in connexion with the motions of the eyeballs, it is necessary in the first place that we determine upon the action of the muscles which they supply.

About the actions of the recti muscles there can be no doubt or obscurity, providing it be granted, first, that each turns the eye in its own direction; and secondly, what is equally evident, that two neighbouring recti turn the eye diagonally between them; and that thus all the diagonal as well as the direct movements are performed; a view which would never have been doubted but for the apparent necessity of discovering some use for the oblique muscles. And as to the oblique muscles, I think, from what is stated in my paper on this subject, it is impossible to avoid the conclusion,—in accordance with a view which is older even than the time of John Hunter, who specially supported it, notwithstanding which it had again fallen into disrepute,—that the use of these two muscles is to perform *lateral rotation*,—i.e., to roll the eye on its antero-posterior axis. This becomes still more evident when we descend below the mammalia, when the superior oblique is seen to be no longer reflected over a pulley, but lies at the forepart of the orbit, simply as the counterpart of the inferior; and it is at once evident, not only that these two transverse muscles pull the eye round about on its axis, but also that they cannot act so as to change the direction of the axis, so as to assist or partly supplant the recti in the manner in which they are commonly supposed to do so in man. It is likewise, I think, made evident that such a motion of the eye, as Hunter supposed, is necessary, during the side inclination of the head, to prevent the impression of the object changing its place *circularly* on the retina. It is possible that, from the slight variations they present, in their point of attachment and in their direction to the axis of the eye, in different animals, they may associate their rotatory movement with a slight change in the direction of the axis. As to this I cannot speak positively, but I hold that, whatever minor actions they may or may not have, the action of these muscles is to rotate the eye on its axis; that, in short, this is the purpose for which they were provided. I arrived at this conclusion chiefly from the consideration of their comparative anatomy, and since then, I find additional evidence of the correctness of this view from the writings of Jacob and Longet, without reference to comparative anatomy, which are deserving of notice here also from their bearing on the subject of paralysis of the motor nerves of the eye. Dr. Jacob, in a very instructive paper on the muscles and nerves of the eye,\* observes:

“The two oblique muscles, not running from the inside of the orbit directly outward, but inclining backward, until they become attached to the posterior part of the eye, not only cause the sphere to revolve on its longitudinal axis, but probably change the direction of that axis; the inferior directing the cornea perhaps a little upward and inward, and the superior a little downward and outward. I have, however, great doubts as to the actual production of this effect. That the inferior oblique causes the eyeball to revolve round its longitudinal axis, may fairly be inferred from its attachments, but that it alters the direction of that axis in any considerable degree, cannot be so easily admitted. We cannot observe the action of this muscle distinct from that of the others, but we can that of the superior oblique. In cases of paralysis of the three straight muscles, the inferior oblique, and the elevator of the upper lid, from disease affecting the third pair of nerves, the action of the abductor supplied by the sixth nerve, and of the superior oblique supplied by the fourth, remains unimpaired. The patient unable to raise, depress, or turn in the eye, or elevate the upper lid, turns it out as effectually as ever, when directed to do so; and when directed to look downward, the action of the superior oblique is clearly distinguished. It is a delicate rotatory motion, with perhaps a very slight inclination downward and outward. Of this I have now no doubt, having repeatedly within the last two years observed it, and pointed it out to the students.” And, again, in connexion with a case of complete paralysis of the muscles supplied by the third nerve, he observes—“On directing her to look down, the eye is distinctly twisted from the nose toward the temple without any visible direction of the pupil downwards. It is a mere rotatory motion.” Longet refers to several writers as having held this view regarding the action of the oblique muscles:—MM. J. Guerin, 1840; Huech, 1841; Helie, 1841; and more especially to M. Szokalski, who has written a memoir on the subject. The nature of the motion seems to be very clearly apprehended by them, and they appear to see the necessity for this motion when the head is inclined from one shoulder to the other, the eyes being kept fixed on some object. Longet also refers to M. Berard's view that, in this case the superior oblique of one side will act at the same time as the inferior of the other side; and adds that “it does not seem to me to be possible to perform voluntarily the rotatory motion of the eye, of which we spoke above, when the head is fixed.”

In connexion with the point now under consideration, I shall next refer to the subject of *paralysis of the fourth nerve*, or superior oblique muscle. For doing so here I need offer no apology, as the subject is one regarding which very little is known. Those who look for the symptoms of paralysis of this nerve to accord with Sir C. Bell's now abandoned theory that the muscle is concerned in an involuntary upward motion of the eye, must necessarily be mistaken; but more generally paralysis of the fourth nerve is passed over as a subject of which nothing is known, whilst the symptoms of paralysis of the third and sixth nerves are simple and well understood. The only writings bearing directly on the subject of paralysis of the fourth nerve, with which I have met, are those of Dr. Jacob and M. Szokalski as quoted in Longet's work. Dr. Jacob's remarks scarcely admit of condensation. He observes:—“Paralysis of the superior oblique muscle has not been noticed, because it is not easily detected. I have already said that I believe the action of this muscle to be very delicate, and confined to communicating a slight rotatory motion to the eye. The grounds upon which I have arrived at this conclusion are, repeated observations of cases of paralysis of the other muscles, from diseases of the third. It must, I think, be admitted that when the levator, depressor, adductor, and inferior oblique muscles are paralysed, the eye must remain fixed, unless moved by the abductor, or superior oblique. That this is the case, an attentive examination of an eye affected with what is commonly called *ptosis* proves. The eye is turned out by the action of the abductor, supplied by the sixth nerve, as

\* On Paralytic, Neuralgic, and other Nervous Diseases of the Eye. By Arthur Jacob, M.D. From the DUBLIN MEDICAL PRESS of January 6, 1841.



perfectly as ever, and when the patient is directed to look downward, or toward his shoulder, the cornea is seen distinctly to revolve, with little if any depression of the pupil. In other words, the eyeball is turned round its antero-posterior, or longitudinal axis. In this I think I cannot be mistaken, as I have repeatedly called those about me to observe the fact, in order to bear testimony to it. I have alluded above to a case in the City of Dublin Hospital, in which the four straight muscles of the eye, with the elevator of the upper lid, and probably the inferior oblique, were paralysed from disease of the third and sixth nerves within the skull, and in which this delicate rotatory motion was obvious. If the action of the superior oblique be to turn the eye downward and outward in a considerable degree, there could be no difficulty in demonstrating that action, in the case of the other muscles to which I allude; yet this cannot be done, but on the contrary the delicate rotatory action to which I allude is the result of the effort. The next question, however, is, whether paralysis, either sudden or slow, of the superior oblique, takes place or not; and this question is not, I admit, so easily resolved by demonstration. One thing must, however, be admitted, and that is, that it is most improbable that this superior oblique muscle, and the fourth nerve which supplies it, should be exempted from disease or its consequences, while the other nerves and muscles so frequently suffer. On the contrary, looking at the remote origin of the nerve, the length of its course, and its small dimensions, we should rather expect to find it more frequently engaged than any of the rest. If the action of the muscle be what I say it is, it is no wonder that paralysis of it should be difficult of detection, while all the other muscles are in a state of activity. Its loss is not perceived in the multiplicity of other motions. There is, however, I think, good grounds for supposing that the consequences of such paralysees are occasionally evident. There are certain cases of anomalous and unintelligible defects of vision, which can scarcely be accounted for in any other way than by attributing them to this cause. I allude particularly to double vision with great confusion of sight, and with little or no squint."

Dr. Jacob then refers to several such cases. One patient had double vision. When he looked downwards, he lost sight of objects, while he saw well enough on looking upwards. He saw quite well with either eye singly. In three cases the patients saw near objects correctly, but those at some distance appeared double. Another where vision was good with one eye closed, but imperfect when both were open; and it is not stated that there was any squint. Dr. Jacob farther states that he has met with many similar cases; but not taking this view of them at the time, did not pay that attention to them he now would. Although I have thought it right to quote the points of interest in these cases, which the author merely suggests might possibly have been of this nature, yet they do not strike me as exactly the symptoms which we would expect to arise from want of action of the superior oblique muscle.

According to M. Szokalski, paralysis of the fourth nerve is rare as a separate condition; but he has seen it several times along with paralysis either of the third or sixth pair. He relates two interesting cases, which I shall translate entire:—

"Case 1.—The eyes of the patient have no trace of lesion, their mobility is in no way constrained, and they can be directed easily to all sides, which proves that there is no anomaly in the straight muscles of the two eyes. The two pupils are of equal size, and equally dilatable. Nevertheless, the centre of the *left* cornea manifests a tendency to be placed a little lower down than the right; there is double vision, and constantly *one image of the object is placed above the other*. If the right eye is shut, the upper image disappears; if the left eye, the lower image ceases to be visible. The two images resemble each other always so exactly, that the patient learns only by judgment and habit, that the inferior is false. When the head is inclined to the left, the images separate more and more; but if it is inclined to the right only one image is seen. Since

I have pointed this out to him, adds M. Szokalski, he goes with the head inclined to the right; formerly he managed by keeping one eye shut.

Case 2.—An attentive examination showed to M. Sichel and myself, that the two eyes are perfectly moveable in every sense. The patient states that every object seems double to him, in such a manner that he perceives two images, *the one above the other*; these two images separate in proportion as he retires from the object; the lower image appears less distinct. Some vessels were found injected in the external corner of each eye; we looked carefully whilst we moved the patient's head alternately to the left and to the right, holding it by the temples, and we remarked then that *the left eye remained attached to the wall of the orbit, which followed the movements of the head*, whilst the right eye underwent a rotatory movement in the orbit. The patient was astonished to see single when he inclined the head to the right."

"It appears impossible," says M. Szokalski, "to explain these phenomena otherwise than by paralysis of the left superior oblique muscle." And M. Longet concludes—"According to these observations of M. Szokalski, the symptoms of paralysis of the fourth nerve are the following:—1. The impossibility of the rotation of the eye in the orbit. We recognize that impossibility when the patient is directed to bend his head alternately from side to side, while he keeps his eyes fixed on some object; we see then that the affected eye remains fixed, and that it does not follow the rotations of its fellow. 2. There is constantly double vision, and the two images are placed *one above the other*; the affected eye furnishes the lower image. 3. The double vision disappears when the head is inclined to the side away from the affected eye."

Now, if the report of these cases is faithful, and they seem very circumstantially related, they form a very interesting contribution to the subject of paralysis of the fourth nerve. Since my attention was drawn to this subject, I have not had an opportunity of verifying or testing these observations; but looking theoretically to the matter, I should think that the passive state of the eye, whilst the head was being bent to the side, would require to be carefully looked for, to be noticed. According to our view of the action of the oblique muscles, when the head is bent over to the right, the right superior oblique and the left inferior are in action, so that the upper part of the right eye is turned round towards the inner canthus, and the upper part of the left is turned round towards the outer canthus, so as to counteract the chiefly circular displacement which the picture would otherwise undergo on the retina. Now, were the movement a purely rotatory one, without the least depression or elevation of the axis, we should expect to find, not double vision with one object above the other, but confused vision, one image of the object being across the other; that, for instance, a pencil, held up, should appear more or less like a cross. But as a purely rotatory motion, without any change in the direction of the axis, would be required only if the head was being bent round on an axis exactly corresponding to the axis of the eye, which can never be exactly the case, at least with both eyes at the same time, we can readily understand why the oblique muscles, whilst they roll the eye round, may be employed also slightly to alter the direction of its axis, and why therefore paralysis of one of these muscles should cause double vision with separated images, unless when its antagonist on the same side is in action; that is, for instance, why paralysis of the right superior oblique should cause a second image to appear, belonging to the right eye, when the head was bent over to the same side, or unless when it was turned to the opposite side. Just in the same way as, in paralysis of the right sixth nerve, the patient has double vision when he looks to the right, but sees single when he looks to the left side. I cannot, however, see, still merely reasoning on the matter, why in paralysis of the superior oblique, the false image should necessarily be situated *below* the other, because, if the superior oblique has any little power in changing



slightly the direction of the axis whilst it is rolling the upper part of the eye round towards the inner canthus, it will certainly be downward; and when the muscle is paralysed, there would be a want of this slight downward motion, and the false image should therefore be, if not above, at least not below, the other. This I infer from the experiment of causing double vision by pressing one eye in different directions. If the right eye be pressed inwards with the finger, the false image moves to the left. If the eye be pushed up, by pressing, for instance with the end of a small key, deeply between the lower lid and the orbit, the false image moves up. And if, in a similar way, by pressing in deeply between the orbit and the upper lid, the axis be depressed, the false image will move down, and appear below the one from the untouched eye, somewhat as in M. Szokalski's cases of presumed paralysis of the fourth nerve.

My object in presenting these theoretical considerations, however, is not to endeavour to prove the superior oblique not to have been affected in these cases, but to show on the one hand that this relative position of the two images, in diplopia, is not to be regarded as essential to establish the case as one of paralysis of the superior oblique, a condition which might give rise to various positions of the false image; and on the other hand, that such a relative position of two images does not necessarily, of itself at least, point to the superior oblique as the muscle affected, but might be due to a slight inequality in the action of the upper or lower recti muscles.

Before leaving the subject of our view of the action of the oblique muscles, I may illustrate it by one other reference to a diseased condition, as described by Dr. Mackenzie of Glasgow, under the title of "Oscillation of the Eyeball." This oscillatory movement is rotatory round the antero-posterior axis, and is not to be confused with the oscillatory movement from side to side by the lateral recti, which is not uncommon, and has received a different name. He observes, "in oscillation the eyeball is affected with an almost perpetual rotatory motion round its antero-posterior axis. The patient is not conscious of this motion, from any particular feeling he has in the eyes, nor can he restrain it. It goes on even when the lids are closed, but it ceases during sleep. The motion varies in extent, from a scarcely perceptible degree, to perhaps nearly a quadrant. In some cases the motion seems to be rather from side to side, but often so small in degree and so rapid, that it is difficult to say what is exactly its direction. In general, it is pretty distinctly rotatory, and seems to be produced by the antagonising action of the obliqui, the recti having lost, in a great measure, their control over the eye."—*Edin. Monthly Jour.*

## ON REINSCH'S PROCESS FOR THE DETECTION OF ARSENIC.

By Professor RAINY of Glasgow.

THIS process consists in boiling the suspected fluid with about one-tenth of its bulk of muriatic acid, along with copper. The arsenic is deposited on the copper in the form of a steel-gray film.

It is generally supposed that this process is equally applicable to all the compounds of arsenic soluble in dilute muriatic acid; and that, in all circumstances, it detects the presence of the metal with a delicacy more than sufficient for every practical purpose.

Soon after the publication of Reinsch's method I made various experiments, with the view of determining the limits within which its indications might be relied on. The result was unsatisfactory, for while in some cases it seemed to be fully as delicate as the method of Marsh, in other cases I failed to obtain the metallic deposit where the arsenic was present in a much higher proportion. Similar observations have been made by others, for it is stated by Fresenius and Van Babo, that "the presence of nitrates and various salts of mercury and other metals renders the separation of arsenic by copper difficult or even impossible." It seems also to be a general opinion, that when the proportion of arsenic is extremely minute the process of Marsh is decidedly preferable.

It is obviously important that the cause of such discrepancies should be investigated, as the great rapidity and simplicity of Reinsch's process render it peculiarly suitable for medico-legal investigations, and give it a decided superiority over every other, if it can be conducted in a manner that will ensure equal delicacy.

The following experiments were made with the view of ascertaining the cause of these discrepancies, and if possible, the means of preventing them. The copper was used in the form of very thin foil, which was easily cleaned and polished, so as readily to show any change of colour; the fluid usually contained *one tenth* part by measure of muriatic acid of the ordinary strength, except when the object was to ascertain the effect of varying this proportion; and in order to prevent any diminution of the fluid, or any change in its strength during the boiling, a condenser containing cold water was placed closely over the mouth of the vessel in which the process was carried on.

1. My first object was, to ascertain the *extent of copper surface* that can in the most favourable circumstances be distinctly coated with a given quantity of arsenic. The results were very uniform. *One thousandth of a grain* of arsenious acid gave a full steel colour to *one square inch* of copper surface. When *two square inches* of copper surface are used with the same quantity of arsenious acid, the effect is still distinct; but the deposit is in these circumstances so thin that there is a tinge of yellow, apparently from the copper shining through or not being uniformly coated. *Two square inches* of copper surface, then, is the utmost extent of copper surface that can be distinctly coated by *one-thousandth of a grain* of arsenious acid; and it can be proved that the thickness of the film of deposited metal, if consisting merely of arsenic, does not exceed  $1-4000000$ th of an inch.\*

It follows from this result, that if the extent of copper surface be too great relatively to the arsenic present, no distinct deposit will be obtained; thus a fluid containing one-thousandth of a grain of arsenic, with *three square inches* of copper surface, might give a tarnish, but no distinct coating.

2. The effect of *dilution* was next examined. When the fluid was to the arsenic as *one million* to one, the deposit was distinctly formed in fifteen to twenty minutes. Thus, one-thousandth of a grain of arsenious acid in one thousand grains of fluid, and consequently constituting one-millionth part, gave a distinct coating to one square inch of copper surface in twenty minutes. The same quantity of arsenious acid, in two thousand grains of fluid, also gave a deposit on the copper; but it was less distinct, and required a longer time. It appears, then, that with a dilution of one million times, the effect is distinct and prompt, and when the dilution is carried to two million times it is indistinct and tedious. A dilution of two million times appears to constitute the practical limit in Reinsch's process. By continued boiling it is easy, of course, to concentrate the fluid, so as to bring the dilution within these limits, if arsenic be present in any proportion, however small; for there appears to be no loss of arsenic by evaporation, during the boiling.

3. The *proportion of muriatic acid* in the solution has a considerable influence on the *rapidity* of the deposition, and even on its *production*, when the arsenic is in very minute quantity. Thus if the arsenic is less than one-millionth, the process is very slow in a fluid containing one-tenth muriatic acid of the ordinary strength; but when it amounts to one-seventh or one-sixth, the deposition is much accelerated. And in solutions in which the quantity of arsenic is so small that with the ordinary proportion of acid no deposit is obtained, the copper becomes distinctly coated if the proportion of muriatic acid is doubled.

4. From these observations it would follow that the rapidity with which copper acquires a distinct arsenical

\* I afterwards found that the film contains a large proportion of copper, and consequently the thickness will be greater than is stated above.



coating is directly as the proportion of arsenious acid and also of muriatic acid in the solution, and inversely as the extent of the copper surface.

5. As copper receives a coating of a similar colour from other metals, from sulphur and sulphuretted compounds, the mere formation of such a deposit cannot be considered a conclusive proof of the presence of arsenic. It is merely a convenient method of *separating* the suspected substance, in order that it may be subjected to the appropriate tests. The most satisfactory of these tests are, the formation of a white crystalline sublimate by heating the coated copper; the solution of this sublimate in water; and its conversion, by the appropriate reagents, into arsenite of silver, orpiment, and arseniate of silver, all of which are very easily recognized by the peculiarities of their colour and other properties. In estimating the value of Reinsch's process, it is therefore necessary to ascertain, not only the smallest quantity and the utmost dilution under which it can be separated and distinctly exhibited on copper, but also the smallest quantity which, when so separated, can be satisfactorily subjected to the conclusive tests.

In repeated experiments I found that one-thousandth of a grain of arsenious acid in one million times its weight of fluid could be separated as a distinct deposit on copper. The copper thus coated, when heated gently in a small tube, yielded a slight but distinct sublimate, most obvious on a black ground, and which, with a magnifying power of ten to twenty diameters, was found to consist of crystals with triangular facettes, and which, when dissolved in water, yielded orpiment and the red arseniate of silver, when treated with the appropriate reagents.

This I believe to be as great a degree of delicacy as has actually been obtained by the more tedious and troublesome process of Marsh, and is more than sufficient for every practical purpose.

6. When investigating the delicacy of Reinsch's process, I prepared quantities of very dilute solutions of arsenious acid, varying in strength from 1-10000th to 1-100000th, and kept these solutions in readiness for the experiments which I had planned. When first tried with copper and muriatic acid, they gave results entirely conformable to those already stated. A portion of any of these solutions, containing one-thousandth of a grain of arsenious acid, when diluted so that the fluid amounted to a million times the weight of the arsenic, gave a distinct and rapid deposit on the copper; but afterwards I could obtain no deposit from larger quantities of arsenious acid, though in a more concentrated state. As an example, a portion of solution containing 1-200th of a grain of arsenious acid in 200 grains of water, and consequently with a dilution of one in forty thousand, gave *no deposit whatever* when boiled in the ordinary way with copper and muriatic acid for upwards of fifteen minutes. In this case, the surface of the copper was only one-eighth of a square inch, and therefore could not interfere with the result by its too great extent.

I was perplexed with the apparent inconsistency of these results with those previously detailed, and began to suspect that I had been misled in my first estimate of the extreme delicacy of Reinsch's process. But after repeated trials, I found the difference to depend on the *length of time that the solution is kept*. *Very dilute solutions of arsenious acid become gradually less and less sensitive to Reinsch's process*, so that after several weeks no deposit can be obtained on copper from solutions containing arsenic in the proportion of one in *fifty thousand*, or even one in twenty thousand.

7. I was thus led to examine whether these dilute solutions underwent any appreciable change in their chemical properties, and found that with nitrate of silver they gave a grayish cloud; when concentrated by evaporation to a small bulk, the residual fluid *strongly reddened litmus*, and when evaporated to dryness, left a white stain, which did not sublime at a low red heat. This stain re-dissolved in a few drops of water, formed a solution which *still strongly reddened litmus*, and which, on the addition of a strong solution of nitrate of silver, gave a *brick-red precipitate*.

These experiments clearly indicate the conversion of *arsenious acid into arsenic acid*.—*Trans.*

## EXTRACTS FROM A PAPER ON DEATH FROM CHLOROFORM.

By JOHN SNOW, M.D.

THERE is no reason to believe that any of the accidents from chloroform have arisen from the continued exhibition of the vapour well diluted with air. On the contrary, the sudden manner in which the alarming symptoms came on in every case, shows that they were produced by the respiration of air containing not less than eight or ten per cent. of the vapour; and from the history of the cases, it is most probable that the heart was disabled, in most instances, by the direct action of the chloroform. No systematic means were taken for properly diluting the vapour with air, in any case in which death has happened. The chloroform was exhibited on a handkerchief, or towel, or piece of lint, in all the cases but three; and, in two of these, it was not applied by a medical man. In order to show how easily accidents may happen with chloroform, I must beg attention to a few circumstances connected with its physical as well as physiological properties. On a former occasion, I showed, both from experiments on animals, and the amount of chloroform consumed in inhalation, that the average quantity of it in the blood of an adult patient, when insensible to the surgeon's knife, is about eighteen minims, and that, if twice that amount were present in the blood, it would suffice to cause death, even if it were uniformly distributed. Now thirty-six minims of chloroform, when in the form of vapour, only occupy thirty-seven and a half cubic inches, or very little more than a pint. It is true that the vapour of chloroform does not exist in a separate state at the ordinary temperature and pressure of the atmosphere; but air, when saturated at 60 degrees, contains rather more than twelve per cent. of the vapour; and supposing the air to contain ten per cent., which it does when the chloroform dew point is at 55 degrees, the thirty-six minims would be contained in 375 cubic inches of air, more than half of which might possibly be in the lungs at one time.

The quantity of blood contained in the adult human being has been estimated by M. Valentin to average thirty pounds; and the thirty-six minims of chloroform, mentioned above, is only one minim and one-fifth, or one cubic inch and a quarter of vapour, for each pound of blood measuring about twenty-seven cubic inches. Consequently, if a pound or two of blood should be impregnated to this extent with chloroform, and sent to circulate in the nervous centres, the respiration might cease before the remainder of the blood should be equally charged with vapour. Moreover, I ascertained that a little more chloroform than this—viz., one-eighteenth part, as much as the blood will dissolve, or about a cubic inch and a half of vapour to each pound of blood—has the effect of stopping the contraction of the heart by its own influence. Now, 100 cubic inches of air, containing ten per cent. of vapour, if present in the air cells of the lungs, might yield this amount of chloroform to two or three pounds of blood, and still retain from five to seven per cent. It is easy to perceive, therefore, that death might be caused by a very small quantity of chloroform, if it were inhaled in a concentrated state; and, indeed, in the experiment No. 4, on the rabbit, related above, the action of the heart was arrested by three or four inflations of the lungs in so short a time that only a portion of the blood in the body could have become impregnated with the chloroform. The necessity of having the vapour sufficiently and systematically diluted with air, must therefore be evident. By such a plan, it is true, the patient cannot be made insensible in so short a time as was recommended by Dr. Simpson on the introduction of chloroform. Three or four minutes must be occupied in gradually and equally charging the blood with the requisite amount of vapour, but it is time well expended on the safety which it ensures.

The quantity of chloroform contained in the air the patient breathes during the use of the handkerchief, depends on the amount of surface wetted by the chloroform—on the proportion of air which comes in contact with the



wetted surface, or passes into the lungs without this contact—on the extent to which the handkerchief is now warmed by the breath, now cooled by the evaporation, and on the force with which the inspired air impinges on the surface of the handkerchief moistened with chloroform. It must be evident, therefore, that the amount of vapour contained in the air the patient breathes is very uncertain; and when it is stated that the agent has been administered in exactly the same manner in two cases in which the handkerchief has been employed, it would be more correct to say that it was exhibited in an equally uncertain way in each instance; and the difference in the result should be attributed rather to the want of uniformity in the method employed, than to a difference of susceptibility in the patients; for in administering chloroform by a uniform method, I find very little difference in the susceptibility of persons to its chief effects, whatever variety there may be in the symptoms they evince previous to becoming insensible.

There are two ways of effecting with certainty the sufficient dilution of the vapour with atmospheric air: the first and the best, is to employ a suitable inhaler; the second, is to dilute the chloroform with rectified spirit of wine before pouring it on a handkerchief or sponge. In the apparatus which I usually employ, the air which passes over the bibulous paper, when the patient breathes in the usual manner, takes up between five and six per cent. of the vapour of chloroform. I have ascertained this by weighing the inhaler before and after passing a measured quantity of air through it, in the way in which it passes in ordinary respiration, the loss of weight denoting the amount of chloroform which had evaporated. The apparatus is, besides, provided with valves, by means of which the air thus charged with chloroform can be still further diluted to any extent desired; and I always commence the inhalation with air containing very little chloroform, gradually increasing the quantity of vapour, and usually diminish it again as the insensibility attains the desired point, or at any time when the breathing is deeper and quicker than usual.

When chloroform thus diluted is first poured on a handkerchief, it is capable of yielding only a little more than half as much vapour to air which is brought in contact with it, as it yields in the undiluted state. As the process of inhalation continues, it yields less and less vapour, a weaker solution being left on the handkerchief. But by adding more of the mixture, the process goes on as at first. It is some little disadvantage that a combination of chloroform and spirit does not yield a uniform amount of vapour throughout the process of inhalation; but this is not of much consequence in using a handkerchief or sponge—the only method in which it is recommended—for this plan of administering chloroform does not admit of regularity or uniformity under any circumstances. During the removal of tumours of the maxillary bones and other operations on the face, in which I could not continue to employ the inhaler, I have been in the habit for the last three or four years of using chloroform diluted with an equal measure of spirit on a sponge, whenever I was aware beforehand of the nature of the case, and had time to be provided with it. At other times, I have poured only fifteen or twenty minims of chloroform on the sponge at once. The spirit is not at all irritating to the air passages, and its effects would not be injurious if it were inhaled in larger quantity; but owing to its small volatility as compared with chloroform, the patient does not inhale more than a few minims of it in the course of an operation, the greater part remaining behind on the handkerchief or sponge. I have often given chloroform thus diluted on a sponge or handkerchief to make animals insensible during physiological experiments, without ever meeting with the accidents which so frequently happen in giving undiluted chloroform to animals in the same manner.

The following list contains, I believe, all the cases on record in which death has been caused by the administration of chloroform. I have not included three or four

deaths which have happened to persons who have poured chloroform on a handkerchief and inhaled it when no one was present; for an accident is so natural a consequence of such a proceeding, that these cases do not come within the scope of this paper. The appearances met with after death in two of them will be noticed, however, further on:

Hannah Green, aged 15, near Newcastle, toe-nail operation; Mrs. Simmons, Cincinnati, U.S., extraction of teeth; Patrick Coyle, America, operation for fistula in ano; a young woman at Hyderabad, in Hindostan, amputation of the distal phalanx of a finger; Madlle. Stock, aged 30, Boulogne, opening an abscess; Charles Desnoyers, aged 22, Hôtel Dieu de Lyon, transcurent cauterization of diseased wrist; a young gentleman at Govan, near Glasgow, intended toe-nail operation; John Griffith, seaman, aged 31, New York Hospital, removal of hæmorrhoids; J. Verrier, aged 17, Lyons, intended amputation of finger; Samuel Bennett, labourer, Westminster, amputation of toe; Madame Labruné, Langres, France, intended extraction of tooth; John Shorter, aged 48, St. Thomas's Hospital, toe-nail operation; a girl named Jones, Shrewsbury, removal of eyeball; a young lady, Berlin, intended extraction of tooth; an artilleryman on board ship in the Mauritius, amputation of last phalanx of middle finger; Alexander Scott, aged 34, Guy's Hospital, removal of a portion of the hand; James Jones, aged 24, Cavan Infirmary, Ireland, intended amputation below the knee; John Holden, Stepney Workhouse, intended operation on penis; Madame Simon, aged 36, Strasbourg, extraction of teeth; Thomas Hutton, a mulatto, aged 45, Dreadnought Hospital Ship, extirpation of testis; Elizabeth Hollis, aged 37, Chipping Norton, Somerset, intended operation for cancer of os uteri. Total 21.

The above list contains two or three cases that have not appeared together in any previous table; whilst, on the other hand, I have excluded some deaths that have been attributed to chloroform, either because the fatal event was clearly due to something else, or because there are no means of deciding the point.

In a table given by Dr. Bouisson, the death of a child, aged 12 years, during amputation of the leg, at the hospital at Madrid, is given. But this is an operation which is sometimes preceded or accompanied by circumstances which may be fatal; and as the published particulars are not sufficient to enable me to decide, I have excluded it. Three of the insurgents who were wounded in Paris in June, 1848, died during operations in which chloroform was administered. Two of the operations were amputation at the hip-joint, and the third was amputation at the shoulder. As the operators do not attribute the deaths to chloroform, there is no reason why others should do so. The death of a patient of M. Roux has been attributed, not by that surgeon but by others, to chloroform, although it was quite certain that this was not the cause. A woman had a cancerous tumour of the breast removed under the influence of chloroform, and after she became conscious, M. Roux performed a protracted operation for the removal of some glands from the axilla, without the chloroform, and whilst the patient was sitting up to have a bandage applied, she fainted, and was dead. A death which occurred in the practice of Mr. Robinson, the dentist, I consider was not due to chloroform, because the patient showed none of the symptoms of its effects, and because the inhaler which was employed had not been approached nearer than an inch from the patient's face, whilst it might be held at that distance for a week without causing insensibility, much less death. On a former occasion I expressed an opinion that death was caused by syncope from mental emotion, occurring in a patient with great organic disease. Since that time, I have been present with Mr. Marshall of Greek-street, at the post-mortem inspection of the body of a woman who died suddenly of fright, in consequence of a fire in the next house to that in which she lived, in Crown-street, Soho. We found in that case exactly the same diseases as in Mr. Robinson's patient—viz., fatty degeneration of the heart, and great enlargement of the liver, dis-



placing the viscera of the chest. Dr. Aschendorf has attributed to chloroform the death of a child a year old, from whose face and neck he extirpated a large naevus, which extended from the zygoma to the os hyoides, and from the external auditory meatus to the maxillary fossa. No one else had been willing to undertake its removal. The operation lasted eighteen minutes, and only nine drops of chloroform were used in all. The child died suddenly at the end of the operation. As no chloroform had been applied for eight minutes before death, and then only three drops, it is quite impossible that this agent could have been the cause of the fatal result, and it only seems curious that the operation did not suggest itself to Dr. A., as affording a sufficient explanation of the event.—*Lond. Jour. of Med.*

#### ON THE MANAGEMENT OF WOMEN AFTER THE CESSATION OF MENSTRUATION.

By Dr. E. J. TILT.

THE superabundance of blood and nervous energy after the cessation of the menstrual flow may be safely and effectually kept down by the habitual use of small doses of purgatives; and as these may have to be continued for some length of time, it is best to consult the patient as to what medicine would be best tolerated. The purgative to be used depends upon the constitution of the patient. Perhaps the best is some mild purgative which has been found to agree with the patient. Dr. Tilt continues:—I frequently prescribe the soap-and-aloes pill of the Edinburgh Pharmacopœia, ordering five or ten grains to be taken with the first mouthful of food at dinner. Hæmorrhoidal affections I have never seen them relieved by it; and as I read in Giacomini's Treatise of Materia Medica, my experience on this point is confirmed by that of Avicenne, Stahl, Cullen, and his own, so I think there must be some exaggeration as to the extraordinary property generally ascribed to this valuable drug, which can be associated with hyoscyamus, and is thus said to be less liable to induce piles. Kemp and Hufeland recommend the following powder to be given to those who are advanced in years, and who complain of a tendency to vertigo:—Guaiacum resin, cream of tartar, of each half a drachm, to be taken at night. This, no doubt, will sometimes be found a useful laxative; so will the popular remedy called the Chelsea Pensioner, of which Dr. Paris has given the following formula in his excellent Pharmacologia:—Of guaiacum resin, one drachm; of powdered rhubarb, two drachms; of cream of tartar and of flowers of sulphur, an ounce of each; one nutmeg finely powdered, and the whole made into an electuary with one pound of clarified honey: a large spoonful to be taken at night. I generally administer the flower of sulphur alone, or else to each ounce of it I add a drachm of sesquicarbonate or biborate of soda, and sometimes from five to ten grains of ipecacuanha powder. One to two scruples of these powders, taken at night in a little milk, is generally sufficient to act mildly on the bowels, and I consider such combinations as very valuable when a continued action is required. I feel obliged to class sulphur amongst purgative remedies because such is its visible action, but I believe that it owes its chief value, in diseases of cessation, to another action, much more difficult to understand, and which has long rendered it so valuable both in hæmorrhoidal affections, where there is an undue activity of the intestinal capillaries, and in skin diseases marked by a morbid activity of the cutaneous capillaries. Whether sulphur cures by acting on the nerves or on the bloodvessels, or by modifying the composition of the blood itself, is difficult to tell, but does certainly cure the diseases I have enumerated. It forms part of many popular remedies for the infirmities of old age, was recommended by Hufeland, and is lauded by Dr. Day in his work on the Diseases of Old Age; but its utility is not generally known in all derangements of the menstrual function, at whatever period of life they may occur, and particularly at the change of life, where, if required, its action may be continued with impunity for months and years.—*Prov. Med. and Sur. Jour.*

#### EXPERIMENTS FOR ASCERTAINING THE PURITY OF SULPHATE OF QUININE.

By M. GUIBOUT.

IN the course of the year 1850, the Medical Jury of the Northern Department, caused four bottles of sulphate of quinine to be seized which had been delivered at the Pharmacie of the Hospitals of Valenciennes; they stated it to contain a certain quantity of salicine. This sulphate bore the seal of a Paris manufacturer, and the School of Pharmacy here were desired to take specimens of it, and submit them to a chemical examination. The result of this examination was, that the sulphate, several bottles of which had been indiscriminately taken from a very great number, not only was found free from salicine and all other substances foreign to cinchonins, but furthermore, that it did not contain the smallest portion of cinchonine. The experiments on this occasion having presented a few new facts, we are induced to record them.

1. *Determination of the quantity of water.*—2.5 grammes of sulphate taken from a bottle, the contents of which were thoroughly mixed, were dried in a closet heated by boiling water. The loss was 0.39 grammes, answering to 15.6 per cent. of water, or to seven equivalents and a half. This quantity of water is that which is usually found in the half-effloresced sulphate of commerce.

2. This sulphate does not redden on the addition of concentrated sulphuric acid, and does not contain salicine.

3. When concentrated sulphuric acid is added, it assumes a very pale greenish yellow colour, which might be supposed to indicate the presence of a small quantity of phloridzine. But as it does not undergo the least colouration when exposed under a receiver to the vapour of liquid ammonia, it is evident that that substance is not present.

4. This sulphate is very slightly soluble in cold spirit, containing 90 per cent. of alcohol; but it dissolves completely and very rapidly on the application of moderate heat. This experiment shows that it contains neither gum, fecula, sulphate of lime, sugar of milk, nor even sugar.

5. This sulphate is completely soluble with heat in water, acidulated with sulphuric acid; it therefore contains neither fatty acid nor sub-resin.

6. *Test by baryta.*—In order to ascertain if the sulphate of quinine contains sugar, salicine, phloridzine, mannite, &c., and to effect the separation one from the other of these substances, the addition of baryta water to the dissolved sulphate has been recommended; but whether we operate thus, or triturate the pulverized sulphate with an excess of baryta water during some length of time, we can only succeed in producing a sub-sulphate of quinine, sensibly soluble in cold water, and partaking in common with quinine itself, of the property of becoming insoluble on the application of heat. In order to obtain the entire decomposition of the sulphate, it must be heated for half an hour with an excess of baryta water; left to cool; a current of carbonic acid passed through the liquor, and then filtered. If the sulphate of quinine be pure the liquor should contain nothing, at least it has been so considered; but it does retain in solution a rather considerable quantity of quinine, which only becomes separated when the water which serves as a water bath enters into ebullition. We discovered this fact when operating on the sulphate of quinine submitted to us for examination, and we have furthermore proved, that a very concentrated liquor, deprived of nearly the whole of the quinine which it contained, did not indicate the presence of sugar, mannite, salicine, or phloridzine. Unto the very last we only obtained quinine, which was entirely convertible into sulphate, and without any colouration on the suitable addition of sulphuric acid.

7. *To detect the presence of sulphate of cinchonine.*—With this view M. Liebig has recommended the following process: 1 gramme of sulphate of quinine is to be triturated in a porcelain mortar with 60 grammes of liquid ammonia; the whole poured into a bottle, and 60 grammes of sulphuric ether added. It is to be agitated several times, at intervals, and then left to repose. The quinine dissolves in the ether, but the cinchonine, if there be any, remains insoluble, floating between the two layers of ethereal and ammoniacal liquid.

This process appeared to us the most simple of all those proposed. But as is also remarked by our colleague M. O. Henry, the cinchonine is not completely insoluble in ether, and ammonia, employed in so great an excess, may also dissolve a certain quantity of alkaloid, we adopted the following modification of the process:—2.5 grammes of sulphate of



quinine, taken from a perfect mixture of the sulphate contained in a bottle of 30 grammes, were introduced into a bottle with 15 grammes of liquid ammonia. After having thoroughly agitated the mixture, it was allowed to stand for twenty-four hours, in order to be certain of the entire decomposition of the sulphate. It was then heated in a water bath, so as to almost entirely volatilize the excess of ammonia; then left to cool, and 30 grammes of pure ether added. By agitation, the quinine rapidly and entirely dissolved, so that two superposed transparent liquids were in the bottle—namely, the water containing the sulphate of ammonia and the ether containing the quinine. This experiment, which is very accurate, proved to us that the sulphate of quinine submitted to our examination did not contain sulphate of cinchonine. To assure ourselves of the value of this process, we repeated it, adding to two grammes of pure sulphate of quinine one decigramme of sulphate of cinchonine. The ether dissolved the quinine as readily as in the preceding experiment, but there remained an insoluble cinchonine residue, partly adhering to the inner surface of the bottle, and partly in the form of an opaque layer, between the two liquids. This insoluble residue was so voluminous and apparent that a fourth or fifth part of sulphate of cinchonine added, would by this means be easily detected. It is furthermore very easy to obtain the cinchonine, and ascertain its weight, by removing the ether by means of a tube, replacing it by fresh ether, which again is to be removed; then collecting the residue on a small weighed filter, washing the bottle and the filter with distilled water, &c.

Besides several entire bottles of sulphate of quinine, weighed, and bearing the seal of the manufacturer, whose sulphate it was said was of great purity, the Professors of the School also examined a sample of the same salt taken from an open jar used for retail purposes. This salt did not reddens on the addition of sulphuric acid, and dissolved completely in acidulated water. Treated with boiling alcohol, it left an insoluble residue, not very considerable, which was sulphate of lime. Treated with ammonia and ether in the manner we have above described, the solution of the quinine was almost instantaneous, but there remained (in two grammes of the sulphate employed) between the two liquids, a white and opaque film, which was probably cinchonine, the weight of which was but slightly perceptible in the test balance. There also remained at the bottom of the aqueous liquid a grayish and flocculent deposit of sulphate of lime; but the quantities of the two sulphates of cinchonine and of lime indicated by these tests were so minute, that they could not be considered as the result of a fraudulent addition.—*Journal de Pharmacie and Pharmaceutical Journal.*

## GOUTY INFLAMMATION OF THE STRUCTURES OF THE EAR.

By WM. HARVEY, Esq., M.R.C.S.

GOUTY inflammation of the ear, whether it attacks the external or internal part of the ear, always appertains to the uncertain class of suspicious diseases; for if the patient be really reestablished in health, still he is never secure from relapses. The prognosis is most favourable when the inflammation is seated in the external part of the ear, when the individual is young and strong, and is in such a state that everything necessary for his cure can be applied. It is less favourable if the patient is very weak and sensitive, is advanced in years, or of a cachectic habit, and has been frequently exposed to attacks of gout; changes have then taken place in the meatus and membrana tympani, whereby the nutrition of these parts, as well as the function of hearing, becomes injured. The internal gouty inflammation of the ear yields an unfavourable prognosis, for in it such disturbances and total changes of the tissues and structures take place, are followed, if not by complete deafness, at least by an extreme degree of hardness of hearing.

In the treatment of gouty inflammation of the ear, the first care of the surgeon should be to see that the patient is withdrawn from the noxious influences which first occasioned the disease, and that the inflammation is checked. In order to attain this end, every action of cold damp air, and, above all, of everything which might promote or add to the congestion of blood in the head and ears, must be avoided; on the contrary, living in a dry temperate air, spare diet, food easy of digestion, and perfect rest of mind and body, are recommended. It is easy to see that in the commencement the so-called anti-arthritis, which in general belong to the class of the exciting medicines, are not applicable, and that only an appropriate antiphlogistic mode of treatment is admissible. In this case one must be directed partly by the age and con-

stitution of the patient, partly by the seat and degree of the inflammation, as well as by the violence of the accompanying fever. If the inflammation of the meatus be slight, no blood-letting is required, but if it present a violent character in all its phenomena, it should be reduced by local bloodletting—by means of leeches placed around the ear. But if the inflammation has seized on the internal ear, and has attained considerable intensity, then, in case the patient is strong, plethoric, and not advanced in years, the practitioner may employ a proportionately copious venesection. He should, according to the violence of the local symptoms, place a greater or less number of leeches around the ear, and apply the cupping-glasses to the nape of the neck, to the shoulders, and the spine. In weak and elderly individuals, and where the inflammation is not violent, or is chronic, leeches or cupping-glasses suffice. Internally, we should prescribe mild antiphlogistic aperients in such cases, so as to produce copious evacuations by stool, and a derivation from the head and ear as quickly as possible. After the inflammation has been moderated, it is very easy to remove it entirely from the ear. Together with careful attention to the bowels, remedies which moderately promote the cutaneous transpiration are subservient to this end; accordingly, I have found the continued administration of guaiacum, combined with alkalies and colchicum, or ammonia, the most efficient remedies. At the same time we should not neglect repeatedly to employ cutaneous irritants which derive powerfully—namely, acrid foot-baths, sinapisms, and blistering plasters to the nape of the neck, and to the shoulders. Should the inflammation of the ear be a consequence of a suddenly suppressed action in any joint whatever, we should apply here a cutaneous irritant, which may act rapidly. In less urgent cases we may employ frictions of croton oil, or tartar emetic ointment, over the region of the mastoid process, and on the nape of the neck; blisters to be kept open, issues on the upper part of the arm, and setons in the neck. If, by the internal treatment, the inflammation is crushed, and one has now to do only with the after-consequences of the same, then we should direct our efforts against the gouty disposition, and seek to ward off relapses. We should, accordingly, in the first place, prescribe an appropriate dietetic line of conduct, recommend the use of food simple and easy of digestion, forbid strong beer, acid and heavy wines, liquors, and other such drinks, as well as all heating, flatulent, fat, salted, and highly-seasoned food. The patient should take sufficient bodily exercise, not tarry too long in bed, clothe himself sufficiently warm in order to protect himself from catching cold, cover the head with a warm cap, and use friction carefully over his body.

In order to remove the disturbance in digestion, the acid formation of mucus, obstruction, &c., those resolvent and bitter remedies so frequently celebrated in gout, will be found serviceable, as the infusions, decoctions, and extracts of taraxacum. Several aperient and diuretic mineral waters act very beneficially, more especially in the case of congestions in the head. To act on the lymphatic system and the excretions generally, sulphur will be found useful. With respect to the local treatment of arthritic inflammation of the ear, whether the internal or external parts of the ear be affected, nothing further is to be done at first except to cover the ear and the entire side of the head affected with warm dry cloths and the like. Every moist application is carefully to be avoided, neither the lesser nor the greater degree of arthritic inflammation of the ear will admit of any such. In order to remove the morbid sensibility of the nerves of the ear, we may rub into the parts surrounding the ear the fluid ointment mixed with opium or extract of belladonna, or allow a solution of one grain of morphia in half an ounce of olive oil to be dropped in. In case of abscess forming in the meatus, and suppuration in the cavity of the tympanum, much relief will be afforded by a free liberation of the integuments covering the mastoid process, and kept discharging by a sponge tent in the wound for some time after; soothing and anodyne vapour and poultices are to be employed. Should a purulent discharge have established itself, the meatus must be carefully dried and covered with a compress, or the like. Obstinate ulcers in the meatus should be treated with the tinct. opii camph., and even with lapis infernalis. Should any affection of the mucous membrane set in, it is to be treated in the same way as in the case of the common catarrhal otitis. In order once more to awaken the sensibility of the ear, which has been changed by inflammation with respect to impressions coming from without, benefit will be derived from frictions with the volatile liniment, opodeldoo, oleum cajeput, &c.—*Prov. Med. and Sur. Jour.*



## REVIEWS AND NOTICES OF BOOKS.

NOTES ON LUNATIC ASYLUMS IN GERMANY AND OTHER PARTS OF EUROPE. By W. F. CUMMING, M.D., late Bengal Medical Establishment. London. 1852. pp. 82.

THE result of Dr. Cumming's interesting researches does not tend to prove the truth of the notion that they order these things better out of England. Beginning at Hamburgh, where he found the condition of the lunatic asylum "a disgrace to a city calling itself free," the doctor did not find matters much better at Berlin. Some improvement was noticeable in Saxony and Silesia, but the asylum which Dr. Cumming seems to have most approved of was that of Prague. On all these institutions, as well as on those of Halle and Siegburg, the observations of Dr. Cumming will be found full of interest; but perhaps the most remarkable contribution he has made to the information of the British medical public will be found in his account of the Lunatic Community of Gheel, in Belgium. Our readers will thank us for the following extracts from his description of this strange village:—

"The village is situated about thirty-five miles from Antwerp, in the department of the Deux Nêthes, and is reached by diligence in about seven hours. There are two considerable and populous towns, Lierre and Herenthal, on the route, but the country generally is flat, barren, and uninteresting, being covered for the most part with heath and fir, with here and there some tracts of cultivation. The village is approached through a straight formal avenue of poplars, about three miles in length, and consists chiefly of a 'place,' and one long wide street, having a large church at each end, the one called St. Dymna (written Nymna by Esquirol), the other St. Amans. The peculiarity of Gheel consists in there being no large building for the reception of the lunatics, but in their being boarded in the village or in the farm-houses throughout the commune. Although not furnished with introductions, I was politely received by Mr. Vygen, the Commissary of Police and Directeur des Aliénés; and by Dr. Parigot, the principal physician, who holds the appointment of superintendent of the lunatics of the department of Brussels, 366 in number.

On Sunday I attended high mass in the church, which was crowded with lunatics and peasants, all mingling together. One woman entered with chains round her ankles, making a clanking noise as she walked up the aisle; and Dr. Parigot, who accompanied me, informed me that the chains were applied in her case as a drag to restrain her wandering propensities. The commune of Gheel has a population of 10,000 souls, of whom 1000 are lunatics. During the three days of my stay, I visited, in company with Dr. Parigot, a great number of the cottages in which the lunatics are boarded, both in the village and surrounding country. Indeed, there is scarcely a house that does not harbour one, two, or three patients, who, for the most part, are in full possession of liberty. A great proportion are employed in cultivating the soil, while some assist in household work, others tend the cows, dress the little gardens, or even nurse the children of their hosts. I saw several female lunatics with infants in their arms, whom they were fondly caressing.

The minimum board for each lunatic is 200 francs per annum, and it is remarkable that for so small a consideration any family should risk the disturbance of its peace by admitting an insane stranger to share its fireside. But it appears that the villagers of Gheel have a peculiar vocation for the treatment of the insane, among whom, from infancy, they have been accustomed to live. Many of the better class of houses are tidy and clean, and even those receiving the smallest rate of board are not without an air of humble comfort.

A committee of inspection, consisting of a physician, the commissary of police, and the burgomaster, has power to visit the cottages, to inquire into the treatment of the patients, and to punish instances of ill usage, which, however, according to Dr. Parigot's experience, are extremely rare. On the contrary, the lunatic is treated with peculiar indulgence; the snugest corner by the fireside is set apart for his chair, and he is in every respect looked upon as a member of the family.

During my walks I saw only two patients under restraint—namely, two women who were chained by the ankles; the one, as already mentioned, in the church, and the other a handsome young girl labouring under erotomania. Admitting the necessity of preventing escape, we may still regret that less questionable means than the use of iron fetters are not resorted to.

Since 1842, when the burgomaster was killed by a lunatic, no instance of any serious accident to the villagers has occurred; and within the last three years there have been only two cases of suicide. I should remark, however, that patients known to labour under strongly-marked homicidal or suicidal mania are not received at Gheel. According to Dr. Parigot, cases of illicit intercourse between the sexes are of very rare occurrence.

There are several 'estaminets' in the village, whither many of the lunatics resort to enjoy their pipe and glass of beer, and play at billiards. Their presence nowhere excites the smallest attention. I met a man hurrying along on Sunday evening in a state of great excitement, flourishing a large cudgel above his head, but no one seemed to notice or molest him."

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MAY 5, 1852.

## MEDICAL REFORM.

WE scarcely expect that our readers will cast an eye over what we write under this head, so utterly fruitless have been all attempts to give effect to any plan having this object in view. We must, however, nevertheless handle the subject after editorial fashion, although it is not one we should select if we consulted our own comforts; for of a surety it is not an agreeable one. To analyse a question involved in such a mass of contradictions, anomalies, and incongruities, would be no easy task under the most favourable circumstances; but to detect the elements which enter into its composition, distracted by conflicting interests, seems impossible. On no one principle can the contending parties agree, on no one rule of practice can they rely; for what suits the purpose of one is adverse to the views of the other. Nothing seems more plain than that a person can be taught to treat disease, that his proficiency therein can be ascertained, and that his right to exercise his faculties in this respect is undeniable; but no two can agree as to how he should be taught, how his proficiency should be tested, or how far his right to practise should be recognized. The course of education to be pursued, the nature of the examination, and the extent of licence to be given, are all matters of debate and the cause of angry collision. The lecturer relies on oral instruction, the author extols written rules, and the practitioner pins his faith on practice; each contending for the exclusive efficacy of his own method; but no umpire can be found to declare their comparative value. All agree that the candidate for a place in our profession should devote a certain length of time to study; they even agree as to the precise period. He shall, they say, be "engaged in the study of his profession for four years," but then comes the practical application of the rule. Four years, says one, means four "sessions" of six months; four months, says another, makes a session, and as "the certificates" can be had in three sessions, it follows that the four years may be represented by this reckoning. Some scrupulous body, however, demurs to this calculation, and here *in limine* is a stumbling-block, and no one to remove it. An education of four years is virtually represented by twelve months' attendance in the schools and



hospitals, and no authority can be found to forbid it, and why? Just because every authority knows that if stringent rules be enforced in any one School or College, another can be found only too happy to relax discipline; and for this monstrous abuse no means of correction exists. At the present moment not less than twenty different bodies grant diplomas, licences, degrees, or certificates, purporting to be qualifications to practise Medicine or Surgery, and of these twenty no two agree as to the education of the student, or adopt any uniformity in their examinations. It was, we are bound to admit, in consequence of this strange state of affairs, that heads of departments of the public service, requiring medical officials, considered it necessary to revise the decisions of the Medical and Surgical Colleges by an examination of their graduates, members, or licentiates, previous to their admission; and not only that, but to prescribe additional branches and periods of study. Nay, more; so lightly do they hold these decisions made under the authority of royal charters and acts of parliament, that they actually assume the right to dispense with them altogether, or to substitute spurious for genuine ones. Thus do the two Poor-law Boards, the Army, the Navy, the Ordnance, and East India Company Medical Boards, assume the right to declare the qualifications of candidates for medical office: *ipso facto* assuming the functions of Licensing Colleges, and thereby increasing the number from twenty to twenty-six. But it does not rest even here, for the very boards of hospitals, dispensaries, and lunatic asylums are found prescribing their qualifications, and deciding that this or that diploma is to be preferred to this or that licence. Nor is this enough; for while this profusion of sources of "medical honours" exist, we find the Board of the Apothecaries' Hall of Dublin endeavouring to obtain currency for its licence to open shop as a medical or surgical qualification, and the Board of Trinity College attempting to utter a sham surgical diploma by way of compensation for the reduced stipends and diminished fees of their medical professors. But it is not to end even here, for we hear that the Senate of QUEEN VICTORIA'S University in Ireland begin to think that they should not lag behind the Board of that of QUEEN BESS, and therefore that they must give their "grads." a "dip.," as the phrase now runs amongst the juveniles. This, however, is but the beginning of an end; for it is obvious that the London University must follow the example of its Dublin sisters, and frank their parchments with a Chirurgical Queen's Head; and we need scarcely say that our friends north of the Tweed will not lose the opportunity of improving one of their staple exports by the manufacture of a few additional patterns. Edinburgh will, doubtless, provide a university surgical diploma to compete with its College of Surgeons, and with Glasgow, where two are given already, and Aberdeen cannot be content with a smaller number. Whether St. Andrew's can live without a similar convenience we cannot tell; or whether Durham University, with a Medical School in Newcastle, can "progress" without the "double qualification." All this may seem very extravagant, and a great exaggeration of the results of the intrigues of a few insignificant persons, but our readers may rely upon it that what we predict is at least probable, and that before many years elapse those who obtained their qualifications at great pecuniary sacrifice and much labour will find themselves nothing but members of a medical mob.

## UNIVERSITY REFORM.

ALTHOUGH we may not have Medical Reform, there is some chance of a University Reform. Commissioners are at work, and so are the claimants for privileges usurped by the few. It will probably be found that Universities are not to be Universities in title only, when the true origin and nature of such institutions come to be understood:—

On the foundation of the Metropolitan University, a pledge was given that its future graduates should possess equal privileges with those so long enjoyed by the ancient English universities. That pledge was only a formal recognition of the fact, that hitherto a large and continually increasing portion of the educated classes of this country had been denied those academical and constitutional rights which Oxford, Cambridge, and Dublin conferred. It was an admission that hitherto a sincere or a professed orthodoxy of creed had been the exclusive test of qualification for university honours. The fundamental laws of Oxford, Cambridge, and Dublin, exact a rigid adherence to that test. A just relief from intolerable disabilities could only be provided by the institution of a new university, based upon the principle of religious toleration; and those who had been hitherto excluded could accept of nothing less for the new university than the discerning liberality of our forefathers had bestowed upon the old. Such is the right, and such the compact, upon which the University of London claims coextensive powers with her elder sisters. Up to this moment the promise of equality is unfulfilled; the graduate of the University of London has nothing but his degree. The substantial accompaniments upon university honours—incorporation and parliamentary representation—are still withheld; but a niggardly instalment of justice has been granted. The time has surely arrived when the University of London should manifest a new stage of development—when it should emerge from the condition of a government executive board, only adapted for the earliest period of its existence, to its destined perfection. That the time has arrived is declared by the fact, that so long as four years ago the number of the graduates had reached the minimum indicated by the senate as that which would render it expedient to remodel the university. That the graduates are qualified, not only by number, but by social and scientific position, intelligence, and every other reasonable claim, is notorious. That they are further qualified by a vivid sense of responsibility, by a thorough comprehension of their position as the instruments of a great educational movement; and lastly, by a resolute determination to achieve those great measures of reform which would render their university metropolitan in reality as well as in name, is abundantly testified. During the last four years they have held a succession of general meetings, all attended by such numbers, and animated by such continued zeal and singleness of purpose, as have rarely been known in the history of public movements. They have further evinced their public spirit by liberal subscriptions, and, by means of their committees, they have prosecuted their claims with the senate and the secretaries of state with temperate firmness and unflagging perseverance. In the year 1840, when the infant institution scarcely reckoned a score of graduates, the senate took into consideration the question of the future incorporation of the graduates with a definite share in the government. The committee of the senate decided that when there should be three hundred graduates of three years' standing, it would be expedient to constitute them, and all future graduates of similar standing, the electoral body. By this vote the senate decided two things—first, by the consideration of the question, they proved that the then, and present constitution, was only of a temporary character, and that they to whom had been entrusted the provisional direction of the new university had felt it to be their first duty to settle the basis of its permanent organization; and secondly, they fixed the exact period when the permanent form of organization should be inaugurated. The principle and the time are equally set at rest. Seven hundred graduates now demand to be invested with those rights which the senate have declared three hundred to be competent to exercise. Can the issue be doubtful? Such, then, is the position of the first measure—academical incorporation. The second measure—parliamentary representation, a privilege for which the highest qualification is intellectual superiority, merits special attention. We must therefore reserve it for another opportunity.—*Lancet*.



## MEDICAL QUALIFICATIONS IN ENGLAND.

SOME estimate may be formed of the utter degradation of Medicine and Surgery as a profession in England by a perusal of the advertisements for situations and assistants. In no other department of trade could anything like the following be found. Here are the qualifications required and tendered :—

## HEIGHT AND WEIGHT.

Wanted a young gentleman, about 24 years of age, legally qualified, to assist a medical man in country practice, who has been accustomed to horse exercise. *Height and weight* required.

## WHISKERS.

TO MEDICAL ASSISTANTS.—Wanted by a country medical firm, a gentleman to dispense and attend midwifery, and occasionally to visit. He must be *unmarried, whiskered*, and not under 28 or 30 years of age in *appearance*. The diplomas of the London College and Hall, or at least the latter, will be essential. The duties are light. Salary, forty guineas the first year, with board, lodging, and washing, and an advance of five guineas the second year. Personal application to be made (at four p.m. daily, until April 29th) to J. Love, Esq., 12, Brook-street, Grosvenor-square; or post-paid letters to K. W. T., care of same gentleman.

## RELIGION.

To be disposed of, a small practice in a populous, thriving village. Two-thirds of the population, including the most opulent, being dissenters, a dissenting practitioner would be sure of success.

Even the absence of qualification appears to be a passport to employment :—

Wanted, by a gentleman, *unqualified*, a situation as dispensing and visiting assistant. He is competent to attend midwifery, &c.

We hope that the advertisement upon which we advertised a fortnight ago, from one of this class of traders, intimating that “no Irish” need apply, is superfluous as regards these temptations. Struggling for existence, as many are amongst us, such “qualifications” as those above required are not relied on.

TO CORRESPONDENTS.—The question respecting Inquest Law requiring inquiry, we must postpone our answer to our next number. The note respecting the arrears due to Dispensary Surgeons by Treasurers of Grand Juries, shall also receive attention.

## THE MEDICAL CHARITIES BILL.

## TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Dr. Smith, in his letter which appears in the last number of the MEDICAL PRESS, states that “the majority of the medical profession in Ireland have mainly themselves to blame for many of the evils they now complain of.” I, for one, do not agree with Dr. Smith in this self-accusation. We have not ourselves to blame that things are as they are. But we have to blame the late government, Sir W. Somerville in particular, and, some say, other parties. The truth is, we have been cajoled, deceived, betrayed, and, it is whispered, sold. For fourteen years we had successfully resisted the machinations of the poor-law officials; and at length we have only fallen through the artful abandonment of the first Medical Charities Bill of Sir Wm. Somerville (which contained some protection for the interests of the sick poor and of our profession), and the like artfully sudden introduction, and passing, without a moment's time for reflection, of the long impending poor-law bill, in all its faultiness. That manœuvre, in the teeth of Sir W. Somerville's specious professions, has handed over the sick poor and their medical attendants, bound hand and foot, to the tender mercies of the Poor-law Commissioners and the Poor-law Guardians; the latter the natural enemies of the poor and of the medical profession.

But we shall have ourselves to blame, if we, even under the bill, tamely submit to extravagant exactions, and to be deprived of our services,—of our own labour, and of the

labour of our horses and servants, without reasonable remuneration. How, then, are we to resist these exactions, and protect ourselves from injustice? Simply by an efficient organization. Not by general meetings in Dublin, whose failure Dr. Smith deplures, but by independent county associations in correspondence with each other. It is futile to think that any great number of the profession would or could assemble in Dublin, except on some rare and extraordinary occasion. To attend a meeting there would require a practitioner, residing at any great distance, to absent himself three days from his business, and expend in hard cash some two or three pounds. These are sacrifices not now to be expected from a man having a batch of visiting tickets every morning on his breakfast table, and whose family, his horse, and servant have to vegetate on £60 a year.

The profession, then, can be effectually organized only by the creation of county associations, and it so happens that a staff is already in existence that can easily promote their development. The estimable Chairman and Secretary of the Committee of Medical Attendants, &c., have but to issue a brief circular to their local secretaries throughout the country, to call a meeting of the profession in each county for this purpose, and the thing is done.

Of course, each county association should have a chairman, secretary, and other officers. These, in each province, would form a provincial committee. And on important occasions, they could assemble in Dublin as a national committee. In this way, full attendance and representation at the provincial and national meetings would be ensured; for each of these officers would feel himself bound, in his official capacity, to attend. And even in the intervals of these meetings, the county associations, by corresponding with each other, could act in unison, and with a weight that would compel respect.—Yours truly,

ONE OF THE DISPENSARY MEDICAL OFFICERS.

We of course have the name of the writer of this letter, and can vouch for his ability to deal with the subject. The proposed organization of local associations we ourselves suggested some time ago.

## THE INSURANCE COMPANIES.

## TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—Having seen by your journal that your attention has been drawn to the subject of non-payment of medical men by insurance companies, I think it but justice, not only to myself as a medical agent, but also to the respectable company which I represent, to state that in all cases where I ask for a medical opinion or certificate, I enclose a fee of £1 1s., as you will perceive by the enclosed printed circular, which states as follows :—

“You will receive a fee of one guinea from the society when the inquiry is concluded, and whether the life proposed be accepted or not.”

Hoping that you will give insertion to this in your next publication, I have the honour to be your very obedient servant,

GEORGE B. OWENS, M.D..

Agent to the Medical, Legal, and General Mutual Life Assurance Company.

Dublin, 25, Kildare-street, May 2, 1852.

## TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Having read Dr. Robinson's very proper letter from Ballibay, which appeared in yesterday's PRESS, relative to the Clerical, Medical, and General Life Assurance Society, who “never pay a fee to the referee of the party assuring,” I think it just to place in contrast thereto, a company whose title being somewhat similar, might, by a person unacquainted with the several offices, be confounded with that of which he writes; permit me therefore to say, that the Medical, Legal, and General Mutual Life Assurance Society of 126, Strand, London, and which has numerous Irish agencies, being chiefly under the direction of eminent medical and legal practitioners in London, pays a guinea fee to every medical practitioner whose opinion is required by the company. I understand, likewise, that all the transactions of this society are characteristic of the honourable feelings to be expected on the part of such highly respectable directors.—Yours, &c.,

April 29, 1852.

A SUBSCRIBER.



## THE LONDON COLLEGE OF PHYSICIANS.

I OBSERVE that in your editorial remarks on the proposed new charter of the Royal College of Physicians you think it right to depreciate the professional position of the extra-urban licentiates of the college. It would appear as if it were necessary always to have some professional pariahs to be soundly abused. Formerly, the licentiates and "Scotch doctors" were the pariahs, now the class of statute English physicians occupy that unpleasant position. It may interest you and your readers to know that the so-called extra-licentiates are not *extra* in any sense of the word, inasmuch as they are the only legally qualified physicians in England and Wales beyond the municipal boundary of the metropolis, except graduates of Oxford and Cambridge, and are principally graduates of various universities, as Cambridge, Dublin, Edinburgh, and the other Scottish universities, and as Paris, Berlin, and other foreign universities. Amongst them are also un-graduated physicians, who have formerly been general practitioners, and who have preferred the college diploma to that of St. Andrew's or Aberdeen, and for which, as Englishmen, they cannot be reasonably blamed. There are also a few general practitioners in the body, but not in a larger proportion than amongst the Edinburgh or Scottish graduates generally; and they have this advantage over the latter, that although not in the modern sense of the term physicians, they have a perfectly legal right to practise both pharmacy and surgery. These would not of course seek to enter the proposed new college until they had changed their mode of practice, as they would obviously be ineligible.

I observe that you object to the "extra-licentiates" commingling with the *sans pur* of the licentiates on two grounds—first, because their "examination seven years ago was a mere farce;" secondly, because they have paid much less hard cash for their diploma. I do not know that there is any reason to doubt (on these grounds) their legal right to the diploma in their possession, and their legal position is, that they are English physicians, consequently entitled to all the privileges and immunities which their legal position gives them. These, I can assert with some confidence, they will not give up, whatever opinion may be entertained as to the character of the examination they have undergone. They sought the diploma for its legal value, and that they will insist upon. If, however, it be thought advisable to inquire into the conduct of examining boards, previously to any measure of reform being entertained, the inquiry must be general, and will doubtless reveal an edifying array of "farces." The nature of the examination for the extra-urban licence has been already inquired into by a committee of the House of Commons, of which Mr. Wakley was a member; and I think, after the derogatory remarks you have made, it will only be fair to insert the result. On the 14th of June, 1847, Dr. F. Hawkins, the Registrar of the College, was examined as follows (I extract from the Minutes of Evidence), in the presence of Mr. Wakley:—

"1041. Sir R. Inglis—Do you attend the examinations before the censors, and also before the elects? I attend both.

1042. Will you state what is the relative difficulty of those two examinations, as far as you can appreciate them? Some years ago, the examination instituted by the elects was almost entirely a practical one, because, as I endeavoured to explain to the committee on the former day, the extra-licence was scarcely demanded, except by practitioners of an advanced age, and the auxiliary sciences and preliminary education were, therefore, less entered into by the elects than by the censors, who were to examine younger men. Then, when the demand for the extra-licence began to increase, the elects slowly—indeed, not quite in time to meet the altered state of circumstances—but gradually, raised their examination nearer and nearer to a similarity to the examinations instituted by the censors, and within the last twelve months the examination by the elects has been precisely the same as the examination by the censors."

Dr. F. Hawkins stated all this on his honour, in the presence of Mr. Wakley, on the 14th of June, 1847. Well, then, to what does your term "farce" apply—to the period when the examination was "almost entirely a practical one," or to the period subsequent to 1846, since when it has been "precisely the same" as for the intra-urban licence? I apprehend that when parliament enters upon the discussion of

the college charter, it will be difficult in the face of this evidence, taken by its own committee, to show cause for degrading and depriving the extra-urban licentiates in so revolutionary a style as you suggest.

Next, as to the money payment. The College of Physicians, like the Apothecaries' Hall, is a London guild, and requires admission payments for the right to enjoy its privileges. The extra-urban licentiates enjoying none of these privileges, they have no right to enter the college any more than a stranger—no right to practise within its jurisdiction any more than a quack. The college cannot deprive them of their diploma, cannot control them in any way: they are absolutely an independent body. When they come within the jurisdiction of the college, and within reach of its privileges, they will be quite ready, I doubt not, to "make their due payments." In the rules of the Apothecaries' Company we have an exact precedent. The country licence costs six guineas, the town licence ten; but the country licentiate can practise in town without further examination by an additional payment of four guineas, or two-thirds additional. Permit me to apply this precedent to the cost of the college licences. The extra-urban licence costs £24 18s.; add two-thirds, or £16 12s., and the intra-urban licence should be £41 10s. Now, exclusive of the stamp duty (from which the extra-urban diploma is exempt by law), the college payment is £41 17s., so that the actual amount of the money grievance is 7s., pocketed, probably, by the beadle.

I hope these remarks will be received as they are meant to be—explanatory and conciliatory. My attention having been directed to your injurious remarks by members of the body to which I am honorary secretary, I felt I could not do less than communicate with you.—*Letter of Dr. Laycock to the Editor of the Lancet.*

## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

Dr. J. F. DUNCAN, the interim Treasurer, thankfully acknowledges the receipt of the following sums since the last return:

Dr. Macdonnell, additional donation	...	£20	0	0	
Dr. Martin, Portlaw, donation	...	...	0	10	0
Do., subscription	...	...	0	10	0
Dr. C. Fleming, Molesworth-street, do.	...	...	1	1	0
Dr. Hart, Charlemont-street, do.	...	...	1	0	0
V. W. Russell, Esq., Limerick, do.	...	...	1	0	0
Dr. Bernard, Dundrum, do.	...	...	1	0	0
Dr. G. A. Kennedy, Talbot-street	...	...	1	1	0
Dr. Cardiff, Wexford	...	...	1	1	0
Dr. Thomas Brady, Gardiner-street	...	...	1	1	0
Dr. D. Griffin, Limerick	...	...	1	0	0
Dr. Corbet, Cork	...	...	1	0	0

Additional contributions are earnestly solicited, as the sum available for distribution, as yet received, is nearly £100 short of what it was last year.

Dublin, 19, Gardiner's-place, May 2, 1852.

APPOINTMENT.—Dr. Robert J. Crane has been appointed Surgeon to the Wexford Dispensary.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Apr. 25th,	61	41.5	30.076	
Monday,	26th,	61	44	30.150	
Tuesday,	27th,	62	40	30.166	
Wednesday,	28th,	65	49	29.968	.040
Thursday,	29th,	65	55	29.768	.080
Friday,	30th,	66	51	29.600	.290
Saturday,	May 1st,	64	47	29.950	.010

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Apr. 25th,	54	33	29.786	46.4	39.8	30.4		ESE
26th,	53	34	29.837	51.8	43.9	33.8		SE
27th,	57	31	29.896	50.2	45	39		E
28th,	62	46	29.662	59	47.2	55.9	.084	SW
29th,	61	52	29.617	59.6	58.1	57	.208	SW
30th,	62	47	29.315	56.2	54.7	53.5	.692	NW
May 1st,	59	46	29.664	56.2	51.7	47.6	.290	NNW

M. W. HANLON, M.B.



**SCHOOL OF SURGERY.****ROYAL COLLEGE OF SURGEONS IN IRELAND.**

THE Summer Courses of Lectures commenced on Monday, the 26th of April, when Lectures on the following subjects were delivered, in accordance with the regulation of the Council of the College:—

Materia Medica	...	...	Dr. Williams.
Medical Jurisprudence	...	...	Dr. Geoghegan.
Practical Chemistry	...	...	Dr. Barker.
Botany	...	...	Dr. A. Mitchell.

Examinations will be held, and Premiums awarded to the successful Candidates, at the termination of the Session.

**CITY OF DUBLIN HOSPITAL.****SUMMER SESSION.**

THE Clinical Lectures and other forms of Instruction commenced in this Hospital on the 26th of April. By a recent Ordinance of the College of Surgeons, separate Certificates of Hospital Attendance, during the SUMMER SESSION, are required.

**DISEASES OF THE EYE.****SUMMER SESSION.**

**DOCTOR JACOB** will commence his Lectures on DISEASES of the EYE, in the City of Dublin Hospital, on Monday, the 17th of May, and will continue them during the SUMMER SESSION, so as to form a complete Course of OPHTHALMIC SURGERY.

**MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.**

THE Annual Distribution of the Funds at the disposal of the Society will take place on the first Monday in June.

Applications for assistance must be made by printed forms, to be obtained from the Honorary Secretaries, and must be sent in to the Branch Associations before the 6th of May, or to the Parent Society before the 10th of May.

Branches are established in the principal towns of Ireland, and with Honorary Secretaries, as follows:—

Armagh, Dr. Colvan; Belfast, Dr. Stewart; Cork, Dr. Lloyd; Newry, Dr. Erskine; Waterford, Dr. Carroll.

The applications are to be forwarded to the Secretary of the nearest Branch, if any be near, or to the Secretaries of the Parent Society in Dublin.

Subscribers to the Parent Society are requested to send in their contributions as soon as possible to the Treasurer, Dr. Duncan, 19, Gardiner's-place, Dublin; and subscribers to the Branch Associations, to the Local Treasurers respectively.

By Order,

WM. KINGSLEY,

CHAS. BENSON,

Hon. Secs. Parent Society.

Royal College of Surgeons, Dublin, April, 1852.

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
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Dublin: Fannin and Co., Grafton-street.

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Wednesday, May 5, 1852.



# DUBLIN MEDICAL PRESS.

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## PROCEEDINGS OF SOCIETIES.

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#### SURGICAL OPERATIONS FOR RETENTION OF URINE.

By Mr. Cock.

THE author first dwells upon the difficulties which surround the question of what course should be pursued in those cases where an old chronic indurated stricture, recently closed by inflammation and congestion, defies all attempts to pass a catheter, and upon the failure which frequently attends the attempts of the surgeon to relieve such cases by the introduction of sounds, catheters, or bougies. He points out the three modes to which recourse may be had, when the urgency of the symptoms renders some decided interference necessary. First, that of forced catheterism; second, that of opening the urethra in the perineum behind the stricture; and third, that of puncture of the bladder. There is nothing new in either of these measures for relieving retention. They may each possess certain advantages, and the circumstances of the case, and the condition in which we may be placed, may incline us to the adoption of either the one or the other. They have all their drawbacks; but on the whole, the author is disposed to believe that the bladder may be reached with the smallest amount of pain, with the least risk of present or future danger, and with the greatest prospect of ulterior good, by puncture through the rectum. The first of these operations the author regards as in reality a mode of puncturing the bladder with a blunt instrument, tunnelling through the perineum under cover of the urethra; and he believes that the stricture is, in the majority of such cases, neither forced nor crushed, but that a new passage is made outside the urethra, which may either reënter the urethra, or continue its course through the prostate into the bladder. The urgent symptoms may be thus relieved, but the after condition of the patient is not bettered, and it may be rendered even worse. The second operation, of section of the perineum, the author thinks, is, when dexterously and successfully performed, preferable to forcible catheterism. The urine may be allowed to flow by the new channel,

until the urethra has had time to recover itself from the injuries it may have sustained by previous manipulation, or from the irritation caused by the continual pressure of the contents of the bladder. But unfortunately the difficulties are often so great, in long-standing disease of the perineum, that the urethra cannot be reached, and great mischief, or even death, may result from the protracted operation. The author describes the proposed modification of this practice, called "cure of stricture by division," of which the principle consists in uniting the upper and lower permeable portions of the urethra by the division of the intermediate impermeable portion, and thus restoring the integrity of the canal. This, however, he thinks, is very rarely carried out; and that very often death is caused unmistakably from the injuries sustained during the operation. So convinced is the author, by experience and observation, of the difficulty which frequently attends the operation of opening the urethra behind the stricture, where the landmarks which should guide us are obliterated, that he has of late years abandoned the operation of incising the perineum, with a fixed determination to reach the bladder. In those cases where retention and extravasation render it necessary that an outlet should be afforded to the contents of the bladder through the perineum, he limits himself to making a free incision down to the region where the urethra may be supposed to be situated; and if he cannot then gently introduce a catheter through the wound into the bladder, he does not proceed any farther; and he has generally found that the urine has speedily found its way through the wound. With regard to the third mode of relieving the bladder, by puncture, the author brings forward cases to show puncture by the rectum safe and simple. Forty cases of operation by the rectum are related. In all of these, the operation was entirely successful, so far as the relief and the absence of any ill consequences from it were concerned. Seven deaths occurred, from various causes connected with the previous sufferings of the patients, as diseased kidneys, inflamed bladder, &c. In many cases, the author believes the operation to have materially tended to the restoration of the patient, with a less amount of suffer-



ing, and at the same time more speedily and effectually, than could have been effected in any other way.

Mr. SOLLY concurred in opinion with Mr. Cock, that the operation described in the paper was a most valuable one in certain cases. He (Mr. Solly) had heard Mr. Cock describe it years ago, and had himself since performed it several times with success. He considered that this operation was one of the least dangerous that could be performed in cases of retention of urine from stricture. Cases of course occurred in which cutting down upon the urethra was advisable—as when the stricture was of traumatic origin; but where the canal had been much damaged, and where false passages existed, the operation of puncturing the rectum was the most advisable.

Mr. ARNOTT said, that although he was unable to speak in the same unqualified terms of approbation as the author of the paper and Mr. Solly had done, of the operation of puncturing the bladder through the rectum, he was yet able to add his testimony generally in its favour from a personal experience of five cases in which he had resorted to it. He considered that the Society was indebted to Mr. Cock for having brought the present collection of cases before it. He (Mr. Arnott) had only performed this operation in cases of retention of urine supervening on permanent stricture, when other means of relief had failed. But having witnessed incidentally its advantages in facilitating the subsequent treatment of the stricture which had rendered the operation necessary, he was prepared to receive with favour the suggestion to resort to it occasionally in the treatment of that disease. Before, however, he proceeded further in his remarks on this operation, he wished to observe that he thought Mr. Cock had expressed himself with too much severity with regard to the operation of what was called forcing the stricture, and also in regard to the operation of opening the urethra behind the stricture. Both of these proceedings, properly performed in suitable cases, were justifiable and safe. The operation of forcing a stricture was not so severe a proceeding as puncturing the bladder from the rectum, and it had some advantages. Indeed, if he had the misfortune to suffer from retention of urine as a consequence of stricture, he should, if in the hands of a competent surgeon, prefer that the stricture should be attempted to be forced before any opening should be made in the urethra behind the stricture, or the bladder be punctured through the rectum. What he wished to convey by the operation being “properly performed” was this, that if upon trying to urge the catheter through the stricture, the urethra itself should give way, and be perforated, then that the proceeding should be immediately abandoned. So also with respect to opening the urethra behind the stricture; the best mode was not that usually performed, of cutting from the surface or skin inwards, but by putting the forefinger of the left hand into the anus, so as to depress it; then to introduce the point of a bistoury slightly curved just in front of the anus, and carry it directly inwards so as to strike the membranous part of the urethra; and then holding the instrument outwards, to divide all the superjacent parts. He (Mr. Arnott) had first seen this mode of procedure resorted to by the late Sir Charles Bell twenty years ago, and had frequently since successfully performed it. If in the operation you missed the urethra, then the operation of puncturing the bladder could be resorted to. With reference to the last operation, which had been employed at the Middlesex Hospital, he had not found it so entirely destitute of disadvantage as had Mr. Cock. Of the five cases in which he had employed it, one patient died, and on examination an abscess was found between the bladder and rectum in the track of the canula. Effusion of urine in this situation was a danger to be dreaded, and he had expected that it would have occurred in some of Mr. Cock's cases; and gratified as he was at hearing the short abstracts of some of them read, he should like to look over the details of the whole before he could satisfy himself that the danger was not real. He could, perhaps, illustrate his views with respect to the different operations, by relating a case in which he had per-

formed all of them in the course of a quarter of an hour on the same patient. In 1844, he was called one morning to an officer of Engineers, who had retention of urine from stricture, and who had had a similar attack some years before. The patient was six feet six inches in height, of large frame, and being partially palsied on one side, was very cumbersome to move. An unsuccessful attempt was made to introduce an instrument into the bladder. Large and repeated doses of laudanum, both by the mouth and rectum, were exhibited at short intervals, and a fresh attempt to pass a catheter was made at the end of some hours, but again without success. A small quantity of water had, however, dribbled away. The patient was now purged, cupped in the perineum, &c. On the following day, the quantity of urine passed was not considerable, yet the relief was such as to lead him (Mr. Arnott) to suppose that the difficulty of the case had been got over. On the following morning early, however, he was again summoned to the patient, and found that he had passed no water since the preceding afternoon; the bladder reached half way up to the umbilicus, and he was greatly distressed. The case now admitted of no delay, and he accordingly attempted to force the stricture, but the urethra gave way, and the catheter was at once laid aside. He (Mr. Arnott) explained to the patient's brother, a physician, that he would now endeavour to open the urethra behind the stricture, an operation in which, in these cases, he had generally succeeded; but in the present instance he did not feel so confident, as there had not been much previous suffering from the stricture, or strain upon the parts, so that the urethra, posterior to the stricture, might not be dilated. If he failed in the attempt, he should then puncture the bladder through the rectum. The attempt to lay open the membranous part of the urethra was made in the way already described, but the urethra was not struck. The bladder was then immediately punctured through the rectum. He (Mr. Arnott) saw the patient twice during the day, when the urine was flowing freely through the canula; but the next day he was called to him again, and learnt that on the previous afternoon the canula had got displaced; it was, in fact, out of the bladder; and that no urine had passed either way since. The bladder was now full, and after a short and unsuccessful attempt to pass a catheter by the urethra, the bladder was again punctured through the rectum; the canula was kept in sixteen days, when an instrument was got through the urethra into the bladder; the case did well, and the patient was still living. In one instance it appears that Mr. Cock had failed to reach the bladder in the attempt to puncture it through the rectum, but failure to strike the bladder was not confined to puncture in this situation. Mr. Arnott had twice witnessed, in the hands of a very able surgeon, the bladder missed in the attempt to puncture it above the pubes; in one of these cases, the trocar was reintroduced, and with success; he might add that both cases recovered.

Mr. COULSON said it was clear from the facts detailed in the paper that the operation of puncturing the bladder by the rectum was easy and safe of performance, but he was not equally convinced that the operation ought to be performed in cases like those mentioned by the author. Puncturing the bladder by the rectum for retention had never been very generally resorted to, because it left the condition on which the retention depended untouched. The late Mr. Liston, in his *Operative Surgery*, says that he never performed the operation in question, and spoke in no measured terms of those who had recourse to it. In some of Mr. Cock's cases the catheter had been introduced not long prior to the operation, and he could not understand why it had not been retained in the bladder, and the operation of puncturing dispensed with. In one or more cases there was extravasation of urine, and he (Mr. C.) thought that the free and deep incisions in the perineum which were necessary to give relief to the extravasated urine would also have been a sufficient outlet for the urine from the bladder. Again, the author had recommended the operation on the ground that by the withdrawal of the



urine from the urethra the stricture would yield; but it was delusive to expect this to be the result in all cases. He had punctured the bladder by the rectum in an urgent case of retention, dependent on an impermeable stricture of the urethra; at the end of three or four days the canula slipped out, and retention again occurred. The stricture was in the same position as before the operation, and was then successfully divided by the lancetted stilet. The conclusions which he (Mr. Coulson) arrived at were, that if the smallest instrument, like one of Mr. Syme's staffs, could be introduced through the stricture, it would be better to divide the stricture from without, and thus remove the cause of the complaint. If the stricture was so great that nothing could be introduced through it, then he would prefer passing a grooved staff down to the stricture, making an opening into the perineum beyond the contracted part, passing a strong, straight director with a deep groove in the median line between the urethra and rectum, and passing a straight bistoury some way along the groove, and then cut outwards and upwards towards the staff which had been first introduced. Except, therefore, under the most urgent circumstances, scarcely admitting of the delay requisite for the performance of these operations, he did not think the measure which had been recommended by the author for retention of urine from stricture should be adopted.

Mr. SOLLY observed that Mr. Liston, before his death, altered his opinion as regarded this operation, as he (Mr. Solly) was present when that distinguished surgeon performed it, a few months before he died.

Mr. DE MORGAN said that he had not perused all the cases detailed by Mr. Cock, but they all supported the same views, and showed that the operations did not, as Mr. Coulson had remarked, remove the cause of the retention. In all operations, however, proposed for the relief of stricture, the urine, after a time, passed more or less by the natural passage, similar to what was observed in some cases lately read to the Society of stricture of the colon, in which, some time after an operation had been performed for their relief, the feces began to pass through the intestine, and take their natural course. The operation, therefore, of puncturing the bladder in cases of stricture, was to some extent a curative agent as regarded the obstruction.

Mr. CURLING had given his best attention to the cases which had been briefly detailed in Mr. Cock's paper. As far as he could judge, he had no objection to make to the puncture of the bladder in the instances cited. In the second case, it did not seem quite clear whether the abscess in the perineum existed at the time of the operation or had formed afterwards; but he did not believe that so excellent and experienced a surgeon as Mr. Cock would venture to puncture the bladder by the rectum in a case of retention of urine with perineal abscess. He would relieve the patients by a free opening at the part. Mr. Curling agreed with the author of the paper, that the operation was more free from risk than was generally supposed; and in giving it the preference of forced catheterism, he was quite sure that Mr. Cock, in treating of the latter proceeding, did not object to the perforation of a stricture by the skillful use of the catheter, but to the violence inflicted when the instrument was driven out of the passage, the course of which, in its progress to the bladder, had been so graphically described in the paper. Still he was surprised to find that Mr. Cock had to puncture the bladder in so many instances at the hospital of which he was surgeon. At the London Hospital, cases of retention of urine were of very common occurrence amongst the dissolute population in the neighbourhood, and no less than 146 cases had been admitted in the past year; yet this operation was very rarely performed, and he did not believe the bladder had been punctured a dozen times during the past twelve years. He attributed this to the remarkable success attending the general treatment without instruments, by means well known to the fellows of the Society. After the retention had been relieved in this way, and the local irritation had subsided, the cure of the stricture could then be conducted with as

much advantage as after the bladder had been punctured by the rectum. In the very few cases in which he had found it necessary to operate, he had punctured the bladder above the pubes, which he believed was as simple and as free from danger as the puncture by the rectum.

Mr. GAY, from the experience he had had of the practice of puncturing the bladder from the rectum, could give it his unqualified support, but in a certain class of cases only—viz., those in which spasm and inflammation suddenly supervened in old stricture, and retention, with all its evils, followed. Amongst the cases detailed in Mr. Cock's interesting paper, he had not been able to detect many of this kind. It was now six years ago that he (Mr. Gay) was called to see an old gentleman labouring under the severest symptoms arising from retention. He had suffered from stricture for years; and the day before, in consequence of a debauch and exposure to cold, he found himself unable to pass his urine. Many futile attempts had been made to introduce a catheter, by which the urethra had become seriously lacerated. Hot baths, leeches, and opium, had also been employed; and it was not until the symptoms of constitutional irritation had reached a fearful height that his assistance was called for. Under these circumstances, he thought it unwise to interfere further with the urethra in any part of its course, but to attend to what was infinitely more urgent—viz., the over-distended state of the bladder. Notwithstanding the bad odour into which the operation of puncturing by the rectum had fallen, he (Mr. G.) determined, though not without much anxiety as to the results, to perform the operation. It was followed by great and immediate relief; and a further employment of palliative remedies to the urethra caused the spasm and inflammation to be so far reduced by the following day, that the old gentleman began again to pass his urine by the natural channel. In a few days more he was convalescent, and nothing was heard whatever of the wound of the bladder made in the operation. Mr. Gay thought the state of the urethra, in such cases, and under such a conjunction of circumstances, to be of all others most unfavourable to catheterism; and from the results of this case, and others which had since fallen under his observation, he did not hesitate to recommend the evacuation of the bladder by these means, whenever that viscus might become so distended as to occasion severe constitutional and local irritation. He had punctured the bladder since in four or five other cases; and so convinced was he of the comparative innocence of the procedure, that he had on one occasion had recourse to it three days following, and this without any bad results. The palliative local treatment of these cases appeared to be more successful after the bladder was emptied, than if employed during its distension, and generally resulted in the patient's being able to void his urine in the course of twenty-four or forty-eight hours. With regard to another class of cases, in which Mr. Cock had been in the habit of puncturing the bladder—viz., those of chronic and permeable stricture—he (Mr. Gay) had had no experience; but, with Mr. Coulson and Mr. Arnott, he could not see its utility. It appeared to him that the result of this practice was to add to an old stricture the undesirable complication of a fistulous passage behind it, which could by no means be of any service towards curing the original disease. He was of opinion that judicious catheterism might in these cases accomplish as much as could be expected. Mr. Gay felt that on so important and interesting a subject, every surgeon who had had any experience was bound to communicate it, for the purpose of arriving at some really practicable conclusion; and it was this consideration that had led him to make these remarks.

Mr. HODGSON deprecated the employment of such violence as had been described in the use of the catheter for the relief of retention of urine in cases of organic stricture, but advocated the employment of that instrument under such circumstance in a cautious manner. By very long continued but moderate pressure, the catheter might often be passed, even through long and obstinate strictures; but



great patience and perseverance were requisite both on the part of the patient and operator, who should also possess the tact and knowledge to enable him to guide, with his fingers in the perineum, the point of the instrument in the track of the urethra. In the course of his experience he had never found it necessary to have recourse to tapping the bladder, either per anum or above the pubes, for the relief of retention of urine. With regard to the former of these operations, he did not regard it as quite of that simple and harmless nature that had been represented. In cases of old stricture the bladder was often very much thickened and contracted in its coats, and incapable of much distension. This state would render the operation difficult, and in some instances unsuccessful. There was also danger of wounding the vesiculae seminales. He mentioned an instance in which this was believed to have happened, and the inflammation having extended along the vas deferens produced suppuration of the testicle. In another instance the tube slipped out of the opening in the bladder, and could not be replaced; the patient derived only very little relief from the operation. In his opinion, this operation should only be undertaken by experienced and cautious hands.

Mr. PRESCOTT HEWETT would confine himself in his remarks entirely to the question of operating for retention of urine from stricture. He would at once say that the opinion which he had formed was, that few, very few cases of retention of urine from stricture imperatively demanded an operation for their relief, and he was surprised to find that so many cases of this kind had required an operation in one hospital alone during the last few years. Mr. Curling had stated that in the London Hospital, operations for retention of urine had of late years been of very rare occurrence, but he (Mr. P. Hewett) would go a step further, and say confidently that for the eighteen years during which he had been connected with St. George's Hospital, not a single instance had occurred in which it was found necessary to resort to an operation for the relief of retention of urine from stricture: and yet among the large number of cases of this kind yearly admitted into that hospital, were some of a most severe and urgent character. He had necessarily been obliged to operate upon cases of extravasation from rupture of the urethra with retention, which had been brought into the hospital in that condition; but this was altogether a different matter, and one in which the treatment admitted of no doubt. For many years past, at St. George's, long antecedent to his (Mr. Hewett's) going there, cases of retention of urine from stricture had been treated, when catheterism failed, with opium and the warm bath, and for the last eighteen years, to Mr. P. Hewett's knowledge, as already stated, and for some years more, no single instance had arisen where an operation had been required. On one occasion, and on one alone, had he (Mr. P. Hewett) seen even anything like an approach to an operation. In this case the patient, a man of intemperate habits, had been admitted into St. George's Hospital with retention of urine from stricture, and some false passages which had occurred during the repeated attempts at passing a catheter into the bladder. Another attempt to get an instrument into the bladder was cautiously made by the house-surgeon; but as this failed, a warm bath was ordered, and some laudanum given by the mouth, and under this treatment the patient soon became easier, and then passed a small quantity of water. Shortly afterwards, however, complete retention again recurred; and as no relief appeared to be derived from the treatment, the surgeon of the week was sent for, and another attempt to pass an instrument was again made, but this also proved fruitless. Under these circumstances, as the bladder was getting largely distended, a question arose as to the propriety of tapping this viscus through the rectum; but as the patient, notwithstanding the great distension of the bladder, did not appear to be suffering much, it was ultimately decided that another trial should be made with a full dose of laudanum, two drachms of which were immediately given by the rectum, and within an hour afterwards the patient began once more to pass his water, and gradually emptied

the bladder. Let opium be freely given, and from what he had witnessed, Mr. Hewett had no hesitation in stating that an operation in such cases would be very, very rarely indeed required. In conclusion, Mr. Hewett stated that he had never seen any bad effects arise in these cases from the free administration of opium, notwithstanding that he had in some instances given drachm doses every hour for three or four hours consecutively.

Mr. CHARLES HAWKINS thought that there should be further discussion on the important paper before them, for he was not satisfied that it should go forth to the profession that the Society entertained so favourable a view of the operation advocated by Mr. Cock, as the remarks of the preceding speakers would naturally give rise to. He (Mr. Hawkins) was by no means satisfied that cases of stricture generally required the operation to be resorted to, and he must say he had never heard a paper read in that room which had more astonished and surprised him, detailing as it did, forty cases in which puncture of the bladder had been resorted to, either by the author or his colleagues. Now, he (Mr. Hawkins) had known St. George's Hospital for the last twenty years, and he had never known this operation to be performed there, nor could he learn that it had been resorted to for nearly thirty years. He also knew that surgeons in extensive practice in the west end of London had found it necessary to have recourse to it only about half a dozen times during the long period of forty years; it was therefore to him most extraordinary that so many cases could be got together from one hospital or from the practice of those connected with it. Indeed, until the remarks of Mr. Curling, he (Mr. Hawkins) imagined that the operation must be peculiar to the other end of London, but it appeared, that though well placed for bad cases of stricture, the London Hospital could produce no such number. He had been surprised to hear of the advantages of this operation in cases of spasm, for these were surely not the cases in which Mr. Cock recommended it, for he appeared to confine its use to those old cases of permanent stricture where from constant attacks of retention of urine and its consequences, the kidneys and bladder became diseased, and the life of the patient placed in jeopardy. In such cases, if an operation were required, then that recommended by Mr. Cock, he (Mr. Hawkins) considered the best. He thought, however, that at the present time, when so many plans of treating stricture were being placed before the public, it was most desirable that the Society should not without due consideration, give its sanction to any particular plan. He hoped that the older and more experienced fellows of the Society would express their opinions in reference to this operation; with this view he had addressed the Society. It was not that he did not think that, when an operation for the relief of retention of urine became necessary, that recommended by Mr. Cock was perhaps the one attended with least difficulty and followed by fewer bad consequences than any other, but of the results he could say nothing of his own experience. He could call to mind but one case that had come under his own care in which the bladder was punctured for retention of urine. In that instance, the operation was successfully performed above the pubis. He had been in the habit of passing an instrument for that patient since, without difficulty. Of course he did not allude to cases in which an operation had been performed for the cure of stricture, where the obstruction was permanent—usually from accident—and performed not for the immediate relief of retention of urine. He had assisted at operations in about half a dozen of such cases, the urethra being cut into through the perineum. He had certainly been surprised to hear of the great amount of bad surgery which Mr. Cock appeared to have met with, for such did not commonly come under his (Mr. Hawkins') observation.

Mr. HOLT remarked that he entirely concurred in the observations made by both Mr. Curling and Mr. Hewett, and expressed his surprise at the large number of cases in which Mr. Cock had found it necessary to have recourse to an operation for the relief of retention of urine. He had been engaged for the last ten years in endeavouring



to procure cases of stricture of the worst possible description, and although a large number of cases of retention of urine in all their varieties had come under his notice, yet he had only had recourse to operative procedure in one instance, the operation consisting in opening the membranous portion of the urethra, which formed an elastic tumour behind the stricture, easily detected and easily punctured. If the ordinary palliative treatment were had recourse to, and the first effort failing, no further attempts to pass a catheter were indulged in, in almost every case the urine would in a few hours escape, and in sufficient quantities to obviate all the urgencies of retention, and in a few days (the parts in the intermediate time having become tranquil) a catheter could, in almost every instance, be passed. Were he called upon to perform any operation, he should have no hesitation in preferring, from its simplicity, facility, and the immediate relief it afforded, that recommended by Mr. Cock. He considered the operation of opening the urethra behind the stricture a most hazardous proceeding, and ought only to be had recourse to in cases where the membranous portion of the urethra could be distinctly felt distended by urine. As a proof of this assertion, he might mention a case in which this operation had been attempted by one of the ablest surgeons of the day, a gentleman of vast experience, and who formed one of the heads of the profession. The patient, from continued disease, died the same evening, and the post-mortem examination revealed the urethra completely transfixed, the knife having passed between the bladder and symphysis pubis. Respecting the operation of forced catheterism, he was quite assured Mr. Arnott would not sanction that operation in the common acceptance of the term, or, as recommended by some surgeons, that a catheter should be forced into the bladder *vi et armis*, no matter what strictures intervened. Such a course of proceeding could only be attended with hazardous results, and probably the death of the patient. In conclusion, he felt assured that by patience and proper medical treatment the cases in which it might be necessary to perform any operation would be very limited.

Mr. ARNOTT had hoped, in reference to what had fallen from Mr. Holt, that he had sufficiently guarded himself against the supposition that he was in favour of the operation of forcing a catheter into the bladder. He had expressed his opinion, that the attempt to force a stricture was a proper proceeding in certain cases; and he would again state his meaning, which was this—that with a short silver catheter, gentle but steady pressure should be made on the stricture: if it gave, so much the better; but if the urethra was perforated, as the surgeon would at once be aware of by the sensation communicated to the fingers, and by the bleeding, the catheter should be at once abandoned. He (Mr. Arnott) agreed in the opinions that had been expressed, that the opening of the urethra behind the stricture, in the way in which it was usually performed, by cutting from the skin inwards, was an operation at once difficult, tedious, and uncertain. He had himself experienced these difficulties, and had witnessed them in surgeons of acknowledged eminence. He had also seen the occurrence described by Mr. Holt, of the bladder being opened at the anterior part of its neck. The plan of operating by the curved bistoury was easy of performance and very simple.

Mr. CURLING rose to explain that in the cases in which the bladder had been punctured at the London Hospital, he included cases of retention of urine from enlargement of the prostate gland, which had been injured by instruments, and attended with hæmorrhage into the bladder. He would also mention a remedy for retention from stricture, which was not applicable to persons of debauched habits and broken-down constitutions, but succeeded remarkably well in robust sailors and others. He alluded to the administration of croton oil; as soon as the remedy began to act on the bowels, the patient was able to urinate.

Mr. SOLLY explained that he recommended the operation in cases of permanent stricture, with enlarged prostate, and where great injury had been committed on the urethra. He supposed, from the remarks of the numerous speakers,

that more bad cases of stricture were admitted into the hospitals at the east than at the west end of town.

Mr. N. WARD contended, that the operation was admissible in cases of retention with great distension of the bladder, and if it were done simply for the relief of the intense agony and suffering attendant on that complaint, and for the prevention of paralysis of the organ, on account of its simplicity and safety, as shown by the experience of several hospital surgeons, it might be resorted to.

Mr. CHARLES HAWKINS expressed his surprise that Mr. Cock should have met with so many cases of stricture requiring the performance of such an operation, when so many surgeons longer in practice than himself had not done it once.

Mr. WARD had understood that Mr. C. Hawkins was opposed to the operation altogether in the cases alluded to.

Dr. J. A. WILSON remarked, that if he understood the debate correctly, the operation under discussion was sometimes followed by a fistula, and yet it had been described as simple and safe. He would leave that question for surgeons to settle—how could an operation be either simple or safe if it had such a result?

Mr. Cock in reply, said that the operation in question was recommended by him and others as a means to rescue patients from the effects of retention when all other measures had failed. Some misapprehension appeared to have arisen from the number of cases he had brought forward. If his paper had been read in full, it would have been found that only twenty-four cases were his own, and that the others had been furnished by his friends. It might be supposed that he had resorted to this operation rashly. He had not done so, however, and had employed it only as a last resort, except in cases of old, impervious, hard strictures. The cases detailed had extended over many years, having been selected from an immense number of cases of retention of urine. He did not think such severe cases of impermeable stricture were met with at the west end of the town. He had endeavoured to show that this operation was only to be had recourse to in the severest cases, when every other palliative measure had failed; indeed, he was of opinion that he had used palliatives too long. He had mentioned three modes of proceeding for the relief of retention of urine; the first, by forcible dilatation; the second, by cutting into the urethra between the stricture and prostate, respecting which he explained its deficiencies and dangers, all of which were great, and frequently led to failure; the third, which he had mentioned, without detracting from the utility of the others, being more simple, less painful, and more likely to succeed. Fistula had been spoken of as a drawback; but he (Mr. Cock) had never known of an instance of this, when the permeability of the urethra had been restored. One of the virtues of the operation was obtaining this persistency as a sort of safety-valve, until a free passage per urethram had been secured; there was often some difficulty in securing its patency until the canal of the urethra allowed the urine to flow through it. Some of the cases which had been read would illustrate this point. There is not a fistula through which urine distils; but when the bladder is distended, the impulse to evacuate its contents ensues, and then the urine is discharged in a gush by the rectum, instead of by the urethra; and it is a great comfort to the patient, after enduring the suffering from such a condition of the urinary organs, to be able to discharge the contents of the bladder in a gush. There is one other point which he (Mr. Cock) wished to allude to: it seemed to be denied by Mr. Coulson and by Mr. Gay, that relieving this state of those parts places the strictured portion of the urethra in a better condition for a cure to be effected than previously existed. This denial did not accord with the results of his own experience: every operation by means of which the contents of the bladder can be more freely discharged than was previously the case, must sooner or later place the urinary organs in a better condition; the urethra being relieved from the distress and strain upon it, and consequently the induration and other signs of disease gradually lessen and disappear.—*Lancet*.



# FURTHER OBSERVATIONS ON FRACTURES IN THE VICINITY OF THE ANKLE-JOINT—THE REMOVAL OF SPICULÆ OF BONE, ETC.

By RICHARD G. H. BUTCHER, F.R.C.S.I.,

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In the *Dublin Quarterly Journal* for this month, we have a continuation of the subject of "Fractures in the vicinity of the Ankle-joint," by Mr. Butcher.

In the *MEDICAL PRESS* for March 17th, we alluded to the first part of the paper, and made extracts from it in reference to the operation of tenotomy as facilitating reduction of the broken bones. In the concluding remarks (the second part of the paper), additional cases are given in support of the mode of practice inculcated, and the following observations on the removal of spiculæ of bone in comminuted fracture:—

## ON THE REMOVAL OF SPICULÆ OF BONE IN COMMINUTED FRACTURE.

As to the time in which the removal of spiculæ of bone is called for in comminuted fracture, the case marked No. 4, in my former paper, offers a good illustration. It is there stated: "The deformity of the leg was very great, the fibula being broken in pieces, from about an inch above the extremity of the malleolus, for at least two inches; one piece in particular, a large one, was forced away from between the upper and lower fragments of the bone, and thrust under the skin on the anterior aspect of the leg, and a little above the joint, thus leaving a great depression, corresponding to the gap in the continuity of the lower part of the shaft of the bone." On the adjustment of the limb every effort was made, consistent with correct practice, to restore to position this detached piece of the fibula, but all to no effect, it projected sharply under the skin, and threatened several times during the treatment to ulcerate its way out; to prevent so unfavourable an occurrence every precaution was adopted; the part was left exposed, the integuments relaxed, and above all, handling of the part was prohibited; my great anxiety being to stay the protrusion of the bone until the broken up parts were consolidated and repaired, and so avert the production of compound fracture, a result greatly to be dreaded, more particularly so in this case, owing to the joint being implicated in the fracture.

On the 28th of December, 1851, the patient referred to was dismissed from the hospital, with the broken leg cured; and with instructions to return immediately, if the projecting piece of bone occasioned any annoyance. He was readmitted on the 9th of February, 1852, ulceration having attacked the integuments and exposed the bone.

On examination it was found that the osseous matter, which was liberally exuded from the broken tibia, readily united with the end of the displaced piece of the fibula which had been permanently retained, and nourished chiefly by this ingrafting. The prominent part of the spicula was not in the least degree rounded off, but remained sharp, as the moment after the accident. I cut down upon it by an incision an inch and a half long; freed the surrounding parts adherent to it, and then, with a narrow-bladed forceps, cut off the bone at the line of its attachment to the tibia. In effecting this object the anterior tibial artery had to be divided—the incision was enlarged up and down, and the vessel ligatured above and below. The wound was allowed to heal by granulation, with the object of implanting a new part, so as to guard against straining of the integuments above the joint, a position subjected to so much motion. After this operation the patient made a rapid recovery, and has been dismissed from the hospital, able to walk perfectly well.

In those cases where the spicula becomes attached by one end to the uniting callus of the fractured bones, as in the instance just recorded, the sharp extremity will not be rounded off, and it may lie under the integuments for years without producing ulceration, if no undue pressure be exerted over it from without. The following case affords a good illustration.

A man named Patrick Walsh, aged 66, was admitted into Mercer's Hospital, December 20, 1850. Having been thrown down by a car in the street, he was slightly contused over the chest and limbs; but he directed my attention to an old fracture. His right leg was broken thirty-five years before, when engaged in the amusement of kicking football; the site and outline of the fracture was nearly as evident as if it had

been a recent injury; the leg was an inch shorter than the sound one; the tibia was split from about its centre down into the lower third, the line of fracture being very oblique and traversing from without inwards, and the fibula was broken two and a half inches from the extremity of the malleolus. The tibia was arched in front, and the lower fragment of the fibula directed forwards and inwards, its upper fragment also was inclined forwards, and considerably overlapped the lower; the edge of it was quite sharp beneath the skin, threatening every moment to protrude, yet by the patient carefully guarding this part from pressure, it had continued there with impunity for so long a time.

When small spiculæ are completely isolated, they may act as foreign bodies and be cast out, but more frequently they are capable of contributing to the repair of the fracture, or, as sometimes occurs, they are surrounded each by a lymph cyst, which in many instances proves the medium of their removal by absorption.

There is one more point of interest in case No. 4, in reference to the fact that the gap, at least an inch and a half in extent between the upper and lower fragments of the fibula, and created by the large piece of its shaft "thrust in front and above the joint," was afterwards repaired and filled up by a firm osseous piece. Now, this is an important practical point, if a portion of the shaft of a bone be removed, by judicious management, a perfect osseous substitute may be procured. This fact is at variance with the doctrine inculcated by Sir A. Cooper, who maintained, that for the union of fractures it was essential that the broken bones should be kept in contact. "The first reason which I should state," says Sir A. Cooper, "for the want of union in fractures of the neck of the thigh-bone is the want of proper apposition of the bones; for if the broken extremities be in any part of the body kept asunder, ossification is prevented." Again, in support of the axiom which I have laid down, I beg to refer to some cases recorded in the twelfth volume of the *Medico-Chirurgical Transactions*, p. 167, one of which clearly proves the possibility of bony union after the removal of three inches of the tibia and the consequent separation of the bones to two inches. In Mr. Heaviside's Museum there were instances of extensive bony deposits between fractured surfaces that were not in apposition.

I shall conclude by a quotation from Rokitsansky. In his *Pathological Anatomy*, when speaking of the repair of injuries of bone complicated with loss of substance, he writes:—"Under favourable circumstances it is effected by the first intention, and the osseous mass, exuded from the surfaces of the wound in the bone, serves not merely to reunite the bone, but also to supply the place of the part which has been lost."

## NEURALGIC AMAUROSIS.

M. TAVIGNOT gives this name to the complete or incomplete, partial or general, paralysis of the nervous retina under the influence of neuralgia of the fifth pair of nerves.

"The mode of action exercised on the eye by the fifth pair of nerves affected with neuralgia, is (states M. Tavignot) subject to certain laws which I will endeavour to describe. I admit two species of neuralgic amaurosis, very characteristically distinct from each other. The one is attributable to a neuralgic condition of the extra-orbital branches of the trifacial nerve—this is the extra-orbital neuralgic amaurosis; the other arises from a neuralgic condition of the ciliary nerves—this is the intra-orbital neuralgic amaurosis. The extra-orbital neuralgia of the fifth pair of nerves appears to me to act on the retina, producing a paralysis of that membrane. This paralysis results from a want of equilibrium in the distribution of the nervous influence, as if the excessive waste of this fluid by the extra-orbital branches took place at the expense of the ciliary nerves, which would thus be more or less deprived of it. Both one and the other form of neuralgic amaurosis appear to have an analogous origin, although differing completely in their symptoms. The cause of neuralgic amaurosis, considered in a general manner, is an abnormal state of the blood, resulting from an irregular assimilation, or a vicious re-assimilation. Local treatment is not likely to be successful, unless combined with general treatment."—*Prov. Jour.*

These oracular announcements are, doubtless, very instructive and convincing to those who admire them; but for the life of us we cannot discover the importance of them. If M. Tavignot would have the goodness to prove something, we might then understand something about the matter.



## CASES OF FOREIGN BODIES IN THE EYEBALL.

By WHITE COOPER, Esq.,

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SINCE the publication of my paper on Gunshot Wounds of the Eye, in this journal of November, 1851, three cases of severe injury to that organ have fallen under my observation; and as points of interest are presented by each, it is proposed to relate them with the addition of a few remarks.

**CASE I. *Fragment of Flint embedded in the Eye.—Extraction.***—Thomas Trigg, a tall, spare, feeble man, aged 65, residing at Merrow, near Guildford, was received into the North London Eye Infirmary, under my care, on November 22, 1851.

Six days previously, whilst breaking stones on the road, a chip of flint flew up and struck him with great force on the right eye, cutting through the cornea, and burying itself behind the iris, between it and the crystalline lens. Active treatment was adopted; but his condition, when seen by me, was as follows.

There was acute inflammation of the conjunctiva, sclerotic, and iris; a vesicle projecting from the lower third of the cornea, near the mesial line, marked the seat of the wound through which the fragment had passed. The iris projected forwards, and was adherent at this point posteriorly, but it was also bulged by a yellowish body, a portion of which was visible through the pupil, though that was contracted and somewhat distorted. There was hypopyon; and though the lens was opaque and sight utterly extinguished, the intolerance of light was distressing. The patient complained of unceasing agonizing pain in the eye, which gave him no rest night or day.

The old man appeared quite worn down by suffering, and was by no means in a condition to bear active treatment. The pulse was slow and irregular, the skin cold and pallid, and the nervous system in a state of extreme depression. He was also under the influence of mercury, which appeared to have been very properly administered. He had travelled to town by rail, in a third class carriage, and had afterwards walked a considerable distance, which had materially aggravated his previous sufferings; the vibration of a railroad being peculiarly calculated to cause a foreign body pressing against the iris to excite irritation. He was immediately put to bed, warm tea administered, and the eye freely fomented. When reaction had been excited, four leeches were applied to the right temple, and an opiate administered. By these and similar means, including perfect quiet in a darkened ward, the acute inflammation rapidly subsided, although the neuralgic pain continued; and on the 25th I deemed the eye sufficiently recovered to render justifiable an attempt at removal of the foreign body.

The exquisite sensitiveness of the eye, and the intolerance of light, rendered chloroform indispensable; and Dr. Snow, having first ascertained that there was nothing in the condition of the heart to preclude its use, kindly undertook its administration. The patient was placed in the recumbent posture, and when fully unconscious, an incision was made with Jäger's knife through the upper and outer margin of the cornea, about the sixth of an inch in extent. A pair of Charrière's delicate curved iris forceps were then cautiously passed through the wound into the pupil, and after one or two failures, arising from the depth of the substance and the limited space in which to work, the object sought was attained, and the chip, enveloped in yellow lymph, was withdrawn. The eye, having been carefully cleansed, the corneal wound was adjusted, the lids closed, and retained with a strip of plaster, and cold water dressings were applied to the eye. The patient remained about half an hour on the couch, and when he had quite recovered from the effects of the chloroform, was replaced in bed, where he immediately fell asleep, and slept tranquilly for some hours. 26th. The patient stated that he was "wonderfully easy," more so than he had been since

the accident; the lids were quite free from redness or oedema, and there was no undue lachrymation. 29th. Nothing could have been more satisfactory than the progress of the patient so far. He had continued easy, had slept comfortably, and the eyelids bore a perfectly natural appearance. 30th. The eye was opened this day; there was no inflammation; the cornea was bright, and the wound well united. He had some perception of light, though the traumatic cataract prevented all vision.

He was discharged on the 4th of December, the eye having recovered from the operation, and being free from pain. Subsequently to his arrival at home he had some return of pain, I believe, and perhaps inflammation, but the accounts forwarded were not sufficiently explicit to enable me to form a correct opinion.

**CASE II. *Chip of Steel embedded in the Eye.***—Robert Chicken, aged 35, an athletic man, working as an engine-fitter at the Great Western Railway, became a patient of mine at St. Mary's Hospital, December 9, 1851.

On the previous day, whilst cutting hardened iron with a chisel, a chip struck his left eye, blinding him instantly, and causing severe pain. He forthwith applied at St. Mary's Hospital, and Mr. Bullock, the house-surgeon, on examination, saw that the lens had in that short interval of time become opaque. Rightly judging that the injury was severe, he ordered four leeches to the neighbourhood of the eye, belladonna to the brow, and calomel with opium every three hours. At half-past one o'clock on the 10th (twenty-six hours after the accident), the eye presented the following appearances.

Careful examination detected a clean incised wound in the cornea; and corresponding thereto was a gap in the iris, midway between the margin of the pupil on the inner side and the ciliary attachment. This wound was peculiar: a flap of the membrane, about one-twelfth of an inch in length, had been cut up, and, being attached by its outer border, swung to and fro like a miniature shutter. The wound in the cornea appeared to have closed instantly after the receipt of the injury, for the anterior chamber was full, and the iris retained its proper position; the lens was opaque, and there was barely perception of light. There was much congestion of the conjunctiva and sclerotic; the patient complained of intense pain, and there was hypopyon.

Encouraged by the result of the preceding case, and thinking it probable that the chip had lodged behind the iris in the posterior chamber, I decided to make an attempt to extract it.

The patient having been brought under the full influence of chloroform, an incision was made through the outer margin of the cornea; a fine steel probe was then introduced through the pupil into the posterior chamber, and I endeavoured, with the utmost gentleness, carefully avoiding all injury to the parts, to discover the foreign body. Thinking it was felt, a pair of fine iris forceps were used, but after searching as much as prudence would justify, without seizing the chip, and being uncertain as to its precise situation, I considered it proper to desist from any further attempt, especially as blood appeared in the anterior chamber. The lids were therefore closed with plaster, and the patient put to bed, with cold water dressings applied to the eye.

11th. I was to-day informed by the patient's wife, that he had led an irregular life, and had suffered from an attack of delirium tremens, from which he had only recovered so recently as the Saturday previous to the accident. There had been rather severe pain in the eye during the night, but the lids looked quiet, and free from tumefaction. He was ordered to continue the calomel and opium, and cold applications as long as agreeable. 13th. The eye had become perfectly quiet and free from pain, and, on opening it, I was surprised at finding it even less red than at the time of the operation. The wound in the cornea had healed, the effused blood had nearly disappeared, and the anterior chamber contained its usual quantity of aqueous humour. Beds being in great request, he was made an out-patient.



It was too much to hope that the lull in the inflammatory symptoms would last, but the eye continued quiet for several days. His mouth had become sore, and the quantity of mercury was therefore greatly reduced.

20th. He this day presented himself complaining of pain in the temple and brow. The eye was irritable, the mouth rather freely affected, the bowels were confined. He was ordered to take a pill of colocynth and hyoscyamus; to rub mercurial ointment with opium into the temple at night, and to bathe the eye frequently with collyrium belladonnæ cum opio. 27th. The eye was in a very congested and irritable state; the iris had undergone change of colour. Two leeches were ordered to be applied every other night to the left temple or mastoid process. The other treatment was continued; mercurial action still marked. 30th. He complained much of sore mouth, and less of the eye, where, however, the process of disorganization was clearly proceeding. He was ordered to take two grains of iodide of potassium in infusion of quassia twice daily, and to continue the leeches according to circumstances; the brow was to be rubbed with anodyne lotion. January 3rd, 1852. Still much pain in the eye and temple, extending over the side of the head; bowels confined; eye congested. Three leeches were applied to the left temple immediately; an ounce of *mistura magnesie sulphatis cum magnesia* was ordered to be taken every morning; and one grain of extract of opium at bedtime. 6th. There was great amendment; he had been nearly free from pain during the last twenty-four hours, and the eye was less congested. It was, however, soft to the touch at the upper and outer part. He was ordered to take half a grain of extract of opium every night, and to go on with the mixture in the morning.

With slight variations and occasional leechings, this treatment was continued until the 16th of February, by which time the eye had become quiet, but the process of atrophy had made manifest progress. He was now ordered *mistura quinae*, an ounce twice a day, and to continue the collyrium, which had been steadily used throughout with great advantage. He had resumed work, and stated that the eye had not suffered in consequence. His condition at present is such as might be expected. The eye has diminished about one-third in size, and is soft; the iris is discoloured; the pupil distorted, contracted, and drawn downwards and inwards; the sclerotic is of a yellowish brown hue; all vision is extinguished.

**CASE III. Penetrating Gunshot Wound of the Eye.**—On the 3rd of January, 1852, I was requested by Mr. Ancell of Norfolk Crescent, to visit one of his patients, who had received a formidable injury to the left eye a few days previously. He was standing on the brink of the Serpentine, when a gun, loaded with partridge shot, was discharged at the distance of about thirty yards from him, and a pellet, glancing from the water, struck his eye, instantly extinguishing the sight. The elevation of his head above the level of the water at the time, was about eight feet. He was of a tall, rather corpulent frame, lived well, and bore the general aspect of plethora. Acute inflammation speedily set in, and continued with severity, notwithstanding the most judicious treatment. His condition when seen by me was as follows, premising it by stating that his eyes were naturally full, and the irides gray, with a yellowish pupillary margin.

The left eye was acutely inflamed, the conjunctiva, sclerotic, and iris being all involved. Just beneath the circumference of the cornea, nearly in the mesial line, there was a ragged wound, the surface of which had a peculiar whitish appearance, as if it had been scorched. In the centre was a black spot of prolapsed pigmentum nigrum. From this point, the conjunctiva, surrounding the lower half of the cornea, was raised by chemosis. The iris was much discoloured, being of an olive green, streaked with reddish lines, and the pupil was drawn down in a linear figure to the wound. Immediately after the infliction of the injury, the anterior chamber had been filled with blood, which retained the iris in its place; but as this

became absorbed, the iris prolapsed through the wound, dragging the pupil down as described. It may be mentioned that the patient insisted that the shot could not have penetrated the eye; but on this point I believe him to have been in error.

To proceed with the description of his condition on the 3rd of January:—The pupil was absolutely immoveable, and there was not the faintest perception of light. There was severe pain in the ball of the eye and temple, with hemicrania aggravated at night. When the eye was turned briskly outwards, a sharp pang was felt, and a flash of light was excited. On the most careful examination, the crystalline lens seemed perfectly clear and sound.

The opinion at which I arrived, after mature consideration, was, that the shot had entered the eye, and passing under the lens without wounding it or opening its capsule, had lodged either in the upper and posterior part of the sclerotic, or had possibly passed through that and buried itself in the orbit; but most probably the former.

The treatment agreed on by Mr. Ancell and myself, was absolute quietude, depletion by repeated applications of leeches, mercury to the extent of affecting the mouth, opiate fomentations and belladonna to the brow. The symptoms slowly gave way; and on the 22nd of February, when the eye was again examined by me, it had undergone the following changes.

The globe was perceptibly diminished in size, and was flaccid to the touch; the sclerotic had a dingy yellowish brown hue; the iris was dull green; the pupil fixed in the condition first described, by a fringe of dark red adhesions, binding it to the capsule of the lens. The seat of the wound was indicated by a small red spot; all pain had subsided, but there were occasional flashes of light. The sight was extinguished.

**Remarks.**—A striking feature in two of the cases which have been related, was the marked relief of inflammatory action which followed the performance of the operations. *A priori*, it might have been anticipated that the additional infliction of an incised wound upon an eye already inflamed, together with the irritation inseparable from the introduction of forceps into so sensitive an organ, would have brought on acute ophthalmitis. Far from it. In the first case, the most decided relief was afforded, and the previously existing inflammation rapidly subsided. In the second, although the attempt to remove the chip of iron was unsuccessful, the wound healed kindly, the pain subsided, and for several days, until in fact secondary inflammation set in, the progress of the case was highly satisfactory; and this was more remarkable from the fact of the patient having, only two days before the occurrence of the injury, been suffering from delirium tremens, the effect of excessive drinking. How often does it happen in ophthalmic practice, that an operation for extraction of cataract, performed with the utmost skill and gentleness, and under the most favourable circumstances, is followed by destructive inflammation, whilst other eyes will bear with impunity an amount of violence scarcely credible.

Inflammatory symptoms, excited by a foreign body in the eye, are doubtless efforts on the part of Nature to expel it; or, failing that, so to enclose and embed it in lymph, as to render it harmless. There have been instances mentioned by Ammon, Salomon, Grüllerich, and Mackenzie, where foreign bodies, lying in the anterior chamber, have been in this manner encysted, and have ceased to be productive of irritation. We may fairly ascribe the absence of acute inflammation after such operations as have been described, to the circumstance that Art has achieved the object for which Nature was vainly striving, and that the relief afforded, more than counterbalanced the injury inflicted.

When a foreign body has lodged in the eye, and cannot be extracted, atrophy of the globe is a common result. The active symptoms, of which neuralgia is one of the most distressing and lingering, gradually subside. The iris remains permanently discoloured, and the fibres indistinct; the pupil, distorted and motionless, is bound to the surface



of the capsule of the lens by dark adhesions; the lens may be converted into an osseous cataract, or, if the capsule has been opened, may undergo absorption; the sclerotic, thinned in texture, permits the dark hue of the choroid to be seen imparting to it a dusky tint, whilst the surface of the soft and shrunken globe is traversed by a few large tortuous purple vessels. Such, if the eye be not in the first instance destroyed by suppuration, are the general characteristics; and the appearance of the iris is one test by which our judgment may be guided as to the presence of the foreign body in the eye, for patients often declare that it is impossible that it *can* be in the eye. Iritis, excited by a simple wound, may be expected to subside, and the iris to recover its natural colour, under the use of mercury. Not so when a foreign body has lodged in the eye. A blue or gray iris then becomes a dingy green, and a brown iris acquires a muddy reddish colour, doubtless from the interstitial deposit, to which the change of colour is due, not being removed by absorption. It has been said, that a yellowish, more or less elevated swelling of the membrane, indicates the locality of the foreign body. It may be so when it is in contact with the iris; but I have not observed it in other cases, though, when the substance is in the posterior chamber, the pupil is often drawn in an angular form towards it.

During the secondary inflammation, arising under the circumstances described, the repeated application of two or three leeches to the temple or mastoid process, is of essential service. A larger number are not desirable, the object being simply to unload the vessels without exhausting the system.

I have on several occasions been consulted as to the propriety of attempting to restore sight to an eye damaged by accident. The patient has probably perception of light, and clings to the hope that he may regain some useful vision by submitting to an operation. There are two points to be borne in mind, in reference to a question of this description—Is it possible to improve the sight? Is it desirable?

There will probably be two proceedings open for consideration—namely, the removal of the opaque lens, and the formation of an artificial pupil. If the injury has been comparatively slight, and the eye is generally healthy, though dark from traumatic cataract, sight would be restored by removing the lens from the field of vision. If there has been iritis, which has bound down the pupil to the capsule of the lens, but the globe remains firm, and the retina sound, artificial pupil, with or without destruction of the lens, may offer a fair prospect of restoring sight; but if there be atrophy of the globe, fluid vitreous humour, a discoloured and paralysed iris, there is certainly serious disorganization, and an operation would be of little avail.

Then, as to the propriety of operative interference, if the patient has one sound and strong eye, the other being blind, it becomes a serious question whether the restoration of imperfect sight to the latter may not be a positive disadvantage. An artificial pupil could scarcely be made perfectly in the centre; consequently the axes of the two eyes would not correspond, and double vision would exist. If the lens were removed, the sight of the two eyes would materially differ, and perplexing confusion be caused. In more than one instance, I have been actually requested by persons (generally artisans, who have received an injury impairing, but not extinguishing, the sight of one of their eyes) to “put the eye out,” as they expressed it, so annoying and trying was the confusion it caused. So persons who have cataract partially formed in one eye only, acquire a habit of closing that eye when reading, as it interferes with the other. It is our duty, therefore, before undertaking an operation, to satisfy ourselves that we shall leave the vision of the patient better, and not worse, than we found it. But when from any cause the sight of the uninjured eye has become imperfect, and threatens to depart, then a great boon may be conferred upon the individual by calling into use, by well-applied skill, an eye which had been previously useless.

Chloroform is of essential service in facilitating operations on inflamed eyes. Without its aid, indeed, they could not be satisfactorily performed; for when the eye is in this condition, its sensibility to light and to touch is so increased, and the spasmodic action of the orbicularis palpebrarum and muscles of the globe is so violent, that force is required to keep the lids open, and the eye must be held steady by instruments—proceedings highly objectionable. All this is obviated by the use of chloroform; and by attention to two points it may be used with perfect confidence. First, it should be administered on an empty stomach, as vomiting then very seldom arises. Secondly, soon as the operation is concluded, the lids should be secured by a strip of adhesive plaster, extending from the brow to the cheek. This prevents any disturbance of the wound during the return to consciousness; and, by supporting the lids and eye, if vomiting should occur, prevents expulsion of the contents of the globe. Siehel's canula-forceps are most useful in extracting foreign bodies from the interior of the eye; indeed, if the body is not too large for their grasp, I should never use any other description. For the preliminary corneal incision, Jäger's double edged spear-pointed knife is the best instrument with which I am acquainted.

There is an affection which the patients whose cases have been related have hitherto escaped (I can speak as to three of them, at least), which is occasionally a sequence of foreign bodies in the eyeball. I allude to that formidable inflammation of the uninjured eye, called by Dr. Mackenzie “Ophthalmia Sympathetica,” on which some valuable remarks are contained at page 302 of Dr. Jacob's “Treatise on the Inflammations of the Eyeball.” It is an inflammation which involves the various tissues of the eye, coming on five or six weeks after the infliction of the injury on the other eye, just when the patient is congratulating himself on having escaped from the trammels of an irksome confinement. It occurs most frequently in feeble cachectic habits, and in constitutions prematurely worn out by dissipation; and for this reason it is, unfortunately, very little amenable to treatment. To improve the general health, and give vigour to the system, is the chief indication; but a guarded prognosis should always be pronounced, as it is a tedious and intractable disease.—*London Journal of Medicine.*

We have given Mr. Cooper's paper in full, although our readers have already had an opportunity of acquiring information on the same subject from a communication by Dr. Jacob, published in the *MEDICAL PRESS* of December 9, 1846, which Mr. Cooper has evidently never seen. The subject is one worthy of the attention of surgeons, for there are many erroneous views entertained respecting it.

### A HAIRY WOMAN.

Described by Dr. CHOWNE of Charing-Cross Hospital.

A PERSON came to this hospital, requesting to have a testimonial as to the sex of the individual, who is the subject of these observations. The request was accompanied by a statement that she was under an engagement to marry, but that the masculine appearance of her face produced scruples in the mind of persons who would otherwise have performed the marriage ceremony. Her name is J. B—; she is aged 20, a native of E—, in Switzerland, and by occupation a needlewoman. She states that at her birth she had, as she has been informed by her parents, a beard: that is to say, a considerable quantity of hair growing on those parts of the face usually occupied by the beard and the whiskers in men, except on the upper lip and on the hollow immediately under the lower lip. It was at her birth, she states, about as long and as thickly spread as it usually is on a man's arm; in other respects she was not different from other female children. The beard grew gradually, and when she had attained the eighth year of her age it was two inches long. At about eighteen years of age catamenial functions commenced, and have continued



perfectly normal. She has had, and still has, very good health. Her occupations and dispositions are all womanly.

At the present time, the beard and whiskers are what would be called very abundant, full, and strong, exceeding in quantity even that of the beard and whiskers of men generally in this country. It grows also on the parts covering the cheek-bones, under the eyes. Those parts of her face which were without beard at her birth, are still without. The hair forming the whiskers varies in length from one to four inches; that of the beard is about the same length. It is all strong, and rather coarse, as well as being very thickly set. She states that it does not require cutting. When she appears in public, she has a handkerchief folded three-cornerwise on her head, put on so that two of the corners pass down over the sides of her face, and meet just below the mouth, thus concealing the peculiarity. As the handkerchief cannot be worn so as to conceal that part of the face over the cheek-bone (as it would then cover the eyes also), she shaves that part. In her own village, where she was well known, she had no occasion for the handkerchief, but in a strange place she finds it necessary, lest the police should regard her as a man disguised in woman's apparel.

The hair growing from the crown and back part of the head is two feet and a half long, and that growing from the front part of the head two feet. Both the front and back hair is moderately abundant, not excessively so. It is neither fine nor coarse; the colour dark brown; that of the whiskers and beard the same.

On the neck and on the parts just below the clavicles, are numerous hairs thinly spread; much coarser and longer than the hair generally visible there in men. On the shoulders, arms, and forearms, to the wrists, there is a quantity of hair, about equal to what would be found in a man moderately hirsute, but more uniformly spread over the whole circumference of these limbs. The mammae and the whole of the sternal portion of the chest are quite free from hair, indeed quite fair. The breasts large, fair, and strictly feminine in all respects, including papillae and their areolae. On the back part of the shoulders there is also a good deal, and a tolerably broad line of dark hair extends down the back, sufficiently abundant to give quite a dark appearance in the line or depression over the vertebral column. The nates and the parts covering the tuberosities of the ischia, all have hair pretty uniformly spread, and in quantity about as much as would be on the limbs of a more than commonly hairy man. The anterior surface of the abdomen, extending from the umbilicus to the pubal and inguinal regions, has the masculine quantity and the masculine distribution. The surfaces of the inferior extremities, to the ankles, are in the same state, excepting only the knees and hams, which are in the more ordinary state.

She is of short stature. The form of the head is not remarkable. The upper part of her thorax and the pelvis are feminine; her legs and knees less so. The feet small. The arms and the hands small and feminine. She has not any malformation of any kind. Dressed as a man she would not have anything *particular* to betray her. Her manner, however, appears to be gentle, and would constitute a contrast to man's attire. Her voice, in conversation, is not remarkable either way. She sings occasionally, and then it is feminine.

She states that in her own country it was deemed that there must be within the abdomen, organs male in their character, both corresponding to the superfluous hirsute growth, and accounting for it. She was, at the time of my seeing her, about five months advanced in pregnancy. Besides the usual and less certain signs, the foetal cardiac sounds were audible.

Her mother's complexion was neither dark nor fair, but between the two. Her father was of dark (brown) complexion, and had not much beard or whiskers. Her mother's father was remarkable for having both whiskers and beard extremely large. She has one brother, man grown, who is, she states, almost entirely beardless; and two sisters not different from other young women. Her mother does

not attribute the peculiarities to fright or other cause that she has any knowledge of.

In almost all instances where the general contour or aspect, or other secondary peculiarities, indicative of the sexes, are blended in the same individual, obvious specific malformation, or excess, or deficiency, or a combination of the primary peculiarities of sex, has been found.

In this case, however, there is a series almost complete of masculine indications or peculiarities of the general or secondary character, apparently in the *entire* absence of specific malformation, or excess, or deficiency, or combination, presenting an example to be classed amongst accidental growths of hair, rather than amongst such special growths as are the consequences of special physiological influences.

With reference to the possible existence of a concealed organ or organs in the subject of these remarks, it is worthy of notice, that, although the superfluous growth is in some respects favourable to the supposition that such organs do exist, in other respects it does not favour that view. The beard, for example, existed *at birth*, and at *eight years old was two inches long*—thus anticipating the period of puberty instead of accompanying or following it, and proceeding altogether in advance, and *apparently independently*, of special organic influence. The beard was, and still is, confined to certain parts of the face, and is absent on others, where, in accordance with special influence, in a male, it should have been present, as on the upper lip and under the lower. On the whole of the anterior part of the trunk above the umbilicus, where, in accordance with the same influence, it should be even especially abundant, it is wholly or very nearly wholly absent. These circumstances conspire to weaken the supposition that there are concealed male structures, and to strengthen the probability that the superfluity of hair belongs to the accidental class.

*Accidental Growths of Hair.*—Accidental growths of hair are nearly, if not entirely, confined to the skin, the mucous membranes, and the interior of cysts. The physiology of the latter too is not without its extreme, if not insuperable, difficulties, and indeed many of the productions found in these situations having been ascertained not to be hair, but only resemblances to it, has involved the subject in extreme uncertainty, as well as difficulty. Those cases in which hair is said to have grown on the tongue, the pharynx, and the interior of the intestinal canal, where no hair follicles exist, may also be regarded as instances difficult, if not impossible, of solution.

As in the present instance there is not anything to indicate that the hirsute peculiarity has for its origin concealed masculine structure, except the situations which it occupies, it may be regarded as analogous to other examples of similar growth, which appear to be purely accidental. We may therefore regard it as very doubtful whether special primary organic structure is necessary to the production of hirsute growths, even of masculine character.

Several cases considered to be accidental have been attributed to frights prior to the birth of the child—modes of accounting for them which have been participated in by the mother. Other examples of hirsute growths not congenital, have been attributed to disease affecting the system generally; others to local disease.

I had occasion to see, some years since, a child which had at birth a patch of hair on the shoulder, which when the child was about four years of age was nearly as large as the palm of a small hand; the hair was fawn colour, and in thickness and length closely resembled the hair of that animal; indeed, the patch looked very much like a piece of fawn-skin in its natural state. This was attributed by the mother to her having been startled by a fawn which unexpectedly skipped by her. She states that at the moment she involuntarily raised her hand, and touched the part of her shoulder corresponding to that on which the patch of hair described grew.

A case was published at Venice, in 1815, and was much discussed in the German journals soon after. In the course



of legal proceedings it transpired, that "a lady, aged 27, much admired for her beauty, had, on her person, from the breast to the knees, a profusion of black, thick, and bristly hair."

A case is recorded by Mr. South, of a male child, who at the time of his birth was completely covered with hair, and the back of his head particularly with black hair, about the length usual to children of four or five months.

A very remarkable case is recorded in which a female had not only hair all over her body, but also a very profuse and thick beard, and indeed on every part of her face; the description states that it *was* so, and is accompanied by an engraving representing it as being so. It is to be inferred, however, that the limbs were not in the same state, as the hands and forearms are represented as being free. "In the year 1655 was publicly shown, for money, a woman named Augustina-Barbara, the daughter of Balthazar Ursler, then in her twenty-second year. Her whole body, and even her face, was covered with curled hair, of a yellow colour, and very soft, like wool; she had, besides, a thick beard that reached to her girdle, and from her ears hung long tufts of yellowish hair. She had been married above a year, but then had no issue. Her husband's name was Vaubeck; he is said to have married her merely to make a show of her, for which purpose he travelled into various countries, and among others visited England." This account of her is published amongst the Portraits, Memoirs, and Characters of Remarkable Persons, from the reign of Edward the Third to the Revolution, by Mr. J. Caulfield. He proceeds to say: "If I conjecture right, she is that very hairy girl mentioned by Bartoline, and appears to me not to differ from her whom Borelli describes by the name of Barba; who, he believed, improved, if not procured that hairiness by art. But whether she is the same that the famous Vitruvius saw at Rome and Milan I dare not affirm, for he hath nowhere mentioned this country-woman of his that I know of."—*Lancet*.

#### ON THE USE OF KOUSSO.

UPON looking over some works upon Ethiopia and Abyssinia, I find the following accounts of the koussou, and have extracted them under the impression that they may be of interest to some of your readers. The first is taken from a New History of Ethiopia. By the learned Job Ludolphus, Counsellor to his Imperial Majesty of Saxony, &c. The date of this, the second edition of the English translation, is 1684. There is another tree which Godignus praises, most excellent against the worms in the belly: a distemper frequent among the Abessines, by reason of their feeding upon raw flesh. For remedy whereof the Habessines purge themselves once a month with the fruit of this tree, which causes them to void all their worms. In the appendix upon natural history, published in 1790, with the large edition of Bruce's Travels, there is a minute account of the tree which he calls *Cusso* or *Banhesia Abyssinica*. The *cusso* is one of the most beautiful trees as also one of the most useful. It is an inhabitant of the high country of Abyssinia, and indigenous there; I never saw it in the Kolla, nor in Arabia, nor in any other part of Asia or Africa. It is an instance of the wisdom of Providence, that this tree does not extend beyond the limits of the disease of which it was intended to be the medicine or cure. The Abyssinians of both sexes, and at all ages, are troubled with a terrible disease, which custom, however, has enabled them to bear with a kind of indifference. Every individual, once a month, evacuates a large quantity of worms; these are not the tape-worm or those that trouble children, but they are the sort of worm called ascarides, and the method of promoting these evacuations is by infusing a handful of dry *cusso* flowers in about two English quarts of *bouza*, or the beer they make from *teff*; after it has been steeped all night, the next morning it is fit for use. During the time the patient is taking the *cusso* he makes a point of being invisible to all his friends. . . . The *cusso* is planted always near churches, among the cedars which surround them, for the use of the town or village.

The whole cluster of flowers has very much the shape of a cluster of grapes, and the stalks upon which it is supported very much like the stalk of the grape. The flower itself is of a greenish colour, tinged with purple; when fully blown, it is altogether of a deep red or purple. Bruce gives two plates of the tree, and thinks it probable that it may be found in 11 deg. or 12 deg. north latitude in the West Indies or America. He also says:—"It is alleged that the want of this drug is the reason why the Abyssinians do not travel; or if they do, most of them are short lived." The fact that both these writers allude to the monthly discharge of worms is very curious, and of course founded upon the truth, as they record it independently of each other, at an interval of more than a century, upon their own personal observation; and it is scarcely necessary to add, that if the plant was a cure for worms, there would be no occasion to take it so frequently; and, moreover, if the supply was as plentiful as described, the disease might have been destroyed, supposing it to have been curable by the koussou. Recent hospital records, founded upon long experience in this country, have proved that it is a useful remedy, but not more to be relied on as a means of radical cure than many others we have nearer at hand.—*Mr. Augustin Prichard in Provincial Medical and Surgical Journal*.

#### REVIEWS AND NOTICES OF BOOKS.

THE PATHOLOGY AND TREATMENT OF STRICTURE OF THE URETHRA. By JOHN HARRISON, F.R.C.S.E., and formerly Lecturer on Surgical Anatomy. London. 1852. 8vo. pp. 104.

DISEASES of the urethra (the author observes), in a modest and unassuming preface, have occupied his attention for many years, and he has been induced to publish this treatise in the hope that "the principles laid down, and the modes of proceeding inculcated, may, at all events, assist the younger members of the profession in surmounting the many difficulties they may encounter in the treatment of stricture of the urethra."

The author commences by giving an outline of the anatomy of the parts concerned in stricture. In this place he quotes Mr. Quekett's description of the mucous membrane of the urethra. Mr. Quekett divides the urethra into three parts, the prostatic, the membranous, and the spongy portion.

"In the first or prostatic portion, the mucous membrane at its commencement is smooth, and it then becomes thrown into longitudinal folds, which pass in curved lines on either side of the verumontanum; in this portion of the canal we have the openings of the prostatic ducts.

In the membranous portion, the mucous membrane is again smooth, and very vascular; but immediately on passing the bulb, it diminishes in vascularity, and becomes of a bluish tinge, resulting from strongly glistening fibres like those of tendon, which are here present. The canal is thrown into longitudinal rugæ, which are continued on to within three inches of the glans; from this part, the membrane is more or less villous during the remainder of its course.

The mucous membrane of the entire canal is covered with that variety of epithelium termed the tessellated or scaly; in the spongy part it is in tolerable abundance, but in the membranous it is more sparingly developed; in the prostatic, and near the cervix of the bladder, the scales become more rounded, and somewhat resemble those of the kind termed spheroidal. There is in most urethræ a distinct line of demarcation between the membranous and spongy portions; the vessels of the former being very numerous, and almost superficial; whilst in the latter, they are intimately connected with the fibrous tissue above noticed. The vessels in the grooves of the rugæ of the spongy portion are far more numerous than those on the convex parts, forming the folds themselves."

Some writers attach a good deal of importance to measurements of the different parts of the urethra; but if we take into account (the author observes) "the many circumstances which tend to modify both its length and calibre, and the fact that these vary in different individuals, and undergo material changes as age creeps on, we must conclude



that no specific or definite admeasurements can be assigned which shall be worthy of reliance."

Mr. Harrison next gives a concise description of the arrangement of the veins of the penis. "The vena magna ipsius penis is seen (he observes) lying on the dorsum penis, and just before it passes under the pubic arch, divides into numerous capacious tortuous branches. These veins are in contact with the upper part and sides of the membranous portion of the urethra; they pass into the pelvis, and form the prostatic plexus. These veins pass through apertures in Wilson's muscles, and must be more or less influenced by the contraction of its fibres."

"All the blood from the glans penis, the corpus spongiosum, and the bulb, is returned by this vein and its branches. On the other hand, the blood from the corpora cavernosa is returned by branches which accompany the arteries of the corpora cavernosa, and which discharge their contents into the internal pudic vein. Therefore, as far as regards the veins, the corpus cavernosum is nowise influenced by the compressor muscle of the urethra."

We thus see that the venous blood from the urethral portion of the penis is conveyed by one channel, and that from the cavernous by another. Were it otherwise, or rather were it not for the outlet by the internal pudic vein, there would be constant risk from over-distension, or even rupture of the walls. This would therefore appear to be a salutary provision of Nature against any stress upon the vessels from undue muscular contraction."

The practical part of the treatise commences with a description of "spasmodic stricture," and "organic or permanent stricture," followed by an account of the secondary pathological effects of the latter, and of the method of ascertaining the seat and nature of the obstruction. The following is Professor Bigelow's mode of taking an impression of a stricture, as quoted by the author. He takes a medium sized bougie, made of gutta percha, the end of which is "passed rapidly to and fro in the edge of the flame of a candle until it is so warm as to be indented by the nail, the mass will remain plastic after the surface has ceased to be hot, and may be quickly carried down to the stricture, being very smooth and pliable." "If it be pressed against the obstacle for a minute with a force equivalent to the weight of one or two ounces, and then left within the part triple this space of time to cool, it will present, when slowly and carefully disengaged from the stricture, a firm, unyielding, and most accurate impression." "The gutta percha used for this purpose should be perfectly pure, and no warm water should be employed in preparing it, as the steam given off by it has a tendency to soften the bougie for several inches, and render it liable to curl up against the stricture, like a small elastic bougie."

The treatment of stricture is considered under the heads, "treatment by dilatation," "treatment by caustic," "treatment of retention," "forced catheterism," including "puncture of the bladder, puncture through the perineum, puncture by the rectum, puncture above the pubes," "comparative merits of these operations," and "incision of the stricture." Under one of these heads, Mr. Syme's operation is described. "I may here briefly advert (the author observes) to an operation devised by Mr. Syme for the cure of the gristly or resilient stricture, which, although still permeable by a bougie, resists all ordinary attempts at dilatation." "The results of this operation in London are unsatisfactory. Some of the patients who have undergone it, succumbed from the shock to the system; others from hæmorrhage, and a few of the remainder are now incommoded with perineal fistula. It would seem, indeed, that the cases in which it is at all admissible are of exceeding rarity."

The remainder of the volume is occupied with a brief account of "disease of the prostate, abscess in the perineum, catarrh of the bladder, affections of the testicle, and morbid irritability of the urethra." In an appendix the author has

given four engravings illustrating some of the chief points alluded to in the preceding pages.

We think that Mr. Harrison has well fulfilled his self-imposed task. His descriptions of disease are concise, but clear; and his practical remarks prove that he has had a fair share of experience in the treatment of the affections which he has undertaken to describe.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MAY 12, 1852.

### DEFECTS OF MEDICAL GOVERNMENT.

WE are not aware that any other class in the community complains so bitterly as the medical of the sinister influence of imperfect organization upon their destinies. In other pursuits and professions there seems to be some remedy for the correction of evils, some power by means of which harmony, more or less, is secured in the operations of component parties; but in our body it seems as if no arrangement can be devised adequate for such a purpose. In vain have Universities, Colleges, and Boards been established for the enactment of laws and the execution of them; in vain have Charters been granted by the Crown and Statutes passed by Parliament to preserve order and secure uniformity; for the very method adopted to effect the object appears to be the cause of its defeat: the remedy, in fact, seems to be worse than the disease. In our last number we exemplified this by an enumeration of the various institutions which at present vie with each other in endeavours to evade laws and relax discipline in relation to education, and we might now do the same by a demonstration of the effects of individual exertion to obstruct the exercise of any authority, and to destroy all unity of purpose. No sooner do some members of our body discover that the operation of any law or regulation is inconvenient or injurious to their interests, than they straightway call for its repeal or alteration; never once considering that it may be very convenient and useful to others. There seems to prevail, in fact, a most unreasonable impatience of restraint whenever that restraint interferes with the freedom of action necessary for the attainment of a favourite object; and a most lamentable disinclination to adjust personal interests to existing arrangements. The vociferous exclamations we often hear against laws and their operation often reminds us of the sea-sick woman who cries out to stop the ship; and the bitter reproaches poured out upon all who execute these laws, as often warn us to avoid such duty. Unfortunately, too, these clamorous complaints do not prove a *brutum fulmen*; for so weak is the authority of medical law, and so unsettled the interpretation of it, that any man can drive his coach-and-six through it. So little, indeed, is the confidence in its powers, that we every day find men, in utter ignorance of its provisions, substituting their own crude conceptions in lieu of it; yet after all, this indulgence in an apparent freedom from control and rejection of authority fails to satisfy, and those who avail themselves of it are found in the sequel complaining that they know not what to do, so contradictory are the results: they know not which way to turn them, for universal suffrage, vote by ballot, and annual parliaments, serve their purposes no better than the despotism of a self-elected close corporation, secret in its deliberations and irresponsible for



its acts. For this state of things many remedies have been proposed, and some of them have been submitted to the test of experiment. Of these, the representative system has been for some time the favourite one; and with reason, seeing its application in the formation of one branch of the legislature, of municipal corporations, and the local executive of the poor-law. Yet, hitherto, it has been but sparingly adopted; indeed we may say only in one instance, the College of Surgeons of Ireland; for the partial and cautious application of it to the College of Surgeons of England has not yet had time for its full operation. Even in the former body it is still restricted, the elective franchise being conceded to Fellows only, leaving the Licentiates unrepresented, on the ground that additional qualification is required to entitle a party to exercise the right. Be this right or wrong, politic or impolitic, it matters not much at present, because there is a constituency of Fellows quite large enough to test the value of this method. There are some five hundred Fellows entitled to vote for the election of President and Council, and that is sufficient to try the question, even admitting that not one half of them can exercise their influence, personal attendance at the election being required. But it is not in the application of the representative principle alone that the College of Surgeons of Ireland differs in its organization from the other medical institutions; it is also distinguished by a provision enabling its Fellows to hold meetings to deliberate upon its affairs, and to express opinions as to the measures adopted or contemplated by the Council: a privilege which, although conferring neither legislative nor executive powers, enables them to exercise an important influence. Notwithstanding, however, this comparatively popular constitution, we find its value so little understood that many are as loud in their complaints of its operation as they are of the arbitrary proceedings of the most exclusive medical corporations, never once recollecting that if it does not work effectually it is more or less owing to their own neglect of duty, or vicious exercise of their electoral functions. Such men forgetting their own responsibility in the matter, or even contributing by their votes and expression of opinion to the perpetuation of abuses, are loud in their condemnation of others, while they themselves are really the parties to be blamed. The elector, it seems, is at liberty to bestow his vote or express his opinions as suits his fancy, his interest, or his inclination, and the elected are to be answerable for the consequences. This may, perhaps, be the natural result of the arrangement to which we allude, but it is not a happy result, for it leads to conflicting views, and thereby to want of harmony in the conduct of affairs. In such a body the Member or Fellow is not a mere voter, like one of a parliamentary constituency, he has duties to discharge not less important in their way than those assigned to the Councillor; and our object in these observations is to remind him of his obligations, for on his due discharge of them the welfare of the medical profession may often depend. Instead therefore of deciding upon important matters without taking the trouble to ascertain the true nature of the questions at issue, or of acting upon *ex parte* statements obviously partial, he is bound to make himself master of the subject upon which he undertakes to judge. We know not anything more provoking than the common practice of hastily rejecting suggestions entitled to consideration in relation to medical affairs, without pausing for a moment to inquire as to their value; or what is worse, rejecting them because

they emanate from one individual and not from another. Not much less to be condemned is the practice of pronouncing in a summary and impatient way upon measures, in utter ignorance of the legal difficulties which surround them, and which it is hard enough to surmount without having to encounter unreasonable or intemperate opposition. Above all things, the ready credence given to the incredible stories and manifest perversions by the inexperienced is to be regretted, for it leads to such angry rejoinders and such hostility of feeling that the transaction of business becomes seriously impeded. Credulity and misrepresentation, in fact, cause more inconvenience than is generally supposed. At this time of the year when elections are impending, the scandals known as "electioneering lies" may be laughed at by some, but at other times the practice of such tactics is most reprehensible. We find, however, that in pursuing this subject we are entering into details which might as well be suppressed: examples and illustrations are, however, necessary to complete a discourse on principles.

#### MEDICAL AID IN LUNATIC ASYLUMS.

WE lately had to congratulate our readers on the successful result of the exertions of the Inspectors of Lunatic Asylums in Ireland to secure adequate remuneration for Officers of Lunatic Asylums. It seems from the following that they have not been so fortunate elsewhere:—

An advertisement has lately appeared in the public journals announcing the intention of the Middlesex magistrates to elect a medical officer for the female department of the Colney Hatch Lunatic Asylum. Without attributing the retirement of one of the medical officers to any other than private grounds, and without wishing to throw discredit upon the general management of the asylum, which is, in nearly all respects, worthy of the highest admiration, we take the present opportunity, between the secession of one physician and the appointment of another, to protest most strongly, on the part of the public, of the profession, and of the unfortunate inmates of this and similar institutions, against the niggardly system which prevails in the appointment and the remuneration of the medical superintendents. The asylum at Colney Hatch is, we believe, the largest institution of the kind in Europe; the area which it covers is most extensive; and no less than 1200 lunatic patients are now confined within its walls. Of these about 450 are on the male side, and about 750 on the female side. It is for this latter department that the services of a fully qualified medical practitioner are now required. The candidate is to be a Doctor of Medicine, a Fellow or Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Company. The duties, although not all specified in the advertisements, may readily be described. The physicians reside constantly in the asylum; they abandon all other practice and pursuits; they keep records of all the cases, and the post-mortem examinations; they classify and arrange the cases; they superintend the general management of all the patients, and they attend upon them day and night; they furnish information to the medical and other authorities who may visit the asylum to inspect the patients and report upon their condition. In the name of justice, in the name of common sense, can it be supposed that the care and management of 750 lunatics can be undertaken by one medical man without the sacrifice of his own bodily and mental health, if he conscientiously endeavour to perform his duties; or can it be expected that any medical man of standing or reputation in his profession, will thus offer himself up as a living victim to the county for the paltry sum of £200 a year. We shall probably be met by the assertion that there are plenty of medical men to be found who would be willing and anxious to accept the office, even upon lower terms than those which are offered; but this paltry argument deserves nothing but contempt, as it is a well known fact that the cheapest article is generally the worst, and that adequate professional talent deserves, and ought to receive, an equitable remuneration. Those who entertain opposite opinions may, perhaps, derive some gratification from witnessing the degradation of an honourable profession; but it is our duty, as journalists anxious to uphold the dignity of our order, to



protest loudly against such principles being reduced to practice at the expense of our common respectability. The appointment of only two medical men to so large an establishment as that at Colney Hatch is a preposterous piece of absurdity. The number ought, at the very least, to be doubled. By having an adequate medical staff, the asylum at Colney Hatch, with its vast multitude of patients, might become one of the most useful institutions of its kind in the world, not only by affording a refuge for the victims of mental aberration, but also by supplying abundant and available opportunities for the study of diseases of the brain.—*Lancet*.

#### CORRESPONDENCE.

##### DISPENSARY BUILDINGS.

THE following brief correspondence settles a point of some importance, which might otherwise be considered doubtful. In many cases the establishment of the Dispensary on the spot where the Surgeon resides may prove very convenient, although in some it might be otherwise:—

*To the Poor-law Commissioners.*

GENTLEMEN,—There is some difference of opinion relative to the interpretation of the 11th clause of the Medical Charities Act, as to whether the medical officer, being a paid officer, or any member of committee of management, can give at a rent a house in which the dispensary is to be held, without incurring the penalty of £50, when he does not supply any medicines, instruments, furniture, or goods, or any other article for the use of the dispensary. I shall feel greatly obliged if you be good enough to inform me on the point at your earliest convenience. The Killaan Dispensary had been always held in a house of mine, and the committee of management at its first meeting, on the 16th instant, considered that the act did not apply to the dispensary house, but to the goods, medicines, &c. &c. &c., to be supplied for its use, consequently nominated the same house the dispensary house, at a rent which I would receive if legal.—I remain, gentlemen, your obedient servant,  
JOSEPH PRATT, the Medical Officer.

Killaan Dispensary District, in the Ballinasloe Union,  
Kilconnell, April 28, 1852.

*Reply.*

Poor-law Commission Office, Dublin, May 1, 1852.

SIR,—I am directed by the Commissioners for administering the Laws for the Relief of the Poor in Ireland, to acknowledge the receipt of your communication of the 28th ultimo, in which you request the Commissioners' instructions relative to the interpretation of the 11th clause of the Medical Charities Act, as to whether you, as medical officer of the Killaan Dispensary District, can let your house at a rent for the use of the dispensary without incurring a penalty, and in reply I am to state, that there is not, in the opinion of the Commissioners, anything in the 11th section of the Medical Charities Act to prevent you from letting an unfurnished house to the committee of management of the Killaan Dispensary District, to be used as a dispensary house.

By order of the Commissioners,

To Dr. J. Pratt, &c.

E. STANLEY, Secretary.

##### INSURANCE COMPANIES.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—As attention has been directed lately, through the medium of your widely read journal, to the subject of Insurance Companies, and such of them as do not pay the medical practitioner who is at the pains and trouble of examining for them, held up to public odium and reprobation, and that most justly, it affords me great pleasure to bear my humble testimony to the wiser and better, because more just and equitable, course pursued by the following companies—viz., the "London Standard," the "Albion," also London, and the "London Mutual Life and Guarantee Society," of which latter I am the medical referee in this place. I have been employed by all of these companies, and my services moderately, but fairly, rewarded. As a proof of the necessity of insurance companies employing proper medical practitioners, and paying them fairly, I shall merely

call to your recollection a case tried in Dublin some twelve or thirteen years ago, in which the testimony of another physician and myself saved the company £1000; the person insured being in a consumption at the time the medical man (unpaid by the company) gave the certificate, never having felt his pulse, or examined him stethoscopically at all!—*Verbum sat.*

JOHN COLVAN, M.D., F.R.C.S.

Armagh, May 7, 1852.

##### THE "EAGLE."

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—Having been lately in communication with the "Eagle Insurance Company," through their agent, Mr. E. Browne of 2, Fownes's-street, I find this company to be one that "never gives any remuneration to the medical man employed on the part of the party insuring." As you have been of late directing public attention to this subject, may I beg the insertion of the above. I had not for a long time before met with a company acting on this principle.—Yours, &c.,  
May 5, 1852. A SUBSCRIBER.

##### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DR. J. F. DUNCAN, interim Treasurer, acknowledges with thanks the receipt of the following sums since last report:—

Dr. Lynch, Loughrea, donation	...	£5 0 0
Dr. Roe, Cavan	...	1 1 0
Dr. Gallogly, Clogheen	...	1 1 0
Dr. Wade, Belturbet, per Dr. Roe	...	0 10 0
Dr. Coyne, Cavan, do.	...	0 10 0
F. L'Estrange, Esq., Dawson-street	...	1 1 0

Per Dr. Colván, Armagh:—

Dr. Robinson, Armagh	...	1 1 0
Dr. Cumming, do.	...	1 1 0
Surgeon Lavery, do.	...	1 1 0
Surgeon M. Armstrong, do.	...	0 10 0
Surgeon Jas. Armstrong, do.	...	0 10 0
Dr. Wilson, do.	...	0 10 0
A. Brice, Esq., L.S.A.I.	...	0 10 6
Dr. Neville, Dungannon	...	0 10 6
Dr. Patten, Tanderagee	...	1 0 0
Dr. Leeper, Loughgall	...	1 0 0
Dr. Lynn, Markethill	...	1 1 0

Mr. James Black of No. 9, Leinster-street, has been authorized to collect subscriptions in Dublin, and give the necessary receipts.

##### THE PHARMACY BILL—ALARM OF "GENERAL PRACTITIONERS."

I AM much surprised at the apathy which seems to pervade the ranks of the general practitioners, both in London and the provincial towns, respecting the Pharmacy Bill. That measure has been read a second time in the House of Commons, and is now in committee, and, if not strenuously opposed, has every prospect of passing both houses of parliament, and becoming the law of the land. You, sir, are a member of the select committee now sitting on the bill, and I cannot help thinking that you are either deceived as to its probable effects, or that you are not as usual sensitively alive to the interests of the public and of surgeons in general practice. I am strongly of opinion that, should the Pharmacy Bill pass into a law, it will most injuriously affect the public, and seriously interfere with the legal practitioners of medicine. No man knows better than you do the frightful extent to which chemists assume the functions of medical men, and the fearful consequences which result from "counter practice," and even domiciliary visits. The present bill gives full power to the Pharmaceutical Society (already incorporated under a royal charter) to regulate with all the machinery of a royal college the affairs and government of the chemists and druggists of England and Wales; and, not content with this, they wish to assume the same power over the chemists of Scotland. They contend not only for registration, and full power to make such by-laws as they may think proper, without any control, but also for the sole regulation of the education and examination of all their future members. And what is to be the course of their examination? Why, in the classics, in dispensing and prescriptions, in botany, in chemistry, in materia medica, in pharmacy, and in toxicology, which last word may include almost anything pertaining to the practice of medicine. I am rather sur-



prised, indeed, that midwifery was not also included, which some chemists now boldly assume the right of practising. Now, sir, I ask my medical brethren, and I ask you, whether, with these considerable fragments of a medical education, the future race of chemists will not on the strength of their examinations, and a showy diploma placed in their windows, most egregiously deceive themselves as to their amount of medical knowledge, and also sadly deceive the public into a belief that they are perfectly qualified to treat and cure diseases? My firm conviction is, that by the passing of the Pharmacy Bill, "counter practice," and the treatment of diseases by chemists, which now obtain to such an extent, will be increased at least ten-fold; and I look upon the measure as being fraught with great danger to the public, and with great injury to medical men. Even the present race of chemists will, I presume, be entitled under the act to another flaring diploma, and will consider themselves as better qualified by such a licence to pursue their present dangerous career. I do not for a moment mean to charge the more respectable houses in London, and in the larger towns, with resorting to such dangerous practices; and I am convinced that Mr. Jacob Bell, and you, sir, and others, may believe that this bill is calculated to prevent rather than promote the evils of which I complain. I regret that after much consideration of the subject I cannot entertain this view; and I know that many of my medical friends fully agree with me in the opinion which I have thus expressed. It will naturally be asked what remedy I propose? Let me say at once that I would not object to the education of chemists under proper regulations. I simply object to their assumption of functions for which they are not educated. They may dispense the prescriptions of physicians and surgeons, and they may vend all the usual medicines *ad libitum*, except the strong poisons, such as arsenic (already guarded), prussic acid, oxalic acid, opium, and its preparations, chloroform, &c., which ought to have been included in the arsenic bill. I would not prevent their doing anything which belongs legitimately to the trade or business of a chemist, but I would propose that a clause should be introduced into the bill, making it penal for a chemist to prescribe for or treat diseases, or to act in any way as a legally qualified medical practitioner. I would restrict the chemists of this country as the pharmacians of France, and other parts of the continent, are restricted; and I would despise the mandarin nonsense respecting "the liberty of the subject in this free country," and would consider that as salutary and requisite which should evidently prevent the destruction of life or health. If Mr. Jacob Bell should object to such a clause, I would call on you, sir, and on my medical brethren, to oppose the Pharmacy Bill by every means within their reach. There are other objections to the bill, such as its inappropriateness pending a general measure of medical reform. I object also to the creation of a new corporation with parliamentary powers, when, in fact, the chemists ought to be joined to the Society of Apothecaries, whose present functions (which they are seriously neglecting if they assent to the Pharmacy Bill) must soon necessarily cease. But your space and my time are both exhausted.—*Dr. Webster of Duwich to the Editor of the Lancet.*

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

		1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May	2nd,	59	49.5	30.128	.035
Monday,		3rd,	66	41.5	30.230	
Tuesday,		4th,	70	45	30.350	
Wednesday,		5th,	66	48	30.350	
Thursday,		6th,	70	43	30.300	
Friday,		7th,	73	50.5	30.100	
Saturday,		8th,	65	56	30.000	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
May 2nd,	59.5	47	29.821	53.2	49.5	45.9	.008	NE
3rd,	56	35.5	29.907	52.3	45.9	38.5		ESE
4th,	59	36	30.037	53.8	46.9	39.2	.002	E
5th,	59	43	30.064	56.1	50.2	44.4		ENE
6th,	61	40	30.037	57.6	52	46.9		SSE
7th,	66	45	29.807	60.8	56.7	53.5		WSW
8th,	63.5	53	29.7	57.8	54.1	51		SW

M. W. HANLON, M.B.

## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The Annual Distribution of the Funds at the disposal of the Society will take place on the first Monday in June.

Applications for assistance must be made by printed forms, to be obtained from the Honorary Secretaries, and must be sent in to the Branch Associations before the 6th of May, or to the Parent Society before the 10th of May.

Branches are established in the principal towns of Ireland, and with Honorary Secretaries, as follows:—

Armagh, Dr. Colvan; Belfast, Dr. Stewart; Cork, Dr. Lloyd; Newry, Dr. Erskine; Waterford, Dr. Carroll.

The applications are to be forwarded to the Secretary of the nearest Branch, if any be near, or to the Secretaries of the Parent Society in Dublin.

Subscribers to the Parent Society are requested to send in their contributions as soon as possible to the Treasurer, Dr. Duncan, 19, Gardiner's-place, Dublin; and subscribers to the Branch Associations, to the Local Treasurers respectively.

By Order, Wm. Kingsley,  
Chas. Benson,  
Hon. Secs. Parent Society.

Royal College of Surgeons, Dublin, April, 1852.

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Medical Jurisprudence	...	Dr. Geoghegan.
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Botany	...	Dr. A. Mitchell.

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Wednesday, May 12, 1852.



# DUBLIN MEDICAL PRESS.

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## METEOROLOGICAL TABLES.

## ORIGINAL COMMUNICATIONS.

CASE OF RETENTION OF URINE—FALSE PASSAGE—HÆMORRHAGE INTO BLADDER, ETC.

By ROBERT LYNN, A.B., M.D., F.R.C.S., of Sligo.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—The accompanying case may, I think, be read with interest in connexion with the discussion on "Retention of Urine" which took place at the Royal Medical and Chirurgical Society, as reported in last week's MEDICAL PRESS.—I am very truly yours,  
ROBERT LYNN.  
Sligo, May 13, 1852.

Mr. W——, ætat. 74, was attacked, February 17, after exposure to cold, with retention of urine. His medical attendant, on the 18th and morning of the 19th, made frequent but unsuccessful attempts to introduce a catheter; and on the 19th, at two o'clock, when called to see him, I found him in extreme suffering, the bladder greatly distended, the floor and his linen covered with blood, anxiously calling for help, and "willing to bear anything at my hands." Taking a full-sized catheter, I endeavoured to introduce it, but at the junction of the penis with the pubis, I found the point turning aside to the right, and entering a false passage. All my efforts to keep the instrument (and I tried them of all sizes) from entering this passage were fruitless, and I thought it better to desist for the present, gave the patient a large opiate, and promised to see him again in two hours.

At six p.m., I again called on Mr. W——, he had got some sleep (the first for two nights) from the opiate, was in better spirits, and willing to bear patiently any pain I might put him to. After the previous unavailing attempts, I had not much hope of relieving him by the catheter; but after a few gentle trials, I was much gratified to find that the point of the instrument *evaded* the false passage, and then with the greatest facility passed on to the bladder. I left the instrument in for the night, and on the 20th, 21st, and 22nd, had not the *slightest difficulty* in introducing the instrument twice and sometimes three times daily.

On the morning of the 23rd, having been unavoidably

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absent longer than usual, an attempt was made to introduce the catheter, which must have again opened the false passage, as on my *now* endeavouring to pass the instrument, I found the point turn aside as on my first seeing him, in defiance of every effort. In the course of this day and the 24th, I made frequent attempts, and my friends Drs. Homan and Tucker, who were kind enough to see the patient with me, also tried the introduction of the instrument, but without success. The instrument *would* turn to the right, and would come out full of blood.

On the 26th, the symptoms became so urgent—rigors, cold perspirations, vomiting, &c.—that I urged the opening of the bladder, either above the pubis or by the rectum. The patient, although willing to bear any pain the catheter might produce, would not hear of any other operation; said he had made up his mind for death, and was thankful for the few days relief, "which had given him time to make arrangements for eternity." I was unwilling, however, to leave him without another effort, and I said to Dr. Tucker, who was present with me, "that having passed a catheter so frequently in the case, I thought I could guide it through the false passage, and force my way into the bladder without adding to the danger." Accordingly, I took a No. 6 silver catheter, and slowly and steadily forced it on until it reached the bladder. Although no urine followed, still, from the sensations conveyed to my hand by the instrument, I felt confident it was in the bladder; I also felt confident that I had kept close to the natural passage; I concluded the instrument was clogged with blood, so taking a No. 12, with a gum-elastic inside, I passed it without difficulty into the bladder, and on withdrawing the gum-elastic, a gush of urine followed. From this date until the 29th, the patient went on favourably; the instrument was introduced twice daily; the urine became free from any tinge of blood, and the constitution seemed to suffer very little from the violence done to the urethra. About two o'clock of this day, however, while straining at stool, and passing some exceedingly hard and bulky excrement, he got suddenly faint, covered with cold perspiration, and the bladder filled up almost imme-



diately, causing a renewal of his worst suffering. His friends thought he was dying, but I was not able to see him until six o'clock. The bloodless look of the patient, and the firm unyielding feel of the enormously distended bladder, at once told me that it was full of coagulated blood, and that I had another danger to contend with. I immediately passed a catheter, but although I moved it about freely in the bladder, in the endeavour to break up the clot, and to get at the most fluid part, I failed in affording any relief.

March 1st. I had very little better success.

2nd. I made a stilet by lengthening out a spiral spring, in hopes that by rotating and occasionally withdrawing it, I might be able to remove the clots that in succession entered the catheter, and so by degrees empty the bladder. I found this very useful, and at my morning visit, with the longest instrument I could get, and the point elevated as much as possible, urine mixed with blood began to flow; and at twelve o'clock, in presence of my friend Dr. O'Farrell of Boyle, who happened to be in Sligo, I was able to get off a still larger quantity, and to reduce the tumour to at least one half. In the evening the tumour became still less, and from this date the case went on favourably; the patient gradually regained the power over the bladder, and has been able to walk to my house once or twice to have the catheter passed, so as to guard against the closure of the new passage.

There are many points of interest in this case. The false passage commencing so short a distance from the orifice, the great difficulty in avoiding it, the little constitutional disturbance caused by the tunnelling of a new passage, the occurrence of the hæmorrhage, &c., many days after, the use of the spiral stilet: I scarcely think any syringing would have been so effectual, &c., but I have no time for further remarks.

#### PROCEEDINGS OF SOCIETIES.

##### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

###### REMARKS ON HYDROPHOBIA.

By B. E. BRODHURST, M.R.C.S.

THE author observed that it was to *hydrophobia rabiosa*, or that disease which arose from inoculation with the saliva of a rabid animal, in contradistinction to *hydrophobia simplex*, that he was desirous of directing attention. Hydrophobia was a disease properly of the canine race, and did not arise spontaneously in man; but it was communicable to him from all rabid animals. There was no instance on record of the disease being communicated from man to man, although experiment proved that it could be transmitted from man to animals. There appeared to be a peculiar predisposition in the canine race to this disease. The author was inclined to believe that the disease occasionally arose spontaneously in the dog, although Mr. Youatt had expressed a contrary opinion, to the effect that it was propagated by inoculation alone. The author was led to the opinion opposed to that of Mr. Youatt by observing that rabies was extremely rare in the south of Europe among the native dogs, but that it was by no means an unfrequent occurrence for an English dog to become rabid when taken to the south. The author considered that diet exercised a marked influence; that if a dog be allowed a diet principally of animal matter during the summer, he would almost certainly die hydrophobic. This applied equally to English and natives dogs. Extreme cold and privation, however, also favoured the development of the disease, and seemed to be the most frequent cause of the malady among wolves. The author then proceeded to detail the more prominent symptoms produced on man by the bite of a rabid animal, as well as the periods within which they were usually developed. The wound healed without any peculiar indications, just as a similar bite by a healthy animal would heal; but at some uncertain period, often extending to forty or sixty days, pain was felt in the course of the nerves of the limb, and might be taken as the first positive indication of the approach of hydrophobia. Dis-

turbance of the general health sometimes preceded this stage; the cicatrized wound became a sore. General nervous irritability and other manifestations of cerebral disorder, with mental emotions of fear and unnecessary dread on the approach of persons; hallucinations, spectral illusions, inordinate and disordered sensibility of the skin, with morbid increase of acuteness in the organs of special sense, were among the most characteristic signs of the confirmed disease. The author, who had witnessed three cases of hydrophobia, proceeded to relate the particulars of one which occurred in Vienna to a man aged 64, a farrier, who was bitten in the palm. The wound healed, and it was not till the forty second day from the injury, after a debauch, that the patient awoke feverish, and with an aversion to water. He was removed to the hospital, under Professor Schulz. Various remedies were tried: cantharis, opium, belladonna. Tetanic spasms, of which opisthotonos was the expressive feature, came on. The convulsions continued, and, agitated with emotions of intense fear, he died. The body was examined by Rokitansky. The membranes, as well as the substance of the brain, were congested; the arachnoid opalescent; the bronchial and pulmonary mucous surfaces deeply congested; and the lungs remarkably engorged. The heart was empty, and the blood was fluid in the vessels; the mucous membrane of the kidneys and ureters congested. The bladder was pale, and all the other viscera healthy. The author stated that the characteristic morbid appearance in the dog was an injected condition of the medulla oblongata and its membranes. But Rokitansky had stated, at the time of the above examination, that of the many cases he had examined, he had never found any appearances in the medulla oblongata which he could connect with the spasm. The author then directed attention to the *certainty* of the action of the saliva of a rabid animal when once introduced into the blood: not less certain, indeed, than that of a venomous serpent, though the period of its incubation was much longer. Although he admitted that one-third of those bitten might not manifest any symptoms, whereas the bite of a poisonous reptile was immediately followed by palpable effects, yet this immunity might be explained by the virus being wiped from the tooth before it penetrated, in the bite of a dog; while in a serpent the venom only exudes when the mandibular pressure ceases to be made. The author believed, that in hydrophobia was primarily a blood disease, the presence of another blood disease, such as syphilis or variola, might arrest the hydrophobic poison. He regarded it as proved beyond doubt that symptoms of hydrophobia had been arrested and suspended by variola; for hydrophobia could only develop itself after another poison, that might have been present at the period of inoculation, should have run its course. He rejected the doctrine that the rabid poison could lie in a wound, and neither irritate nor be absorbed. It had been stated by writers that the period of recrudescence was the commencement of the malady, the period of delitescence being overlooked. It was thus supposed that the poison could lurk in the wound, and that it was capable of being removed by excision at any time prior to the state of recrudescence. This disease, once developed, appeared necessarily fatal; treatment therefore, to be effectual, should be vigorous and energetic in the primary or preventive period; and the author conceived, that in variola its course might be retarded and its intensity modified by substituting another poison, which had a certain affinity for the blood, so might it be hoped that the hydrophobic poison might be rendered amenable to medical aid through the agency of mineral or animal matter. He mentioned the powerful effects on the blood of arsenic and mercury, and thought that one or other of these remedies, administered *ab initio*, might be productive of happy results. The author referred to the successful cases recorded by Wendt in the Breslau Hospital, where salivation appeared to have been practised with success, and where means were also used to remove the virus locally from the wound. The author, in conclusion, considered that the patient should remain under active treatment in every case



from forty to sixty days; the influence of the mineral should be rapidly obtained and continued, so that a positive change might be effected in the blood, and the condition which favoured the hydrophobic virus destroyed.

Dr. WEBSTER coincided with the author respecting the greater frequency of hydrophobia in cold, compared with warm climates. In the north of Europe this disease was much more prevalent than throughout Italy or France. In northern Germany, especially Prussia, he (Dr. W.) could speak from his own knowledge—acquired when residing at Berlin—as to the marked ravages it produced in that country, which medical men chiefly ascribed to famished wolves coming from the forests of Poland during severe winters, and biting village dogs, that afterwards spread the malady. Mr. Brodhurst had alluded to an outbreak of this terrible scourge in Stockholm last winter, and he would also state that, about the beginning of the current year, it prevailed like an epidemic in Altona and Hamburg, besides several places in Holstein, whereby a number of persons died; whilst cows and horses, but particularly the latter, were often attacked. Although less common in warm regions, the complaint prevailed at times in those latitudes; and he might mention that, whilst travelling in Italy many years ago, several fatal cases occurred, one being a priest, who was bitten by a goat. Further, hydrophobia was very common last February in the department of the lower Loire—of which Nantes is the chief town—amongst dogs, cats, and cows. Besides such facts, only that morning the newspapers reported the case of a physician practising at Valence, on the Rhone, who died from hydrophobia early in this month. Contrasted with these statements, indicating considerable prevalence of canine madness on the continent, it becomes highly satisfactory to find the disease was now much more rare in London than formerly, only two fatal examples having appeared since 1846 throughout the whole metropolis, whereas sixteen deaths were recorded during the seven previous years. This recent remarkable immunity, he thought, may be justly attributed to Mr. Fox Maule's act, which interdicted dogs being employed in drawing carts, whereby hydrophobia was said to be often produced in these animals. Mr. Brodhurst's notion of the blood becoming vitiated by the absorption of hydrophobic virus was not altogether new, although his recommendation of mercury, in order to counteract its deleterious influence, appeared more novel. For instance, a Polish physician—Dr. Czajewski—read an interesting paper before the medical section of the scientific Congress of France, which assembled at Orleans last autumn, advocating somewhat similar views; but the treatment he employed was very different. That authority advised copious bleedings every four or five days, until deliquium followed, so that before any serious symptoms supervened, all morbid taint being eliminated from the patient's blood, recovery might be more confidently anticipated. Notwithstanding various specifics for this incurable disease have been occasionally vaunted, none ever stood the test of experience, whether it was by excising the sublingual gland, reported some years ago as beneficial in Russia, or the vegetable discovered by a French traveller in Abyssinia, but now forgotten. After making one or two additional remarks, Dr. Webster said, in conclusion, having seen three fatal cases of hydrophobia, and believing every kind of treatment hitherto employed has proved utterly inefficacious, he therefore considered the author's proposal of administering mercury in order to neutralize the poison deserved consideration.

Mr. M. HENRY inquired the experience of the members of the Society as to the time when the disease developed itself after the reception of the poison? Some of the accounts having reference to this matter appeared almost fabulous.

Dr. JAMES BIRD had seen only two cases of the disease, and these occurred in Bombay. One of the persons affected was a Sepoy, a stout, muscular man; the other was an English officer. The first was affected with the disease twelve months, the other six weeks, after having been bitten. In

the case of the Sepoy, the bitten part appeared to be affected with neuritis. There was a little tubercle at the cicatrix, which, when touched, threw the patient into convulsions. Mercury, given to pytalism, appeared to relieve the violence of the symptoms, but it was administered in conjunction with enemata of tobacco, and hence it was difficult to determine to which agent the relief of the spasms was to be referred. He died at the end of six or seven days. The officer died on the third or fourth day.

Dr. THEOPHILUS THOMPSON recollected a case which had been mentioned to him by the late Mr. Hunter of Islington, of a servant girl who had been bitten by a rabid animal. The symptoms of hydrophobia developed themselves a week afterwards. An effect similar to that observed in Dr. Bird's case was produced by touching the cicatrix, the girl becoming immediately convulsed. An incision through the skin was made round the cicatrix, and then pressure exerted no injurious influence. She died ultimately of the disease. This case, as well as that of Dr. Bird, was rather unfavourable to the theory of the disease being dependent upon a morbid condition of the blood. Mr. Youatt had placed much confidence in the administration of a mixture of belladonna with scutellaris, as a preventative of the disease in dogs, after they had been bitten by a rabid animal. Mr. Youatt had made an extensive series of experiments with this mixture, and the result had convinced him that it had some prophylactic power. With respect to the theory of the disease being dependent upon an altered condition of the blood, he might mention a certain train of symptoms, which resulted from the bite of a cat not in a rabid state. These consisted of wasting of the muscles, contraction, spasm, and neuralgia. There was enough of analogy in these two conditions to show an argument against the blood theory, as they showed a more local cause to be at work.

Mr. HODGSON had seen the case of a poor man, some years since, affected with hydrophobia, who had taken belladonna to a great extent without any beneficial effect. There were one or two points in the paper which gave rise to interesting suggestions. 1st. Was the disease as invariably fatal in the dog as the man? He had some years since, made inquiries upon this point amongst the keepers of fox-hounds, veterinary surgeons, and others likely to be well informed on the matter. All of these agreed, that when attacked with hydrophobia the dogs invariably died. They all died also within a fortnight of the time of the accession of the symptoms. This was an important circumstance, because it was considered that if a person were bitten by a dog supposed to be rabid, the circumstance of the dog's living beyond the fortnight was regarded as an evidence of the safety of the bitten person. There was another practical point in the paper to which he would refer. He had seen a case some years since, which seemed to show that excision of the bitten part, at any time previous to the accession of the disease, would prevent its occurrence. A rabid dog bit two children, and afterwards their father in his bare arm. One child was bitten in the leg, the other in the shoulder; all slightly. The child that was bitten second was seized with hydrophobia. After this the father and the other child had the parts excised. They remained free from the disease. This fact was important so far as it went; it would be observed that the middle one bitten died, so that the dog must have been mad when it bit the third person. In all the inquiries he had made in reference to the effect of excision of the bitten parts, he could not hear of a single instance in which the disease had appeared in a bitten person after the above precaution had been taken.

Dr. T. THOMPSON wished to explain that in Mr. Youatt's case the belladonna had been given as a prophylactic and not as a curative agent. Two persons who had been bitten by the same dog as the servant at Islington, whose case he had referred to, had had the parts excised a considerable time after being bitten; they escaped. The servant girl would not submit to such a proceeding, and suffered from the disease.—*Lancet*.



## CASE OF ILEUS WITH LONG-CONTINUED OBSTRUCTION.

By JOHN SODEN, Esq., F.R.C.S.,  
Surgeon to the Bath General Hospital.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Association.)

THE subject of the following case is a gentleman aged 63, short in stature, of a nervous sanguine temperament, and of active and extremely temperate habits. For the last twenty years he has enjoyed uninterrupted good health; he had previously suffered from the effects of hot climate in the West Indies.

On October 16, 1851, feeling indisposed, and for a short time previously his digestion having been out of order, he took an active aperient. It affected him with unusual severity, continuing in operation till the morning of the following day. He was then sufficiently well to occupy himself in his garden, where he was sometimes engaged standing about and assisting in planting. At dinner he ate a small quantity of meat. Soon afterwards he was seized with violent spasmodic pain in the abdomen. He took a large dose of castor oil with a few drops of laudanum, but ineffectually; an emetic of ipecacuanha was then tried with no better result. There was no disposition to sickness and the emetic action was not easily induced. An enema of warm water and a warm hip-bath were next had recourse to, but with no immediate relief. Towards evening, however, he became gradually better, and passed a tolerable night. On the following morning the pain returned with the same severity, and I then saw him for the first time.

This was on the 18th. I found my patient in an alarming condition. There was now frequent vomiting, the matters ejected being of a dark colour and very offensive, as was also the breath.

The attacks of spasm were intense; there was an anxious expression of countenance, and prostration of the nervous power seemed already impending. On examination there was a general sense of tenderness about the umbilicus, and chiefly on the left side, attended in this position by marked dulness on percussion; however, neither the dulness nor the tenderness were sufficiently circumscribed to indicate the precise seat of the constriction, supposing such to exist. I should mention that the patient was the subject of an inguinal hernia, and that in spite of the large dose of oil (one ounce) that had been administered, there had been no passage from the bowels since the commencement of the attack. Uncertain whether I had to deal with an internal hernia or an attack of ileus, I at once determined to abstain from all aperient medicine, and I prescribed small doses of calomel and opium to be administered every two hours. Mustard poultices, and such other local means were used as seemed to afford alleviation. In the evening he was no better, and the ejections were now of a most suspicious appearance. I directed the pills to be continued, with an increased quantity of opium. I was also induced to try the effect of a turpentine enema. 19th. There is no amendment, but rather an aggravation of the symptoms, with the addition of hiccough. The enema was retained for some time, but returned unmixed with fæces, and without producing any sensible effect. The matters vomited are now purely fecal. The countenance is more sunk, the prostration very great, and the case presents altogether the worst possible aspect.

I felt that there was nothing more to be done in the way of active means, and that it would not be prudent to carry the mercurial action further, though the pills had appeared to agree in invariably prolonging after each dose the interval from spasm and vomiting. I now purposed to administer one more opiate without the calomel, and then to strictly follow out the expectant course of treatment, not allowing anything to go into the stomach, and to abide the issue. I should mention, that early in the morning I had made another trial with the injection. I passed a long flexible tube into the bowel, to the extent of about twelve

inches, and threw up as much warm water as the patient could bear, trusting, that if the disease arose from any mechanical cause, some relief might be afforded by this measure. The operation was effected without any difficulty or distress to the patient beyond the inconvenience of the distension of the bowel, but no result ensued; the water came away perfectly clear.

Before putting in force the plan of treatment I have indicated, I requested a consultation, and Mr. Gore was called in. Mr. Gore saw the patient with me between two and three p.m., nearly forty-eight hours from the commencement of the attack. He entertained a most unfavourable view of the case; his impression was against the idea of an internal strangulation from a mechanical cause, and he rather considered that the symptoms indicated an inflammatory state, of a low type, of some portion of the bowel, but that any opinion on the point could only be speculative and most uncertain.

Up to this moment there had been no reaction of a febrile character; the skin had remained cool throughout; the pulse very low but not rapid; the general symptoms had been those of a steadily progressing exhaustion. The powers were so low and the disposition to sickness so frequent, that Mr. Gore thought the effect of the opiate I had proposed would be doubtful, and that the safer course would be to follow out the expectant plan, without its administration. He also suggested that a drop of Scheele's prussic acid should be occasionally administered, and that instead of cooling the mouth from time to time with cold liquids, the patient should be permitted to suck a lump of cold ice. 20th. On visiting my patient early this morning, I was glad to find him still alive and apparently in much the same state. The ice was most grateful to him, and he also found a soothing influence from the prussic acid. Whether it was really of any use, or whether the pleasurable sensation was attributable to the teaspoonful of cold water in which it was exhibited, I could not determine. The vomiting continues at the same intervals; it is much less in quantity, from the empty condition in which the stomach has been kept, but still stercoraceous. The spasms have decidedly abated both in frequency and force. The same treatment to be steadily continued. 21st. The vomiting has not been stercoraceous since last evening; the symptoms are all materially lessened, but great exhaustion is present. Seven p.m. Great restlessness; voice weak and husky; throwing about of the arms. With these warnings I considered it absolutely necessary to administer some nourishment, and I commenced with a little barley-water and gruel. 22nd. No return of vomiting; the small quantity of gruel taken has been borne, and the patient is not weaker to-day. 23rd. Scarcely anything was swallowed yesterday; this morning's report is still favourable as far as relates to the local symptoms, and the abdomen, which has never been inordinately distended, is now perfectly flat; the signs of increasing debility are again more evident, and in addition, there is some excitement of the head, heat and flushing, with a disposition to be talkative, verging on delirium. A very few teaspoonfuls of chicken broth to be occasionally administered. 24th. Much the same; the same plan to be continued. 25th. The excitement continues rather distressingly, with craving for food, and for some hours broth and arrowroot have been taken much more freely; the consequence is, fulness in the epigastrium, sense of sickness, and return of pain. It is evident that nothing can pass through the bowel. 26th. To my surprise the patient is much improved this morning; free vomiting, which is not stercoraceous, has relieved the distress of yesterday; he is calm, and free from pain, but greatly exhausted. He is now sufficiently collected to be made aware of the importance of his abstaining from every kind of food, and with great resolution is determined to submit to that privation, or to any other treatment that may be proposed. The only chance seems to be to support life by injections. The plan has not hitherto been adopted, from the patient's excited condition, and his strong objection on account of painful piles, and a difficulty that he



is now experiencing in passing water, and for the last few days he has not been in a state to be reasoned with on the subject. Half a pint of strong beef-tea, with four drops of laudanum, to be administered per anum, twice or three times a day. The ice and prussic acid, which are still very grateful, to be continued. 30th. The injections have been regularly administered, and have answered admirably; they have never returned. There has been neither pain nor sickness, and the small quantity of laudanum appears to have exerted a general soothing influence. The patient's aspect is improved, and in point of strength he does not lose ground, though the rule of abstinence has been rigidly maintained. There is also further evidence of amendment, if it may be trusted. At six o'clock this morning the bowels were moved for the first time from the commencement of the attack, on the 17th of October, thirteen days ago; the stool is liquid, small in quantity, and healthy in appearance. The treatment to be continued.

November 1st. The bowels have again acted this morning, and the character of the evacuation leaves no doubt that it cannot have been merely the accumulated contents of the rectum from the injections.

From this date the case was straightforward. The utmost caution was pursued in the administration of food, and no relapse interfered with a gradual and progressive convalescence.

The attention of the profession has latterly been much directed towards cases of this description, with a view to their relief by operative means, where the symptoms appear to depend on mechanical causes. It would be a great boon if some clear diagnostic sign of distinction could be shown to exist between the effects of an internal strangulation, and the paralysis induced in its functions by an inflamed condition of a portion of the bowel. I fear the case I have just read will not tend to elucidate this difficulty. From reviewing the history of my patient's malady, I am totally at a loss to say in what it differs from those of persons in whom some accidental stricture was proved to exist. In cases of the latter kind the pain and tenderness may sometimes be more definite, but this is by no means a rule. There is nothing to be observed in the more tardy or violent onset of the symptoms; in both they come on with equal violence, and with equally rapid effect upon the powers of life. In both there is the permanence of the prostration so long as the bowel is impervious, and the continued absence of reactionary fever. Trace the individual signs, the flatulence, the character of the spasms, the hiccough, the stercoraceous vomiting, &c., and the analogy becomes only the more complete.

I have, therefore, I regret to say, no other practical deduction to bring forward than the testimony this case affords, of the favourable result that sometimes attends the resources of Nature in cases of intestinal obstruction where Art is of no avail.—*Prov. Journal.*

#### INUTILITY OF THE ABDOMINAL BANDAGE AFTER PARTURITION.

(Being Part of a Lecture delivered this Session at the St. Lawrence School of Medicine, Montreal.)

By F. C. T. ARNOLDI, M.D.

HAVING now told you all the essential points to be rigidly attended to during the process of labour, you must be made as familiarly acquainted with the nursing part of the puerperal state. The child having been disconnected from the mother, and the placenta withdrawn, your next care should be that the uterus has assumed a state of permanent contraction, and for this purpose you should diligently watch for at least half an hour, because very alarming symptoms may supervene, such as uterine hæmorrhage, syncope, or convulsions. The most common is uterine hæmorrhage. This may take place under various circumstances, but the most ordinary is an atonic state of the uterus. The cause of this condition may either be immediate or remote—that is to say, immediately after delivery the uterus may cease to contract, or having, to all appear-

ances, permanently contracted, it may relax, get into the atonic condition, and so give rise to profuse hæmorrhagic discharge. Now this discharge, in both instances, is owing to the *baillaut* condition of the uterine venous sinuses; fortunately, however, this is not an everyday occurrence, yet apparently, with a view of anticipating such a serious misfortune, our ancestors and modern authors lay down strict injunctions for the application of an abdominal roller or bandage. There was a time when I would have thought it almost sacrilegious to have acted in contravention to this precept, but a case happened to come under my charge in which I was very much interested, and which gave rise to close anatomical investigation on my part. I shall narrate it to you in a familiar manner, and show you the conclusions I came to:—Mrs. A— was confined on the 14th of August, 1830. Being a primipara, it was as usual a painful and somewhat tedious case, but on the whole, nothing uncommon. The secretion of milk set in within fifty-four hours, and nothing appeared to indicate the prohibition to her sitting up in an arm-chair on the fourth day for the purpose of having her bed made. The bandage had been applied round the abdomen according to orthodox rules. On the evening of the fourth day, she complained bitterly of pains in her loins and continual bearing-down pains. Supposing that the bandage had not been applied sufficiently tight, it was drawn a little tighter, but instead of affording any relief the pains were increased. It then struck me that as the bowels were in good order, the bandage was the sole cause of the evil, and to satisfy myself I examined a skeleton very attentively, and I came to the conclusion that my notion was correct; in proof only look at this skeleton, and observe the very obtuse angle the brim of the pelvis bears to the axis of the spinal column. You see that the promontory of the sacrum is several inches above the horizontal line of the pubis, that the promontory projects forwards, the sacrum recedes, and thereby forms a recipient cavity. Again, remark the lateral configuration of the skeleton, and you perceive that the great projecting *alæ ilii*, the crests of which are on a line almost parallel with the promontory of the sacrum, form the point from which the tapering figure starts upwards towards what is called the waist. This, you see, is perfectly demonstrable even on the skeleton, how much more so it is, as you must have observed, on the soft subject? Well, having satisfied myself on these two points, I first of all came to the conclusion, that no well-formed woman could keep an abdominal bandage in its proper place, unless indeed it were very tightly put on, and then I inferred that if very tightly put on, it must act very detrimentally on the yet heavy uterus. The bandage, you see, to keep its place, so as to act upon the uterus, must be applied over the hip, otherwise it must act upon the abdominal viscera, and make them press down upon the uterus, in which case the bandage necessarily slips up to the small diameter of the waist, and can no longer carry out the original object intended, and proves a sore annoyance to your patient, who, believing there is some charm in it, keeps herself in a constant fidget by pulling it down, and pulling it, as she believes, into the right place. Now, this of itself gives rise to much unnecessary muscular exertion. If the bandage be kept tight over the hips, it must necessarily act upon the uterus, and that in two ways: presuming it, in the first place, to be necessary, it must be for the purpose of exciting the uterus to contraction, or it must be for the purpose of arresting uterine hæmorrhage; but I maintain that it can produce neither the one nor the other effect: in the first place, it mechanically presses the yet heavy uterus into the bottom of the sacrum (which affords it every facility to descend), and thereby lays the first seeds for prolapsus uteri; and in the second place, if uterine hæmorrhage do supervene, it is one of the most fallacious resorts you can trust to, but further I will tell you when I come upon that subject. To come back to my case: Mrs. A—, as I told you before, suffered much from bearing-down pains on the fourth day, and I may now add, she continued to do so for many months after. Time rolled on, and still



the pains continued, until fortunately she again got in the family-way, but even then, and for the four first months, she was constantly threatened with a miscarriage. She, however, had the good luck to go on to her full time. I delivered her the second time, and determined not to use the bandage again, in lieu of which, as a matter of precaution, I exacted a little more bed rest. My orders were strictly attended to, and her recovery was all that could be wished for. From that day to this, she has had no recurrence of bearing down pains after her confinements, though similarly treated, notwithstanding her having had ten more children, making twelve in all. Since my experience in this case, which was in 1832 (her second confinement), I have never applied the abdominal bandage in my private or hospital practice; I have never met with any sinister results from its omission; and I know of other medical men who have often followed my example equally satisfactorily. Uterine hæmorrhage is the great bugbear, and certainly it is a most serious concomitant, but when it does take place, I can assure you your patient would be badly off, if you had nothing else to trust to but the abdominal bandage. Obesity, or the becoming (to use vulgar parlance) "pot-bellied," is the next argument used against the omission of the bandage; but I can assure you that in the whole of my practice I cannot trace one single instance to such a cause. Hear what a lady writes to me from Quebec: "Dear Doctor,—I was confined on —, and I determined on following your instructions to the letter. My physician and nurse thought I was mad, nevertheless I maintained my point, and certainly I have every reason to be grateful to you; for besides having made a much more favourable recovery than usual, I have been relieved of that horrible annoyance—the belly-band; and the bearing-down pains have not returned." Again, let us look at the puerperal state in a strictly pathological and physiological point of view. Is not parturition strictly and simply a natural and healthy process? Certainly it is, except under casual circumstances. Can the distension of the abdomen from utero gestation be compared with the abdominal distension from ascites? No. In the one instance you have a healthy tonic; in the other, you have one of the worst forms of unhealthy atonic action; in the one, you have a fixed duration, at the end of which tonic muscular contraction sets in, and the abdominal parietes resume their normal condition; in the other, the letting out of the fluid by the trocar is followed by a mere collapse of the abdominal parietes, so that the capacity of the abdomen would still remain the same unless a roller bandage were applied. Were I now speaking of uterine hæmorrhage, I would point out to you how thoroughly insufficient the abdominal bandage alone would be: at any rate, I would show you how much you would be mistaken, if, under such circumstances, you trusted to it as your mainstay. Talking of uterine hæmorrhage, it is a very singular fact, that during a practice of twenty-five years I have never met with more than one case, except such as I have seen in consultation, and of that case I was forewarned, as my patient had suffered from it on three former occasions. Notwithstanding, gentlemen, what I have told you as the result of my own practice, I must warn you against being too dogmatic in the course of yours. Old women must have their way, and their ways are almost always based upon prejudice; you, therefore, should be prepared and willing to consent to their notions. If you perceive a very especial desire for the application of the abdominal bandage, my advice to you is by all means to consent to it; it is only necessary for you to see that it is not put on so tight as to endanger your patient to future uterine inconvenience.—*Canada Medical Journal*.

**HÆMORRHAGE FROM THE GUMS.**—Mr. C. Wrixon says, "I have met with two cases of alarming hæmorrhage from scarification, but had no difficulty in arresting it by making pressure with a graduated compress of lint well saturated with tincture of muriate of iron."

## VARIOLA COTEMPORANEOUS WITH VACCINIA

By ROBERT FOWLER, M.D.,

Resident Medical Officer to the Loughborough Dispensary.

ON March 31st last, I vaccinated Marianne W——, aged three years, a perfectly healthy child. When next seen, April 7th, I was told that on the very day (April 1st) following vaccination she became very sick, vomiting frequently, and feverish. On the evening of the next day (April 2nd), the mother fancied that there was a little redness about the chin, which, however, on the 3rd of April, assumed the aspect of decided papulæ over the whole face, arms, legs, and body. I now ascertained that at the school to which the child had gone up to the day of its being taken ill two or three of the scholars had had the small-pox about a month ago, and had returned among the other children some few days back.

April 7th. The vaccine vesicles (seventh day) are larger than the variolous, very little elevated above the cuticle, irregular in shape, being not perfectly circular, but flattened and indented, and lobulated at the edges. There is evidently very little fluid in them, and no appearance of areola. The whole body is marked with distinct variolous vesicles (fifth day), having the same flattened aspect as, but smaller than, the vaccinia; and being so little elevated above the surface, they do not present that "shotty" feel so characteristic of variola, especially in its papular stage. Febrile action slight. 9th. The variolous eruption is more turgid; that on the face is pustular, and a few of the pustules are beginning to scab; that on the arms is hemispherical, prominent, and pustular; that on the legs is opaque, but not distinctly pustular; the central depression still existing in some of the vesicles. The vaccinia is not more elevated, though the fluid seems more opaque; the vesicles are now about half an inch in diameter, but still present that irregular, indented appearance round their margin, external to which there is now an areola of about one line in diameter, as there is also around each variolous pustule. The variolous vesicles in the immediate neighbourhood of the vaccinia are much smaller and less opaque than elsewhere, neither are they so turgid or spherical as in other parts of the body. The mother attributes this to the child always lying on that side (the right), and certainly the left arm (which, however, by some oversight was not vaccinated) presents well-filled vesicles; the eruption of the right leg also is somewhat less prominent than that on the left, though certainly there is not that marked difference observable in the vesicles of the two arms. 10th. Variolous eruption entirely pustular, scabbing going on in the face. Areola of vaccine vesicles no larger, though the vesicles themselves are larger, and beginning to lose their indented margin. The variolous eruption around vaccinia is now pustular. 12th. Scabbing progressing on the face, and the pustules on the arms shrivelling up; no secondary fever; a scab perceptible on each vaccine vesicle; no increase of areola, nor is there any surrounding induration. 14th. Some of the pustules on the legs shrivelling; vaccinia scabbing, the scabs being rather conical, and of a dirty light brown in colour; no increase of areola. 16th. All the pustules of the legs shrivelling; scabs of vaccine vesicles have fallen off, leaving an irregularly circular, purple-red mark, larger, though otherwise similar, to the stains of the variolous eruption; the vaccine stains are perfectly flat and smooth, without the slightest indication of the small depressions and radiating lines characteristic of a good vaccine cicatrix. 19th. The whole body presents purple-red stains.

**Remarks.**—Considering vaccinia as a disease *sui generis*, we have here two exanthemata coexisting in one person, and each by its presence modifying, but not superseding, the regular course of the other. That the vaccinia was modified, is shown by the irregular shape and flattened condition of the vesicles, by the absence of the areola and surrounding hardness, by the shape and colour of the scab, by the duration of the eruption—the scab having fallen off on the sixteenth instead of about the twentieth day—and



by the character of the remaining cicatrix. The size of the pustules and the absence of the secondary fever, notwithstanding the duration of the eruption, was not considerably shortened, indicate that the variola was of a modified kind. By those sceptical of the prophylaxis of vaccination, the above case will be greedily seized on; but are we not from past experience warranted in surmising, and even affirming, that, although the discovery of Jenner was in this case incapable of arresting or superseding the progress of the poison already concocting in the blood, yet that to the coexistence of the vaccine virus this child owes the safety and mildness of its attack.—*Lancet*.

#### ON FRACTURE OF THE ANTERIOR INFERIOR SPINOUS PROCESS OF THE ILIUM.

By C. W. ASHBY, M.D., of Culpepper County, Virginia.

As I have been informed by my friend Dr. Mütter that "there is no such case on record as the fracture of the anterior inferior spinous process of the ilium," I will endeavour to detail the symptoms of the accident, which occurred in my practice, in such a manner as to enable the profession to judge of the correctness of my diagnosis.

A strong athletic negro man, aged 19, was walking rapidly from a spring, and the night was very dark, he stepped into a gully about a foot and a half deep. He had upon his head at the time an unusually large tub of water. Although he did not fall, he was so disabled as to require the assistance of men to carry him to the house.

There was great loss of power in the right leg, though not entirely deprived of muscular control, except as to elevation. As I could make the limb perform all the natural movements without much pain, and as I could not perceive, after the most careful examination, the slightest distortion, no lengthening or shortening, I decided, very confidently, that there was neither fracture nor dislocation. But the patient, who was more than ordinarily intelligent, insisted most strenuously that he heard and felt something give way, not only at the time the accident occurred, but whilst I had been making the examination.

Upon elevating the leg at right angles with the body and letting it down rather suddenly, I now, for the first time, heard a crepitus, I confess much to my surprise. By this particular movement, and by no other, the crepitus was so distinct as to be heard, not only by myself, again and again, but by all the bystanders. What fracture have I here, was a most natural inquiry. From the history of the case, I was at first inclined to suspect, though in a young subject, a fracture of the neck of the bone; and being aware of the various natures, as well as great obscurity of this accident, my mind was directed most anxiously to its investigation. Reasoning by exclusion, I became satisfied that this could not be the fact; there was not a single symptom which is usually present in this accident. There was little or no pain or tumefaction about the joint, and indeed not a sufficient amount of irritation to warrant the belief that there was a fracture of any of the large bones, either of the pelvis or leg.

I requested the patient to direct my hand to the spot where he felt the greatest amount of pain. He placed it in his groin, where I detected for the first time a good deal of tenderness and tumefaction. Pressing two fingers of my left hand firmly upon this spot, and with my other hand elevating the leg and letting it down as before, I not only heard the crepitus, but I felt distinctly a spiculum of bone moving under my fingers. This manifestation, not very painful to my patient, was performed not once, but I may safely say more than twenty times, and invariably with the same result, before I decided positively as to the precise character of the fracture.

I was surprised to find that I had been poring over this case at the dead hour of night, for more than three hours. I had never heard or read of such an accident, and therefore only those of my professional brethren who know me best, can appreciate the deep anxiety I felt as to

making out a correctly satisfactory diagnosis. The maxim that "there is nothing new under the sun," often repeated by a distinguished professor of my Alma Mater, did not fail to make an impression on my mind, and, properly understood, ripper years have served only to deepen that impression. I have not the slightest shadow of a doubt as to the correctness of my diagnosis. As to its novelty, I have the high authority of Dr. Mütter, as well as that of other distinguished surgeons, and yet I am of opinion that the accident has occurred before, but either has not been recognized, or has not been thought worthy of being recorded.

Whether the process was pulled off by the powerful contraction of the recti muscles, or by the tremendous jar of the head of the bone, thrown, in the act of stepping forward, upon the outer edge of the acetabulum, or by both causes conjointly, I leave for others to decide.

The treatment of this case was as effectual as it was simple, and the result, I think, confirmed the diagnosis.

After flexing the limb, a roller, six or eight yards long, was passed firmly around the thigh, so as to control muscular action, then passed firmly over a wet compress, placed over the process, thence around the body, and back over the compress and around the thigh again. The patient was placed on his side, and experienced immediate relief, so that he slept soundly the balance of the night. Strict rest was enjoined, and he suffered little or no pain after the bandage was applied. In four weeks he was walking about, but wore the bandage and compress for several months, as it gave him great support.—*Phil. Med. Ex.*

#### ON INFANTILE PARALYSIS.

In an essay by M. Rilliet, on "Essential Paralysis of Infants," we find a large amount of interesting matter, the most practical portion of which we shall endeavour to condense:—

1. *Definition*.—The author applies the term "Essential Paralysis" to more or less complete loss of power, with or without loss of sensation, and unaccompanied by any signs of lesion of the nervous centres. This form of paralysis is often incurable, but does not of itself shorten life, for which reason it is difficult to find its structural causes; for even if the spinal marrow or brain shall exhibit certain lesions, it becomes doubtful whether they are not the results, rather than the causes, of the paralysis.

2. *Seat and Mode of Attack*.—Essential paralysis occurs in three different ways: Sometimes it attacks the patient suddenly in its highest degree, and without obvious cause; at other times it is preceded by cerebral disturbance and convulsions, as during dentition, but in these cases also the loss of power is sudden, and not progressive; thirdly, it may approach gradually. When paralysis is sudden, and not preceded by cerebral symptoms, it mostly appears in the upper extremities. An infant goes to bed well, and next morning it is found paralysed in one arm. Another sits on the damp ground, and one leg is suddenly discovered to have lost the power of motion. At the same time there is no perceptible derangement of the general health. When cerebral symptoms precede, these usually consist of somnolence, strabismus, dilatation of the pupil, and headache. These symptoms speedily subside. At other times violent and repeated convulsions occur; these cease, and paralysis is found to have supervened. Paralysis sometimes succeeds chorea, as in the cases cited by Drs. Kennedy and Lee. It also appears in the course of exanthematic fevers, and is then generally discovered for the first time when convalescence commences.

3. *Symptoms and Progress*.—In whatever way infantile paralysis commences, it presents two periods—one, that of paralysis; the other, that of atrophy. In some fortunate cases the disease does not proceed to the latter extent. The symptoms vary with the part affected. If the arm is the seat of the disease, it hangs lifeless, and if lifted falls again to the side. The paralysis is sometimes complete, at other times limited to certain sets of muscles. In some instances the



fingers are flexed upon the thumb. So also in the lower extremity the loss of power may be complete, or partial. If the child does not walk, it kicks the sound leg about, while the other lies motionless. The paralysed limb is not the seat of any pain. The colour and temperature of the skin are often normal. The sensation is generally intact. In fact, the paralysis of motion constitutes the entire malady. The progress of the disease is not always the same; it may disappear completely, and rapidly, or it may persist with or without amelioration. In the latter case, sooner or later, the second period or that of atrophy commences. This is marked by diminution of temperature, wasting of the muscles, and arrest of growth of all the structures together, so that the limb is perceptibly smaller and shorter than the other. In proportion as the temperature diminishes so does the skin change colour, becoming more and more livid. Fresh observations on the condition of the vessels of paralysed limbs are necessary, but it is obvious that these tubes are involved in the general atrophy. The pulse at the wrist is, in some cases, scarcely to be felt. As a further consequence of infantile paralysis, the spinal column becomes variously distorted, and the limbs themselves may be deformed. Thus in paralysis of the arm, and atrophy of the deltoid, the head of the humerus may be completely dislocated, the weight of the limb stretching the capsular ligament, until it allows the head of the bone to glide out of the glenoid cavity. Such cases are described by West, and one is reported by the author of the present memoir. Heine has described deformity of the lower limbs thus paralysed, consisting of flexion of the thigh upon the pelvis, and of the leg upon the thigh. The paralysis of one set of muscles, and antagonistic contraction of others, gives rise to the different varieties of club-foot.

4. *Prognosis.*—Essential paralysis does not compromise life, but as it in some cases disappears rapidly and completely, while in others it is perfectly incurable, it becomes important to determine the circumstances which should lead to a favourable or an unfavourable prognosis. This, according to Kennedy, is to be known by the manner in which the paralysis has occurred. The author of the present memoir does not agree in this opinion to the full extent, but he admits the value of the observation as approximative. Thus he thinks we may hope for a perfect cure, when the paralysis has succeeded contraction; also a complete though tardy cure may be expected when it has come on after chorea, or in the course of an attack of fever. The case is more hopeless when the paralysis is preceded by convulsion; so also when the paralysis is gradual in its approach. The result is but little influenced by the part affected. Dr. West considers the prognosis to be greatly influenced by the duration of the affection at the time treatment is commenced. Of six cases of cure reported by him, four commenced treatment within two days of the attack, while eight, in whom no treatment was adopted until the lapse of six months, remained permanently paralytic.

5. *Causes.*—Authors agree that this form of paralysis is more common in the first and second years of life than subsequently. In two-thirds of the cases on record, the child was between the ages of six months and two years. However, West, Kennedy, and Heine, have known the disease to attack children as late as five, six, and seven years of age. Sex has no influence on the disease. It is more likely to occur, in the opinion of some writers, in robust and well-formed, than in feeble and ill-nourished children, but such is not the author's experience. Among the occasional causes may be mentioned chills and blows.

6. *Diagnosis.*—The diagnosis of paralysis is not difficult, but it is not always easy to say whether the palsy is essential or symptomatic of lesion of the nervous centres, unless the symptoms of the latter diseases have been well marked. The diseases of the brain which commence in convulsions at the age of infancy, and lead to essential paralysis, are meningitis, tubercular abscess, and meningeal apoplexy. The two former diseases are generally accom-

panied by disturbances of the sensorium, which are not seen in simple paralysis, and are moreover generally mortal. The same may be said of meningeal apoplexy, which is moreover commonly followed by tonic contraction of the limb. M. Ozanam believes that meningeal apoplexy is the cause of all the cases of paralysis, which are preceded by convulsions, but he does not adduce a single fact in support of his theory. This form of paralysis can be confounded with diseases of the hip only by a very careless observer, and from the progressive muscular atrophy mentioned by M. Aran, it is distinguished by the latter being an affection peculiar to adult life.

7. *Treatment.*—West and Kennedy trust to purgatives and tonics, but allude entirely to the treatment of the stage of simple paralysis. Heine goes deeper into the subject, and endeavours to remedy the stage of atrophy also. The indications of treatment proposed by him are:—

1. To awaken the nervous power of the spinal marrow and nerves of the affected limb.
2. To restore the deformities by orthopedic measures.
3. To invigorate the constitution. For the fulfilment of the first indication he gives nux vomica internally, and applies it in frictions along the spine. Electricity has failed entirely, but he has been more successful by well regulated gymnastic movements of the wasted limb. For this purpose various ingenious instruments have been devised which our space will not allow us to particularise.—*Arch. Gen. and Prov. Jour.*

#### CASE OF SCLEREMA—OR INDURATION OF THE SUBCUTANEOUS CELLULAR TISSUE.

By NORMAN BETHUNE, M.D., of Toronto.

C. A—, æt. 17, in her first pregnancy, was taken with labour pains at eight p.m., December 28, 1851. She stated that she had arrived at the full time, but noticed it as remarkable that she had never complained, as women are wont to do in her condition, and that she had experienced no sickness at stomach till three days before she was taken in labour. The mammary glands were large, but flaccid, and presented the areola of the full period of utero-gestation. The abdominal tumour was so small, that a stranger might not thereby have suspected her pregnancy. She had once or twice experienced falls upon the ice in the course of the present winter. She was delivered of a female child twenty-two hours from the accession of pains, nothing remarkable having in the meantime occurred. The child struck me as being the smallest I had ever seen at the full period. Its weight was barely over three pounds, and its length from crown to heel about fifteen inches. (The average weight at this period is seven pounds, and the length twenty inches). In other respects the child was perfectly developed, the condition of the nails and hair, and the position of the umbilicus, being such as to indicate the complete term of uterine life.

The limbs were well clothed with muscle, but rendered almost wholly immoveable from the extreme tightness of the skin, which was hard, resisting, and of a morbidly red colour. This condition of the integument was pretty general throughout the body, but was much less marked about the face. It was particularly tense in the region of the pubes and perineum, producing an evolution of the mucous membranes of the vagina and rectum. The oral aperture at times assumed an orbicular shape, while the surrounding skin took on a purplish or dusky hue. The temperature of the surface was much diminished. There was no appearance of œdema.

As soon as respiration was sufficiently established, it was wrapped in warm flannel, and afterwards well washed and bathed in warm water, soon after which it cried out lustily; but this cry gradually fell away to a moan, which continued till its death, which happened five hours after birth, the tension of the skin having become more general, and having increased to such an intensity as to induce a change in its colour. This colour, which was a dark purple, was first noticed in the hands and feet, and thence pervaded the entire body. Death was ushered in by a general tetanic spasm.



We have here an example of what may be termed the acute form of that fatal but fortunately very rare affection known as the skin-bound disease, the oedematic concrete, or sclerema of French authors. It is not distinctly mentioned till 1716, when Usemborzius published a case of it. Since that time we have had good descriptions of it by Dr. Underwood and M. Andrij, as it appeared with some variations in the London and Parisian hospitals respectively. It occurs rarely, and then only as an endemic, in England, and it is not so liable to complication with tetanic spasm and erysipelas, as it is in France. Dr. Denman collates the following symptoms as pathognomonic of (the chronic form) the disease:—1st. The skin is always of a yellowish white colour, giving the idea of soft wax. 2nd. The feel of the skin is hard and resisting, but not oedematous. 3rd. The cellular membrane is fixed in such a manner that the skin will not slide over the subjacent muscles; not even on the back of the hands, where it is usually very loose and pliable. 4th. The stricture often extends over the whole body, but the skin is particularly rigid in the parts of the face, and on the extremities. 5th. The child is always cold. 6th. The infant makes a peculiar kind of moaning noise, which is often very feeble, and never cries like other children. 7th. Whatever number of days such children may survive, they always have the appearance of being dying.

In two respects the case before us presented variations; the skin was of a deep red colour from the first, and the stricture more rigid about the body and extremities. In speaking of the induration of the subcutaneous cellular tissue of early infancy, Dr. Davis remarks that the disease usually comes on just after birth: it is sometimes delayed for two or three days, while in some very rare instances (as in the present) the disease has been present at birth. He notices that the subjects of its attack are always weak and puny, and have a peculiar complaining sort of cry, not a little pathognomonic of their condition. As the disease gains ground, the respiration gradually grows more feeble, the face assumes a purplish hue, all the symptoms of suffocation arise, and death takes place by asphyxia. The body retains all the peculiar external appearances which characterise the disease during life. Having unfortunately been deprived of the opportunity of making an examination of the body post-mortem, I am unable to speak of the appearances. I may, however, allude to a few characters noticed by Dr. Davis in his dissections. The cellular tissue, instead of being compact (or indurated) was filled with a serous or albuminous fluid, either limpid or tinged with blood, the tissue remaining soft and flaccid as the fluid oozed out, and the skin which before was hard and tense now rolling under the finger. There was venous congestion every where to be seen; the lungs, liver, and all the soft parts, apparently gorged with blood. M. Andrij constantly met with a deep yellow serous extravasation, fluid, but capable of coagulation by heat; the fat peculiarly solid, the glands and lymphatics, especially those of the mesentery stuffed, and the liver uncommonly large, with a great quantity of deep-coloured bile in the gall bladder; the lungs loaded with blood, and containing an unusual quantity of air.

The cause of the disease has not been properly accounted for. The affection, as before stated, is usually endemic, arising probably from foul air, as it chiefly attacks the poor, and is generally met with in large crowded hospitals. Little can be said with respect to treatment. A remedy may succeed on one occasion and fail on another. Among those which appear to have been most beneficial are the warm and vapour baths, dry friction with warm flannels, blisters to the extremities, and at all times a strict attention to the state of the bowels from the onset of the disease.—*Upper Canada Journal*.

**SRCOSIS.**—Mr. E. Wilson says amongst the most useful applications are the citrine ointment, the iodide of sulphur, and the tar ointment. At the same time give Fowler's solution.

## ON CHORDEE.

By JOHN L. MILTON, Esq.

THERE are two facts to be noticed as to the cause of chordee as bearing upon the treatment—viz., that there is spasm, and that this is attended by pain, caused, primarily or secondarily, by the condition of the mucous membrane. The following appear the best known and most commonly employed methods of treatment:—

Mr. Lagneau says—"For the inflamed chordee, bleeding from the arm, hot bathing to the perineum, lavements, eighteen or twenty leeches to the canal of the urethra, two or three times repeated, and, when the pain is severe, gr. i. of the watery extract of opium, and gr. ii. of camphor, which he recommends giving in the evening. He winds up this energetic treatment by a solemn warning not to plunge the penis into cold water, as it may be, and has been, followed by a metastasis of the complaint of the bladder.

M. Ricord recommends gr. iiss. of camphor, and gr. ss. of opium in a pill, of which two or three may be taken every night.

Richter recommends that the patient sleep on a hair mattress, and very cool, or else on a canopy, and do not turn on his back.

Eisenmann, that the parts should be exposed to the influence of narcotic vapours; or that infusion of chamomile or cherry-laurel water be injected or dropped into the urethra. He found sedatives of no avail. He recommends the patient to make water more frequently than necessary, because a distended bladder irritates the vesiculæ seminales and the neighbouring parts. He objects, also, to dipping the penis in cold water, and then recommends soothing injections or poultices; opium being less useful.

Peyrihe recommended ammonia and injections of soap ley.

Iodine, the empyreumatic oil of tartar, and blue ointment, have also been praised.

Mr. Hunter says he has "known twenty drops of the tinctura thebaica take it (painful erection) away for a whole night, and that the cicuta has likewise some powers in this way." For the chordee, he recommends opium joined with camphor, praises local bleeding, with the free use of hot vapour to the parts; poultices with camphor; while the effused lymph which remains may be removed by mercurial ointment in friction. He has seen the cicuta of service.

Mr. Wallace recommends calomel and hippo (pulv. ipecac. comp.), with opium and camphor.

Such are the general outlines of the practice pursued by surgeons, as we find it recorded in books. These plans bear a pretty strong resemblance to each other, and are nearly all calculated to lead to one point—the allaying of pain by the use of sedatives. The idea of attempting to remove it by the pure antispasmodics, does not seem to have been worked out or even entertained, although everything seems to show that it is more amenable to them than to opium.

I now approach that part of the matter which has most of all occupied my attention—the substitution of some simple and always applicable remedy for these different methods of cure. I will not stop to point out the inutility or inapplicability of antiphlogistic treatment to this symptom, as any one versed in the disease must have observed cases where the chordee came on though the patient had been treated most heroically. Sedatives I utterly object to, as I have never used them in sufficient quantity to have any material effect on the chordee without finding the patient much worse afterwards. They generally disordered the stomach, produced headache and languor, very often with constipation of the bowels. The scalding and discharges were rendered worse and more obstinate, and, to crown all, the chordee was merely abated for an instant, and returned the moment they were left off; nay, even when they were again administered, without increasing the dose. Nor have I ever been able to understand why they should be given, as the pain appears to depend on a spasm, and when this is removed the pain ceases; whereas, the spasm does not necessarily subside when the pain is relieved.

I have tried the most powerful antispasmodics, as ether, galbanum, assafœtida, and chloroform, and can only say of them that I have found nothing equal to camphor in the fluid form. In powder, camphor is disagreeable to take, and did not appear to act so readily; I suppose from not being so equally diffused and finely divided as in solution. In fact, in spasm a liquid remedy, as admitting of a more rapid action, is always the thing to be sought for. The spirit of camphor, taken in the dose of ʒi., in a small quantity of water, is



equally energetic and rapid. The objection that it immediately becomes insoluble by contact with water, is sufficiently obviated by the fact, that its operation is most certain and rapid, and that essence of camphor, in which the camphor is so dissolved that it does not separate on the admixture of water, possesses, so far as I have been able to judge, no advantage over the other.

As in many other cases, the chain of morbid actions must at once be broken; and this is done much more effectually by two or three full doses, repeated at short intervals, without the least remission, till the chordee is completely stopped, than by small quantities, however long continued and regularly taken. I therefore invariably adopt the following plan.

A teaspoonful is to be taken at night in water before going to bed, and every time the patient wakes with the chordee, *let him at once rise and repeat the dose*. In the milder cases, one dose for a night or two is generally enough; in the more severe ones, the symptom is generally removed at the end of the second night, becoming, in the meantime, milder and less frequent after each dose. So long as the clap remains bad, I frequently recommend the patient to take a teaspoonful at night, before going to bed, which suspends the chordee till the cure is completed. This plan of treatment also answers well in the bearing-down pains to which women are sometimes subject in clap; but as here, contrary to what it is in men, these pains are generally worse in the day time, it is best to use the essence of camphor largely in the medicine they may happen to be taking.

It must, however, be taken in full doses. A violent sudden pain, like that of chordee, requires an equally powerful remedy, and there is no use in trifling with it. A less quantity than a teaspoonful will not always suffice to abate the pain at once, though it may materially alleviate it; just as a moderate dose of chloroform will lull the acute pain of an operation without rendering the patient insensible to what is going on, while a smaller quantity, in one full dose, produces complete torpor. Now, as a teaspoonful or two may be safely taken, it is better to ensure success at once. In one or two cases it has produced some sickness, and, strangely enough, this has been more the case with small doses than large ones. This was probably caused by something having been previously taken that had in some measure disordered the stomach. At any rate, the instances have been too few to make the affair of any moment. I only allude to it here that no one might by its appearance be discouraged from giving so valuable a remedy as camphor really is.

The patient should be directed to keep the camphor in a tightly corked bottle, and in a cool place, and to have it by his bedside ready to take. It is best taken in water, as if dropt on sugar it produces a strong sensation of heat in the mouth, occasionally preventing the patient from getting to sleep again.—*Medical Times*.

#### EFFECTS OF IODINE ON THE MAMMÆ.

By Mr. BRYAN of Northampton.

ELIZABETH MARLOW, aged 16, of robust healthy appearance, had menstruated regularly for more than twelve months, was very fat generally all over the body, and with very large mammæ for her age, applied to me, January 12, 1836, for relief of bronchocele, there being great enlargement of the thyroid gland, both in front and at the sides, causing considerable uneasiness from pressure upon the adjacent parts. She commenced using unguentum hydriodatis potassæ, rubbed into the swelling for fifteen minutes every night, taking inwardly at the same time five drops of the compound tincture of iodine three times a day, which treatment she persevered in until March 14, when she commenced applying the tincture to the swelling, night and morning, instead of the ointment. This treatment was continued until April 23rd, when she began to suffer from giddiness and defective vision, and left off the iodine both internally and externally, as it was evidently affecting her health, the flesh losing its firm feeling and appearance, and she was becoming altogether out of health, and was placed under other treatment, having reference to her particular condition, in June and July, consisting of effervescent saline medicine, with alterative aperients. Nevertheless, she gradually became thinner, so that towards the end of the year the mammæ were quite wasted away, and there was a general wasting of the whole body, tending to the supposition that she was in a rapid decline. The bronchocele had also wasted very considerably, although not so much in proportion as other parts. In the beginning of 1837, under a restorative plan of treatment, she gradually

altered for the better, and became again in a few months quite *embonpoint*, and so she has remained until the present time. The bronchocele enlarged also, and is now much the same as at the commencement of the treatment.—*Prov. Jour.*

Have the mammæ been restored?

#### PROGRESS OF THE PHARMACY BILL.

IN consequence of the delay occasioned by the Easter recess, the Select Committee on the Pharmacy Bill has not concluded its labours. Five sittings have been held, during which evidence has been received from physicians, surgeons, and general practitioners connected with the several colleges and corporations in London and Edinburgh, and from representatives of the Pharmaceutical Society. Evidence has also been taken on the laws relating to pharmacy in France, Germany, Sweden, Finland, the Mauritius, &c.

The comparison thus instituted is by no means favourable to the character and credit of our own country. The pharmacists or apothecaries on the continent of Europe (who represent the class of chemists and druggists in England) are obliged by law to pass through a regular education extended over several years, and comprising all the subjects required for the due performance of their functions, and the practical application of this knowledge in a shop. The examinations (in some countries three in number) are searching, and occupy several days. This education and the examinations are conducted in institutions under the direct control of the government. No person can practise pharmacy without possessing a diploma or licence, obtainable only after examination. In some instances the number of shops is limited, and no new shop can be opened except by licence from the government. The prices of medicines are fixed by the authorities, according to a tariff, a discount being allowed to the poor. The shops are visited at intervals, bad medicines thrown away, and unless the regulations which the law requires are found to have been complied with, the offender is liable to punishment. The sale of poisons is placed under strict rules. They can only be sold by the authority of a medical practitioner or a government inspector, and must be kept in a distinct part of the shop. A general disposition prevails to separate pharmacy from medical practice. In some countries this is strictly enforced; medical men are prohibited under a penalty from selling medicines, and pharmacists from practising as medical men. There are some exceptional cases: for example, in villages where the division of labour could not be carried out, medical men may sell medicines on obtaining a licence from the government authorities, and in cases of emergency, or the necessities of the poor, pharmacists occasionally administer remedies according to their judgment. But this is done to so limited an extent, that it does not amount to an abuse, and does not appear to occasion jealousy in the medical profession. In some of the details, the laws vary in different countries, but the above is a very brief general outline of the regulations on the continent of Europe and in the Mauritius, which originally derived its laws from France. From the attention which is paid to scientific education, it results that many eminent men rise from the rank of pharmaceutical chemists in these countries, profiting by the early tuition which forms the groundwork of their acquirements, they proceed in the several branches of science which are suited to their taste and ability, until they have obtained a celebrity creditable alike to themselves and to their country.

Turning from this glance at foreign pharmacy to the condition of that branch of the profession in Great Britain, the contrast is humiliating. We have some clever practical men of business fully competent for their duties as dispensers of medicine, we have some self-taught chemists engaged as manufacturers, either separately or in conjunction with the dispensing business, and we have an indefinite number of pretenders to the rank of Pharmaceutical Chemists, possessing no education whatever, arrogating to themselves the insignia and titles of qualified men, frustrating the intentions of medical practitioners, and endan-



gering the lives of her Majesty's subjects. Whatever qualification is possessed by any of these parties is more than the law requires—as the law requires nothing.

It is needless to recapitulate the disadvantages resulting from this defective state of the law, as these have been frequently adverted to in this journal. The facts of the case are now before the Select Committee, with the bill which has been prepared as a remedy for the evil, after many years of consideration and experience.

The laws on the continent to which we have referred contain some severe restrictions, and a system of centralization and monopoly, which would not suit the habits and prejudices of Englishmen. These provisions are avoided in the Pharmacy Bill, which contains only those elements of improvement which are calculated to produce the desired effect without interference with our national and constitutional peculiarities. Some objections, however, have been urged against the bill under the impression that it would interfere with the privileges of certain medical bodies, and on other grounds which we have already pointed out, and amendments have been proposed to meet them.

The notions which we have heard in some quarters respecting the supposed monopoly created by the bill are worthy of remark. The bill creates no monopoly so far as the medical profession is concerned, as its operation does not extend to prejudice or affect the several licensing bodies comprised in the profession, or their licentiates. Nor does it establish a monopoly on the other side by prohibiting the sale of drugs by small shopkeepers, not regular druggists. But it simply recognizes the class for whose education it provides, as a body qualified to assume the name and carry on the business of Pharmaceutical Chemists. The monopoly, if there be one, is in the assumption of a name or emblem implying qualification. The public may purchase medicines where they please; but if they go to a person who is not qualified, they are not to be deceived by the display of that which is usually taken as evidence of qualification, they employ a person not recognized as a chemist with their eyes open and at their own peril. This distinction between the regular and irregular vendor of medicines will serve as an inducement to all those who embark in business as *bona fide* chemists and druggists to pass through the ordeal which the safety of the public requires in order to place themselves on the rank of recognized chemists. It will thus raise the qualifications of that body, without fettering the sale of common medicines in small villages by the jack-of-all-trades, who deals in everything. But it is objected that the exclusion of medical men from the register of chemists and druggists is an act of monopoly. This exclusion is intended as one mode among others of promoting the separation of the two bodies, ensuring the continuance of the Pharmaceutical Society as a strictly pharmaceutical body, and thus avoiding the example of the Society of Apothecaries, which has become a medical body. Medical men can perform all the functions of chemists and druggists in their own capacity, as medical men whose education includes pharmacy. They can assume the name of chemist, &c., the prohibition against this assumption having been removed from the original bill in compliance with the wishes of parties who raised an objection to it. Having retained the power of practising pharmacy and of assuming the name, some are still not satisfied because they are not to be included in the register. What they would gain by such inclusion it is difficult to understand. They claim to be considered a superior body, yet they are aggrieved at not being included on the register with those whom they view as inferiors.

Again, how can this desire to amalgamate themselves with the pharmaceutical body be reconciled with the apprehension lest that body should become medical? What could tend more to promote the assumption of a medical character than the inclusion of medical men into the ranks? They are excluded in order to maintain the separation, and secure the purely pharmaceutical character of the Society. Yet it is alleged, on the other hand, that the

bill is an invasion of the province of the medical profession, and that the elevation in the character of chemists will cause them to become medical practitioners. It has been repeatedly stated in the most positive terms that the intention and tendency of the bill are exactly the reverse, that medical men are even excluded from the pharmaceutical body, and that it is one of the objects of the bill to create a separation so far as may be found practicable between pharmacy and medical practice in a manner satisfactory to all parties. We cannot understand on what principle the improved education of chemists, as *chemists*, can be objected to on the ground that this is an invasion of the medical profession. Several medical practitioners who object on this ground have been requested to attend the committee and explain in what manner this evil is likely to result from the bill, and how the evil may be averted.

The questions at issue being under the consideration of the Select Committee, we trust that a mutually satisfactory arrangement will be effected. We are not at present in a position to predicate what may be the decision of the committee on these questions; but the bill, in its amended form, will be reprinted, and the opportunity will be afforded for the reconsideration of the entire measure. We do not at present anticipate any serious alterations in the bill, as nearly all the objections we have heard are founded on a misapprehension as to its objects and intended operation.—*Pharmaceutical Journal*.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MAY 19, 1852.

### PROSPECTS OF MEDICAL LITERATURE.

WE learn from a speech delivered by Mr. GLADSTONE in the House of Commons on Wednesday last, as well as from sundry revelations (epistolary, post-prandial, and plat-form) which have lately flowed through the "usual channels," that there is a "rustling under the straw," portending no small advantage to the medical profession. It seems that publishers and booksellers have fallen into what, on the other side of the Atlantic, is called "a difficulty;" and in settling it, there is a chance that authors in general may come in for a fairer share of the loaves and fishes than heretofore, and possibly medical authors amongst the rest. In fact, the old adage may be expressed by a version to the effect, that when "the trade" fall out, "the doctors" may come by their own. Here, however, is Mr. GLADSTONE's account of the state of the question:—

It is probably within the knowledge of many whom I am addressing that a most interesting, and, I think, a most important struggle, is now in progress in the book-trade (hear); that, as I think most unfortunately, a large number of the booksellers of London and of the country—some say using the publishers of books as their instruments, others say led on and authorised by the publishers—are attempting by restrictions, as it seems to me, of a most imprudent and unwarrantable character, to prevent the price of books, which is so enormously high, from being mitigated even to the extent of a few shillings per cent. by the enterprise and energy of those among the retail traders who are disposed to give the public the advantage of that enterprise and energy (hear). I think it would be very unjust at the present moment to bear hard upon this body of publishers and booksellers, because, in a spirit which I think does them honour, they have consented to refer the question to the judgment of some distinguished persons (hear); and at this moment Lord Campbell, with Mr. Grote and the Dean of St. Paul's, is engaged in the consideration of this question: and they have, I believe, kindly undertaken to give their judgment upon it (hear). To that judgment, I believe, the London traders in books are prepared to submit (hear). I must confess I cannot much doubt what it will be (hear). The house should be aware what is the exact nature of the question. The publishers of



books are in the habit of supplying the retail traders at a fixed price, that price being usually (with the exception of the case of wholesale purchases) at a discount of 25 per cent. upon the publishing price. The custom of the retail trade is, not to grant the public who purchase a greater discount than 10 per cent., leaving 15 for the retail trade (hear). Some retail traders say they can give a greater discount than 10 per cent.; but then this combination steps in and says, "You shall give no greater discount than 10 per cent. to the public, and if you do not come under an engagement to that effect, we by combining among ourselves will exclude you from the trade in books;" that is, deprive you of the means of livelihood in the vocation to which you have devoted yourself. This restriction is in my view a great evil (hear). I do not pretend to compare the price of new publications with that of articles of bodily subsistence in regard to the urgency of the questions they raise; but I do say, that it is a very great evil that the price of books should be raised above what may be called the natural and legitimate amount (hear). And further, I venture to say, that the state of the book-market, except so far as it is partially mitigated by what are called cheap publications, is a disgrace to the present state of civilization (hear). The controversy now going on with certain retail traders who in my opinion deserve great credit for the energy with which they have struggled against the power they have endeavoured to cope with, is but a part of a system (hear). I wish the house were aware of the facts in regard to the production and the sale of books in this country. The truth is, that monopoly and combination have been so long applied to the whole subject, that they really have gone near,—I do not say to the extinction of the trade, but to reducing it to its minimum (hear). We have a country that has by far the largest educated class in the world. (A Member.—"There is America.") I was thinking of Europe, but even taking America into account, we have a country in which the class that ought to be purchasers of new books is the largest in the world; I mean the educated class in that sense—the men in possession of such fortune as ought to make them the natural purchasers of new publications. That class in this country is counted by twenties, and by fifties, I might almost say by hundreds of thousands. But what is the fact with regard to the state of the book-market? It is, that with the exception of certain very highly-esteemed and distinguished authors—with the exception of such cases as Mr. Macaulay's History of England,—what are called new publications, not only in a majority of cases, but in an enormous majority, scarcely ever pass a sale of 500 copies. An immense proportion of those that are published do not pay their expenses at all; and I believe the proportion of them passing the sale of 500 copies in this country, with its enormous means for the cheap production of books, and for supplying an extensive demand for them, is not more than something like 5 per cent.; or, at any rate, not more than from 1-20th to 1-10th of the whole number produced (hear). Now what is the consequence? It is a matter within our personal experience. The purchase of new publications is scarcely attempted by anybody individually (hear). You go into the houses of your friends, and, unless in the case of books for which they have a professional want that must be satisfied, or unless they happen to be persons of extraordinary wealth, you do not find copies of new publications upon their tables, purchased for themselves; but you find something from the circulating library, or something from the book club. Let the house observe too how, in cases of this kind, one system of combination generates and maintains another. It has been the practice of the book-trade to combine (I do not use the term offensively) against the public; and what is the consequence? The printers combine against the book-trade and very naturally (hear). Ask a publisher why the price of books is so high; he will tell you one reason is, "the printers have entered into a combination against us" (hear); and is it not perfectly natural, that if the journeyman printer sees the publishers and booksellers combine against the public, he will say, "I will step in and get a share of the fruits?" and so it is. Now I hope, whenever the Chancellor of the Exchequer may be in a condition to propose to the house a remission of the paper duty, these matters will be well looked into (hear), and that we shall take care that the public revenue is not given away for the purpose of facilitating or promoting the extension of these combinations.

If such be the state of affairs as regards books in general, we can answer for it that it is ten times worse as

regards medical books. The trade in them has, Mr. GLADSTONE says of other books, been not only reduced to its minimum, but has become nearly extinct. There is, we believe, a limited sale for books required by students, the property of publishers, but for works addressed to practitioners there is in many cases absolutely none. We suspect that many of our medical authors on settlement of their accounts with printers, publishers, and booksellers, find the balance at the wrong side; and that most of them are well satisfied to escape without loss. Some of them will deny this, and talk of the success of their literary labours; but we cannot believe them until we see both sides of the account, for we know that the writings of many of our most distinguished men have obtained no pecuniary reward. We ourselves heard Mr. ABERNETHY say that he never received any money for his publications; and so it has been with others of equal celebrity. Much of this is doubtless owing to the monopoly and combination in the trade, now under discussion, but much of it is owing to medical authors themselves. Of the sale of many publications no hope is entertained, because they are printed merely as advertisements; but of others, a fair return is expected, although seldom realized. This is principally owing to the high price demanded for them, considering their intrinsic value. Matter which might be compressed within the compass of a pamphlet of three sheets, is often expanded into a book of twenty; and to add to its consequence and effect, the most expensive type and paper are employed. The inexperience of medical authors in all matters pertaining to publication, is another cause of this failure. The simplicity with which they entrust their books for publication to persons who not only can have no interest in promoting their sale, but are actually interested in their suppression, is amazing; and the trouble they take to restrict their publicity by restraints on advertising is amusing. How often have we had to congratulate ourselves on the foolish hostility displayed by medical "authors" towards ourselves, in denying us copies of their valuable productions for review or notice, while we laughed at the spirit which impelled them to sacrifice the sale of their books to the gratification of their spleen. When men allow such influence to operate in a matter of business, how can they complain if success does not follow. But there is another cause to which the limited sale of medical books is to be ascribed: many men cannot afford to pay for them, many more who can afford it, have no inclination to do so, and many more if they had them would not or could not read them. In fact, there is nothing very wonderful in this stagnation in the book-trade, nothing very surprising that the thin journal has displaced the thick volume.

#### THE DISPENSARIES.

Our correspondents save us the trouble of treating this matter in detail this day. In the letter of a "Dispensary Practitioner," the necessity for union and organization is well urged; and the sooner the suggestions offered in favour of local associations are well considered, the better. The truth is, that the new measure will require this very method for its adjustment; for it is obvious that no power exists so capable of bringing it into harmonious operation as that which the Medical Officers can wield. If the matter be taken up in a liberal and candid spirit by them, and with a determination to deal impartially with all interests, much now complained of might be rendered, at



least, more tolerable. Let useful, practical suggestions be made, obvious improvements pointed out, and crying grievances temperately exposed. As to the recovery of the arrears due to Dispensary Surgeons for services performed between the commencement of the Poor-law system and the expiration of that of the Grand Juries, we have only to say that it must be accomplished by proper legal proceedings, as we have already suggested.

## CORRESPONDENCE.

## MEDICAL CHARITIES BILL.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Have the fond anticipations for the benefit of the sick poor and the honour of the medical profession been realized since the bill of Sir W. Somerville became law, now over seven months? Alas! I fear not. I was one of those who took no part in forwarding this measure, because I could not see my way clearly in so doing, nor be satisfied that it would be an improvement on the old state of things, notwithstanding all the abuses and insults to which the profession was subject under the latter. I occasionally hear it said by some, that the bill will yet work well, and that the medical men only need patience to ensure this. I pray they may be right. But what evidence have we that justice will be had from the boards of guardians, either for the sick poor or the medical profession? All experience, particularly that of late, compels us to regard them as the “natural enemies” of both one and the other. I am aware that strong hopes were (and no doubt are) entertained that the high character of the Medical Commissioner will produce amongst his brother commissioners a sufficiency of influence to procure for the dispensary practitioners a reasonable share of justice and protection from the insults of the guardians. I trust these hopes will not be blasted. I do not believe they will. To make assurance, however, doubly sure, the medical men should *organize and work*. Were they unanimously to fight their own battles, they would defeat all attempts made to degrade and insult them. The remedy is within their own hands, for “Heaven helps those who help themselves.” Of this we had a striking instance not long since in the exertions made by the medical men of Cork, who *obliged* the Marquis of Anglesea to cancel an appointment he made to a medical situation in the person of an unqualified man. The south of Ireland furnishes another instance where organization was marked by signal success. I allude to the last outbreak of cholera in the country. I read with much pleasure the accounts given of the successful manner in which the faculty of Cork wrested from the public authorities a *reasonable* remuneration for their arduous labours in treating that formidable disease, and am assured that this never would have been accomplished except by unanimity and determination.

Our present position is important and critical. How blind are we to our own interest and respectability if we do not exert ourselves at such a time. In the MEDICAL PRESS of May 5, is an excellent letter, signed “One of the Dispensary Medical Officers,” which has met general—almost uniform—approbation in this neighbourhood. The writer clearly exposes the absurd idea, “that any great number of the profession would, or could, assemble in Dublin, except on some rare and extraordinary occasion.” In place of this, he shrewdly suggests what you, sir, wisely advised—viz., “the organization of local associations” throughout the country. His suggestions appear so practical, that I will quote what he says on the matter:—“The profession, then, can be effectually organized only by the creation of county associations; and it so happens, that a staff is already in existence that can easily promote their development. The estimable Chairman and Secretary of the Committee of Medical Attendants, &c., have but to issue a brief circular to their local secretaries throughout the country, to call a meeting of the profession in each county for this purpose, and the thing is done. Of course, each county association should have a chairman, secretary, and other officers. These, in each province, would form a provincial committee; and on important occasions they could assemble in Dublin as a national committee. In this way, full attendance and representation at the provincial and national meetings would be ensured; for each of these officers would feel himself bound, in his official capacity, to attend; and even in the intervals of these meetings, the county associations, by corresponding with each

other, could act in unison and with a weight that would compel respect.”

Fully agreeing with these views, and sincerely anxious for their speedy accomplishment, I have the honour to remain your obedient servant,

A DISPENSARY PRACTITIONER.

May 13, 1852.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Is it apathy, or are the members of the profession so enraptured with the brilliant prospects opened to them by the working of the Medical Charities Bill, that they sit so quietly down under the monstrous wrong done them, in leaving them without remuneration for the onerous and expensive services rendered by them to the sick poor in their respective localities during the period that has elapsed since the act became law? If the medical officers of the late dispensaries are but true to themselves, there are those possessing rank and influence who are ready, aye and able too, to render their assistance. Let them for once unite as a body, and forward a temperate and plain statement of their case to the government, and I have reason to know that their application for redress will be attended with success. If the machinery of the old Medical Association cannot be brought to act, why not look to that old and well-tried friend of the body—Dr. Kingsley of Roscrea? He, I am sure, will be found now as hitherto ready to take the initiation in the matter. *Verbum sapientie*.—Faithfully yours,

A DISPENSARY SURGEON.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—As you desire to be kept informed of the working of the Dispensary Act, I write to acquaint you with an order of the board of this union, whereby the Board of Guardians plainly shows its desire to usurp the functions of the Poor-law Commissioners, Inspectors, and Dispensary Committee, by requiring of us information only obtainable by our keeping another book, in addition to the already tolerably extensive library with which we have been supplied, and information evidently intended to enable them to torture us unfortunate doctors by their incessant and intolerable interference with the inspectors and committees in the discharge of their proper duties as “managers” of the dispensaries. The following is the order:—“Ordered (in pursuance of section 11 of article 17 of the Commissioners’ Regulations prescribing the duties of the Medical Officers of Dispensary Districts) that the several medical officers of the dispensary districts be requested to furnish the clerk, for the information of the board, on or before each board day, with returns, stating under the head of each day of the week ending on the previous Saturday—1st, their attendance at the several dispensaries, with the time of such attendance; 2ndly, their attendance on patients at their houses, stating names and residency of such patients.”

They then suggest a form, and kindly promise to print it, if approved of, after a few weeks trial. To this I mean to reply, “that the information required is not obtainable from the dispensary books,” saying no more. You might suppose that ours is a very exemplary board and most zealous in discharge of its duties. You will be surprised then to hear that, up to this day, no place has been prepared for the dispensary of this town with its 10,000 inhabitants, and that I am actually obliged to send away from the old house (which we are suffered by the owner to use in the interim) numbers of legitimate applicants for relief from the want of medicine, which should have been supplied to us by the board several weeks ago. Perhaps you would be kind enough to advise as to the wisest mode of resisting this encroachment.—I remain your obedient servant,

A MEDICAL OFFICER.

## HOMŒOPATHY.—£500 REWARD!

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—You in your simplicity would advise aspirants to medical fame to drink deeply at the fountains of knowledge, to acquire the power of medical thinking, and to practise the healing art conscientiously on all men. In real life a man should invest his capital in a “snug practice and a handsome retail” attached thereto, the business of the establishment being carried by old rules with a view to gain; or he should learn a system rejecting rules and despising all knowledge, truth, and experience, conscience being seared as with a hot iron.

The system of homœopathy is based on an untruth, and supported by knavery, ignorance, and misquotations from foreign writers. It is practised by the uneducated in medi-



cine, who are guided by cunningly arranged books, and by men who may know more of the truth than it would be lucrative for them to acknowledge.

Your many able articles, exposing the unprincipled nature of homœopathy, have excited much table-talk, and caused disclosures of the malpractices of our avaricious brethren, who have been at various times heads in allopathic practice, yet still many good, unsuspecting, ignorant people are gulled and thrall'd by this deception.

I would therefore beg you will direct the attention of your readers to the *Herald* and *Warder* newspapers of this city, where, during the past week, the sum of £500, in separate hundreds, are offered for proofs that the homœopathic "immutable law" is true. It is hoped that the love of money may tempt some of the leaders into the field, and that discussion may open the eyes of their dupes. I know that you seldom descend to consider etiquette or the doings in private medical practice; that you confine yourself to the doings and sayings of the schools, colleges, their great men, and to the legal starvation of the newly-fledged public doctors; yet I hope you will ere long deem private practice worthy of your notice.—Yours,

A SUBSCRIBER.

May 6, 1852.

#### UNIVERSITY OF ST. ANDREW'S.

LIST of gentlemen who had the degree of Doctor of Medicine conferred upon them, 7th of May, 1852:—Francis Ayrton, M.R.C.S. and L.A.C., Liverpool; William Burns Beatson, M.R.C.S. and L.A.C., Peckham, Surrey, H.E.I.C.S., Bengal; James Strange Biggs, M.R.C.S. and L.A.C., Devizes, Wilts; Charles Blatherwick, M.R.C.S., Tichfield, Hampshire, E.; James Boyd, Lic. Fac. Phy. and Surg., Glasgow, Beith, Ayrshire; Richard Cross, M.R.C.S. and L.A.C., Scarborough; Robert Butterfield Cumming, M.R.C.S., London; James Drummond, M.R.C.S. Ed., Edinburgh; David Duncan, M.R.C.S. Ed., Glasgow; Edward O'Callaghan Foott, M.R.C.S., Cork, Ireland; Benjamin Godfrey, L.A.C., Romsey, Hampshire; Edmund Grosvenor Goulden, M.R.C.S. and L.A.C., Hazel Grove, Cheshire; John Grabham, F.R.C.S. and L.A.C., Essex; Horace Edward Philogonius Johnson, L.A.C., London; William Locke, M.R.C.S. and L.A.C., Hoddesdon, Herts; Charles Martin, M.R.C.S. Ed., Leicester; Samuel Mault, M.R.C.S. Ed., Nagercoil, S. Travancore, East Indies; James McCann, M.R.C.S. and L.A.C., London; Richard Budd Painter, M.R.C.S. and L.A.C., London; George Newport Pickstock, M.R.C.S., Belize, Honduras, West Indies; John James Ridge, M.R.C.S. and L.A.C., Gravesend, Kent; Francis Salter, M.R.C.S. and L.A.C., Hayes, Middlesex; Samuel Stacy Skipton, London; Thomas James Vallance, M.R.C.S. and L.A.C., Stratford House, Essex; Watkin Sandom Whylock, M.R.C.S., Southwark; William White Williams, M.R.C.P.L. and M.R.C.S., Gloucester; John Wills, M.R.C.S., Wiltshire. Mr. Benjamin Thomas Moore passed the requisite examination, but in consequence of an informality in his certificate, his degree was temporarily deferred.

#### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DR. J. F. DUNCAN, interim Treasurer, acknowledges with thanks the receipt of the following sums since last report:—

Dr. F. Kirkpatrick, Temple-street	...	£1 0 0
Dr. Sharkey, Ballinasloe	...	1 0 0
Dr. Latham, Ballymoney	...	1 1 0
Dr. O'Grady, Malahide	...	1 1 0
Surgeon Savage, Armagh	...	0 10 6
Dr. Shekleton, Rotundo	...	1 1 0
Dr. Neligan, Merriion-square	...	1 1 0
M. H. Colles, Esq., Fitzwilliam-street	...	1 0 0
Dr. Irvine, Rutland-square	...	1 0 0
Dr. Lynch, Loughrea, collection	...	1 10 0

Per Mr. Black, Collector:—

Dr. James Brady, Harcourt-street	...	1 0 0
S. G. Wilmot, Esq., Stephen's-green	...	1 1 0
W. Colles, Esq., do.	...	1 0 0
Robert Adams, Esq., do.	...	1 1 0
Dr. Walsh, do.	...	1 0 0
— Moore, Esq.	...	1 0 0
Sir P. Crampton, Bart, Merriion-square	...	5 0 0
J. W. Cusack, Esq., M.D., Kildare-street	...	5 0 0
Dr. Corrigan	...	2 0 0

May 15, 1852.

#### EFFECTS OF EASTERLY WINDS.

It has often been a subject of inquiry among invalids and their attendants, why an easterly wind should affect their health so much more than breezes from any other quarter, without reference to the actual locality in which they may be placed; and the uninterrupted suffering under which I have been labouring for the last ten weeks (solely, as far as I can discover, from the effects of the east wind), has made me desirous of information on the subject. Some local peculiarity is generally assigned as the actual cause of its deleterious effects. Thus, in town, I am told "the east wind blows over the Greenwich marshes, and the most unhealthy part of London;" at Ilfracombe, "it is damp from blowing down the Channel;" at New York, it is "loaded with vapour from the Atlantic;" at Niagara, "it blows over swamps and lakes;" at By-town, in Canada, "it blows over such an extent of dry land and forest, that it brings with it miasma from decayed vegetable matter." Now, as far as I myself am concerned, I can only say, that whatever part of the world I may be in, I can tell, even while in bed, in a closed room, when the wind changes to the east; that as long as it lasts I have neither appetite, strength, nor spirits; and that in a couple of hours after it changes, I experience the same relief as I have often done when stepping from the deck of a steamer, after a rough passage, on terra firma. That it produces the same effects on animals, can at any time be proved by dividing a field, and putting up a shed in each portion, one facing the east and the other the west; then turn a cow, horse, and sheep (as nearly as possible alike in age and condition) into each portion, and after a single month of "easterly," the difference in condition will be apparent to a tyro. During its prevalence you will see the animals in the shed open to the west go out, feed hastily, and return to their shelter, while those in the shed open to the east will be uneasy, and if there be a wall, hedge, or ditch on the opposite side of the field, there they will be found. It is also worthy of note, that the east wind when mentioned in scripture, is generally associated with some calamity.—*Letter in Lancet.*

LUPUS CURED BY COD-LIVER OIL.—*L'Union Médicale* mentions a case of lupus in which the ulcerations cicatrized under the influence, or during the administration of, enormous quantities of cod-liver oil. The patient was a young man, aged 23, residing in the country, and was admitted into the hospital of Ghent on the 6th of December, 1850. The disease had manifested itself in various parts of the face and chest, and was of old standing. After purging and rest, half a pound of oil was given in the day, two equal halves being taken morning and evening; the daily dose was gradually carried to three pounds, with occasional interruptions when the appetite failed or diarrhoea came on. The patient was in the meantime well fed, had wine and beer, and the ulcerated spots were successively touched with tincture of iodine, lemon-juice, and nitrate of silver. In the space of about seven months the cure was complete, all the lupoid ulcerations, to the number of three or four, were completely cicatrized, and the patient had purchased this result by swallowing during that period 265 pounds of cod-liver oil.

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

		1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May 9th,	63	55.5	29.918	.007	
Monday,	10th,	72	56	29.550	.012	
Tuesday,	11th,	69	43.5	29.700	.080	
Wednesday,	12th,	63	48	29.650	.190	
Thursday,	13th,	67	51	29.500	.230	
Friday,	14th,	65	47	29.750	.065	
Saturday,	15th,	62	45	29.860	.080	

PORTARLINGTON, QUEEN'S COUNTY.

1852.		Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
May	9th, 64	53.5	29.598	60.1	53.2	47	.018	W	
	10th, 66	52	29.232	56.7	49.8	42.9	.068	SW	
	11th, 61	39	29.422	55.8	51.7	48	.056	WNW	
	12th, 57	40	29.346	56.1	52.2	48.7	.260	W	
	13th, 61.5	49	29.247	56.2	55.1	54.2	.151	W	
	14th, 60.5	42	29.460	53.5	48.7	43.9	.190	NW	
	15th, 56.5	39	29.528	54.2	51.3	48.7	.100	SW	

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**TO DENIS JOSEPH HYNES, ESQ., M.D.,  
 KINVARRA.**

DEAR SIR,—We, the undersigned members of the Medical Profession connected with the medical charities of this and the neighbouring counties, desire to tender you our sincere acknowledgments and thanks for the exertions you have on all occasions made to uphold the dignity, the honour, and respectability of our profession.

Your attendance as a Provincial Representative of our body on the Medical Charities Committee in Dublin, and your anxiety, as evinced by your published correspondence with Sir William Somerville, to render the bill as acceptable as possible to the profession at large, deserve our highest commendation.

Adverting to a correspondence which has lately appeared in the DUBLIN MEDICAL PRESS, as having taken place between you and another member of the profession, and duly weighing the facts of the case at issue, as disclosed by that correspondence, we feel that we would not be discharging our duty, either to you or to ourselves, did we not come forward to express our entire approval of the course you have adopted on the occasion.

Feeling that a principle most vital to our interests was involved in that controversy, we have no hesitation in saying that you, by your sincere and steady advocacy of that principle, as well as of the interests of the profession in general, have earned the approbation and good opinion of all your professional brethren.

(Signed)

L. C. Kearns, M.D., Ahaserahag.  
 M. Healy, M.D., F.R.C.S., Ennis.  
 Carroll O'Grady, M.R.C.S., Kildysart.  
 Michael McNamara, M.R.C.S., Corrofin.  
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 John C. Barrett, M.D., Castlebar.  
 Thomas McGreal, M.D., Islandeady.  
 Wm. H. Suffield, M.D., Clifden, Secretary.

Answer.

GENTLEMEN,—Your very flattering address conveyed to me through my esteemed friend Dr. Suffield, and for which I sincerely and heartily thank you, is proud evidence of the fact, that however humble be the individual in our profession whose conduct and acts tend to uphold, to the best of his ability, the honour and dignity of his profession, he will be sure to earn for himself, in the approbation and thankfulness of his professional brethren, that reward to merit which should be the aim and pride of us all.

That my humble efforts in the cause of my profession should have called forth the expression of your approbation, is to me a source of pride and pleasure at the same time; and when I recognize in the array of signatures attached to your kind address the names of all those in this side of the country whom I have usually found engaged for the last two years in the promotion of the welfare and independence of their profession, the complimentary terms in which the approval of my conduct is conveyed in that document, become, on that account, doubly valuable to me.

I have only to add, that the consciousness of having "earned (as kindly expressed by you) the approbation and good opinion of my professional brethren," will act as a further stimulus to me in my future career to maintain that good opinion by every act of mine, and on every occasion in which the interests of our noble profession may be at stake.

I have the honour to be, with many thanks,

Your grateful and faithful friend,

Kinvarra, May 7, 1852.

DENIS J. HYNES.

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Examinations will be held, and Premiums awarded to the successful Candidates, at the termination of the Session.

**DISEASES OF THE EYE.**

**SUMMER SESSION.**

DOCTOR JACOB commenced his Lectures on DISEASES of the EYE, in the City of Dublin Hospital, on Tuesday, the 18th of May, and will continue them during the SUMMER SESSION, so as to form a complete Course of OPHTHALMIC SURGERY.

**CITY OF DUBLIN HOSPITAL.**

**SUMMER SESSION.**

THE Clinical Lectures and other forms of Instruction commenced in this Hospital on the 26th of April. By a recent Ordinance of the College of Surgeons, separate Certificates of Hospital Attendance, during the SUMMER SESSION, are required.

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THE HOUSE-SURGEONCY of this Hospital will be vacant upon the 25th inst., when the Election of a Gentleman to fill the Office will take place.

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THE Annual Meeting of this Society will be held on Monday, the 7th day of June, in the College of Physicians, Grand Canal-street.

The President of the College will take the chair at four o'clock p.m.

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W. KINGSLEY, } Hon. Secretaries.  
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May 18, 1852.

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## PROCEEDINGS OF SOCIETIES.

### EDINBURGH PHYSIOLOGICAL SOCIETY.

#### ON THE MOLECULAR ORIGIN OF THE TISSUES.

By Dr. BENNETT.

THE great generalisation of Schwann was that all tissues are derived from cells. Subsequently, it was ascertained that the nucleus, or cell-germ, exercised an influence on the tissues, independent of its cell wall; and it was endeavoured to be shown, that some tissues might be derived directly from nuclei. The object of this communication was to point out that the nuclei themselves originated from smaller bodies—viz., molecules; that these were the origin of every texture, and to indicate some of the laws which governed their formation, arrangement, and subsequent development. From a review of the observations of Schleiden, Schwann, and Martin Barry, the author pointed out how the first appearance, observable in all developing organisms, was a mass of molecules and granules, which, by aggregating or melting together, constituted the cell germ. Around the cell germ other molecules were formed, which again, by melting together, constituted the cell wall. Further development, in like manner, proceeded by the apposition of molecules. At any period in the process of evolution, the onward progress might be checked when the structure became disintegrated in the inverse manner to its formation: First, the cell wall became dissolved, then the nucleus, both of which were reduced, first to molecules, then to a fluid. Hence there were molecules of evolution and molecules of disintegration. Occasionally, between the cell wall and nucleus, secondary molecules were formed, which constituted peculiar secretions, as they have been termed: these might be called molecules of transformation. The author described the origin and mode of formation of these three kinds of molecules, their physiological and pathological importance, and pointed out the advance which had been made in our knowledge of molecular formation by the observations of Ascherson, Harting, and Melsen. In complex organisms, the higher tissues were formed by an elaboration of blastema, mainly due to the successive evolution,

transformation, and disintegration of matter, by means of the three different kinds of molecules, of which the author gave numerous examples, derived from the elaboration of the ovum, of the blood, the transformation of insects, the process of fissiparous division in the lower animal forms, &c. He pointed out that molecules had independent movements, sometimes physical, as in the case of Brown's molecular movements, at other times vital, as seen in many organisms. That occasionally we had molecular fibres, from the aggregation end to end of molecules, in the same way as we have nuclear cell fibres. Moreover, each kind of fibre could assume inherent contractility, as in the case of vibriones, which might be called contractile molecular fibres, as spermatozoa might be denominated contractile nuclear, and cilia contractile cell fibres. The author concluded a lengthy communication by remarking, that not only did a study of the molecular element indicate the origin and development of healthy and morbid product, but it pointed out the basis on which a rational treatment was to be founded, as far as diseases of nutrition were concerned. Thus in tubercular diseases, where molecules of evolution were deficient from absence of the fatty element in the chyle, animal oils were indicated to favour the production of such molecules. When the blood was diseased, in cases of gout, rheumatism, rachitis, scurvy, &c., such morbid conditions could only be removed by the introduction of substances which either directly or indirectly, physically or chemically, favoured the production of certain molecules of transformation, as those in the blood; and when any of the tissues seem redundant and hypertrophied, tumours constituted the morbid condition; thus the cure would depend on the discovery of those means, whereby granules of disintegration might be induced and subsequently eliminated.

#### ON PATHOLOGICAL CELL DEVELOPMENT.

DR. GAIRDNER made a verbal communication of considerable length, on certain peculiarities of pathological and other structures, as bearing on the different theories of cell development. He considered the cell theory of Schleiden and Schwann, although it led to the discovery of many in-



interesting facts, and really important morphological generalisations, to have been utterly overthrown, as a general theory of development, by the progress of scientific inquiry. The "cell" of these physiologists, so far from having the fixed and uniform character of a basic type of form, was the most fluctuating and uncertain of all morphological creations. Its form, size, law of development, were either confessedly uncertain, or had to be stated in terms so vague as to lead to the conclusion that form and substance, and perhaps microscopic size, were the only attributes essential to the idea of a cell. No one could tell, in practice, what was a cell wall and what was a nucleus, and no one could give a satisfactory theoretical definition of either, or resolve, for all cases, which of the two preceded the other in the course of development. The theory of "germinal centres," held by Mr. Goodsir, in so far as it ascribed to certain "nucleated particles" the function of the cell, was, in Dr. Gairdner's opinion, subject, in like manner, to the imputation either of vagueness or of want of comprehensiveness. If these nucleated particles came under any more precise definition than was applicable to every kind of organic or inorganic structural atom, it would be very difficult to show that they monopolised and centralised the whole functional activity of the organism, or were more necessary than other parts to its growth and preservation. He (Dr. Gairdner) believed that there was no distinction in the organism of passive and active atoms, and considered every point and every molecule as endowed with its own life, and placed, in its own peculiar sphere of activity, in harmony with the rest. He agreed with Dr. Bennett in thinking, that many tissues arose from elements far more minute than any to which the term cell or nucleus had been applied; indeed, he was far from thinking that our microscopes had conducted us back to the real germs of the tissues, and considered that the structural, like the chemical atom, still lay in the remote region of hypothesis. He firmly believed, however, in these hypothetical germs, and could not conceive of the tissues being formed by any thing like what the Epicureans would have called a concourse of atoms, according to their physical and chemical properties. Hence he did not think, that by the mere introduction of peculiar molecular elements into the food, we could either create new tissues or destroy old ones, so directly and simply as had been hinted by Dr. Bennett. The positive part of Dr. Gairdner's communication consisted in the detail of observations on the structure and development of the pus corpuscle and other pathological structures, intended to show that the so-called cell walls were often generated in great numbers without nuclei; and that the whole of the facts of cell development contradicted the idea of any part of a cell being, more than another, the source of its functional activity and development. In regard to the development of fibres, Dr. Gairdner thought there was no evidence that these were ever produced from cells, under any circumstances; and he had long been in the habit of regarding the so-called fibre cells as merely transition types in morphology, and not parts of a physiological succession of stages of development. It was difficult to prove this view any more than its opposite, but he thought any one who would give it consideration in original observations, would find it in harmony with all the known facts, both physiological and pathological.

Dr. SANDERS remarked, that Kölliker had demonstrated unstriated muscular texture to be composed of permanent fibre cells, whose development by elongation of spherical nucleated cellules he had traced in the pregnant uterus. This texture, therefore, had been lately found a corroboration of Schwann's views, which it was previously thought to contradict. Doubtless some textures were formed without passing through the form of cells; thus, particularly, fibrous tissue, as observed in cartilage by Redfern and Donders; yet the constant presence of nuclei and cellules in skin, mucous membranes, glands, and bone; their transition forms; their extensive development in the fetus; their occurrence in newly forming textures in all organized beings, animal and vegetable, gave immense weight to Schleiden and Schwann's views, and justified

our adherence to them in physiological anatomy. In pathology, their application appeared more limited, and less satisfactory. Dr. Gairdner's statements, and a gaining distrust among observers at home and abroad, proved the necessity of submitting the "cell theory" to the criticism of new and extended observations; it ought not, however, to be rejected, but only thoroughly reinvestigated.

#### STRUCTURE OF ARTERIES.

Mr. DRUMMOND exhibited several preparations of the middle coat of the aorta in the ox, for the purpose of showing—1st, that many of the fibres present a distinctly transverse striated appearance. They are branched generally, and anastomose with neighbouring fibres, presenting an appearance very similar to the branching striated muscular fibre, seen in some of the Insecta. From muscular fibre, however, they differ in their chemical constitution, agreeing in this respect with yellow elastic tissue. They are in all probability analogous to the striated fibres occurring in the ligamentum nuchæ of some animals. When viewed with a high power, many of them seem to present a series of cup-shaped depressions, arranged in linear series in the longitudinal axis of the fibre, with intervening ridges or partitions, to which the striated appearance is owing. 2nd. That the structure described under the name of the fenestrated coat of Henle, as it occurs in the middle coat of the aorta in the ox, is formed by the amalgamation of the network of the yellow elastic fibres, the fenestræ or perforations being merely the remains of the areolæ between the fibres. The fibres which go to the formation of this coat often present traces of the transverse striated appearance above described. Preparations were also shown illustrating the development of the yellow elastic tissue as it takes place in the ligamentum nuchæ of the calf. A description of the development of this tissue will be given in a future report.

Dr. BENNETT showed, under the microscope, demonstrations of the blood in a case of leucocythemia, in the practice of Dr. Monro of Dundee.

Dr. GAIRDNER exhibited various organs, as well as the clot of the blood, and a slightly enlarged and softened spleen, in what he considered as an incipient case of leucocythemia, probably the earliest stage of the affection yet observed. The patient died of acute rheumatic endocarditis, with disorganization of the aortic valves and septum ventriculorum. The tissues, the blood, and the spleen, contained an excess of white corpuscles.

Dr. SANDERS was requested to investigate the spleen in this case.

#### DEVELOPMENT OF PUS CORPUSCLES.

Dr. SANDERS reported some observations on the corpuscular contents of the vesicles of small-pox. On the fourth day of the eruption, the fluid of the vesicle presented some clear, gray nuclei, about the size of blood corpuscles, and showing only one or two granules in their interior when acted on by acetic acid. On the fifth and sixth days these corpuscles had increased in size and numbers, and become more granular; the amount of free molecules and granules, at first very scanty, was now greater. On the sixth and seventh days, nucleated cells, spherical, and more or less granular, occurred along with the corpuscles before described; and a few large cells, of the diameter of four to five blood discs, and containing several nuclei imbedded in granular matter, were also observed. The corpuscles, however, were the chief elements; they were granular, like the usual pus-corpuscles, and presented under the action of acetic acid, some a triple nucleus, others several granules. From this stage, when the fluid was distinctly purulent in its characters even to the naked eye, up to the time of scabbing, or twelfth day of the eruption, the changes were a gradual increase in the free granular matter, and a diminution in the amount of corpuscles, which at last gave place to the granular matter; which last, along with epithelium cells, dried up to form the scab. The fluid of the vesicles therefore exhibits a process of cell growth from nuclei to pus corpuscles, and nucleated cells, which become



more and more granular, and break up at last into free granular matter. The so-called pus-corpuscles are a stage in cell formation. Considering the small amount of granular matter, both free and within the corpuscles at the beginning, and its great abundance subsequently, the author was disposed to doubt the formation of these corpuscles and cells by the aggregation of granules subsequently surrounded by a cell wall, but regarded the granular matter rather as a production of cell growth.

Dr. SANDERS also communicated the following

#### ON THE CONTENTS OF THE CYST IN A CASE OF RANULA.

In the fluid contents of a ranula existing on the left side of the tongue, and evacuated by incision, the liquid was transparent or slightly opalescent, viscid, and tenacious, and forming a thick, curdy precipitation on the addition of nitric acid. Under the microscope (250 diam.), a large number of cells were seen in different stages of growth; the most numerous about 2.3 centimillimetres diam., granular, generally with one, sometimes two, nuclei. Some larger cells, of 4.5 centimillimetres, contained several, sometimes four or five, clear, shining nuclei, imbedded in granular matter in their interior. On dilute acetic acid being added, the nuclei became more distinct; and in the larger cells, the granular matter, with its imbedded nuclei, contracted into a mass, and separated from the cell wall, leaving it clear and projecting, like a watch-glass, at part of its circumference. A curious phenomenon was also noticed; several clear, spherical, colloid processes were developed at the circumference of many of the cells from which they appeared to proceed.

Mr. DRUMMOND mentioned, in opposition to the assertion of Zimmerman, that the blood of the fetus contained no fibrine, that he had recently found it to contain a considerable quantity of that substance.—*Edin. Monthly Jour.*

#### MISSISSIPPI VALLEY ASSOCIATION OF DENTAL SURGEONS.

Dr. ULREY read a paper on the subject of

##### ATMOSPHERIC PRESSURE PLATES.

Dr. J. TAYLOR remarked that he had been depending more upon this principle for sustaining plates within the last year than formerly, and believed his practice during that time, in this particular, had been more successful. He did not confine himself to any particular form of chamber, but varied it according to circumstances. He had made chambers by enlarging the ruga, had formed the Flagg chamber, and, indeed, had tried all proposed forms. He, however, preferred the chamber in the centre of the arch. He usually made the one he prefers by placing some wax on that portion of the plaster model, and trimming it to about the thickness of a dime, leaving its edge acute. In this way he was able to strike up a chamber at the same time he struck up his plate, and no soldering was required about it. He has, during the past year, been using plaster as the substance to take his impressions, and thought his better success during that time was owing to that fact; and he would recommend it to the Society as a thing altogether superior to wax for impressions. He knew it was more difficult to use at first, but if gentlemen would stick to its use in full upper sets, in a short time they would not abandon it. He had made out to take some under impressions with it, but here, and in partial sets, he generally uses wax. In using plaster, he places a rim of wax across the back of the holder; in the centre of the impression, before its removal, and after it has set, he inserts a probe, which allows the air to pass into the arch; then immediately the impression may be removed. He did not think salt necessary in using plaster to make it set quick.

Dr. ALLEN preferred wax as a substance to take impressions. He had tried all the various chambers. He had found those on the ridge very serviceable. He had constructed some under the front teeth, that worked well. He thought an advantage arising from the use of chambers on the ridge, to be the overcoming of some of the evil results of soft spongy gums. He preferred to form the

plate by striking up the chamber and plate in one piece, as followed by Dr. Taylor. He usually made the plate as large as possible, believing that the larger it was the better it would hold; but he held that much depended upon the articulations of the teeth, whether or not the work would be serviceable. Many failed by setting the teeth too far outside the ridge. He had frequently to correct the work of his young men in this particular, and he thought it a point too much overlooked generally. Dr. Taylor seemed to consider a chamber an essential part of atmospheric plates.

Dr. GODDARD's views being called for, he said he did not know anything about it. He thought it a mistake to make plates as wide as we had been in the habit of making them the last few years. He had found that wide plates, after being worn for some time, would be found bearing hard upon the centre of the arch, creating thereby a rocking motion of the plate; the result, as he conceived, from the wasting of the ridge. He is now using the old-fashioned moderate-sized plate, which does not cover all the hard palate. He prefers wax as a substance for the impression.

Dr. TAYLOR had also found the rocking motion from undue pressure on the arch. He had tried to obviate the difficulty by adding some wax at that part of the plaster model before making the plate, but it did not overcome the difficulty. He therefore inclined to the opinion that plates were frequently made too wide, and that we had better make them, in some cases, as Dr. Goddard suggested. He agreed with Dr. Allen in the principle stated, that pressure is generally according to the surface, but he thought the plate should not extend further behind the chamber than sufficient to give a bearing to the edge of the chamber, and prevent its being forced into the gum. In answer to a request that he would explain, on scientific principles, the mode upon which the partial vacuum in the chamber is obtained, he said he did not know that he could give a full explanation of the thing. About all we know is, that, some how or other, it was done by the wearer applying the tongue and sucking out a portion of the air. In answer to another query, he said he used the plaster about the thickness of cream. He was further asked, how, in that case, he got the impression of a mouth with a high arch? There was always a portion of plaster in the bottom of the cup a little thicker; this he removed, and with a spatula placed it in the elevated portion of the arch, he then inserted his holder containing the balance. As an instance, in proof, that a narrow plate would sometimes be preferable, he stated that he had lately been called upon by a lady having a temporary upper set which was not a good fit. She wished a set inserted on the pressure principle. He took an impression, and the first trial obtained a plate requiring some ten or twelve pounds weight to dislodge it by a direct pull. He attached the teeth, and inserted it to his own satisfaction, but practically they did not suit the lady. If she attempted to bite with the front teeth, the back part of the plate would drop; still she could use the old set in this way without that effect, although a little direct force would dislodge them. He made a second and a third set, but without making them preferable to the old one; he then concluded to make a plate just like the old one, which was narrow; he did so, and they proved more satisfactory.

Dr. LESLIE remarked that to him this was an interesting subject, for he had never been able to agree with the majority in the views they held. This is a matter which has occupied the attention of the profession through our periodicals and otherwise, quite largely, and for a length of time, and he had watched the development closely. Conscious that his views differed, he has endeavoured to sift the views of others on this subject, in order that the searching might, if possible, clear up any mistakes he himself may have made. This it was, also, that pointed the queries addressed to Dr. Taylor. I have always been a questioner of the advantages of cavity plates. Hence, whenever I have met with gentlemen who claimed experience in the use of them, I have put such questions as I did to him. I claim not to have had much practical



experience in the use of the cavity, simply because I have never been able to convince myself of their advantage, or to have been so fortunate as to be so enlightened by others; hence my course; and if I am pointed in my remarks, it is simply that I may convince, or be convinced of my error. My own view of the matter is, that cavities in atmospheric plates will ultimately be abandoned. I found this opinion on the fact, that, with but one exception, the arrangements of this nature are unscientific in their construction, and that a vacuum cannot be formed in any of them, unless they possess the valve of Dr. Dwinelle. They then become the exception which may be considered scientific in its construction. I have asked Dr. Taylor, as I have others, to explain how even a partial vacuum can be formed in the cavities he and they make use of; and I have found that when the difficulty of explanation was not immediately perceived, it was at least felt, and the most I have obtained was, that they judged by the effects the cavity produced in some cases upon the gum, that a portion of the air was exhausted; secondly, that such plates adhere more firmly than those without the cavity, and they consequently conclude the air was got out by suction. Now, I think that gentlemen allow themselves to be led astray by appearances. I conceive it to be no proof that there has been a partial vacuum in a cavity, because you find on removal of such a plate that the gum over such cavity is swollen. This may be the result in a mouth where the gum is in any way spongy if having a cavity there. That portion presented to the cavity is not subjected to the pressure the portion is which the surrounding plate lies in close contact with; it is, therefore, left free to develop fully its spongy tendency by protruding into the cavity; and this tendency, be it noticed, is increased by the surrounding pressure. So that you see, I must take part of their evidence, and claim it as another proof that the cavity plate must be abandoned. I hold further, that cavity plates must be abandoned, even were I wrong in assigning the swelling of the gum into such cavities to the absence of pressure there; because I hold that if there is a vacuum, be its degree what it may, the tendency must inevitably always be for the gum to fill up the cavity; and I feel assured by analogy, that where the means exist of forming a vacuum in such cavities, the gum would ultimately fill them up, unless such means of preventing it are adopted in Cleaveland's chamber, which may be viewed as a chamber beyond the ordinary chamber, having very small openings into the second; which arrangement the patentee himself says is to prevent the gum swelling so as to fill up the second chamber. This clearly proves one of my positions—that if a vacuum be obtained in ordinary cavities, it will in time be filled up by the gum. If we examine the actions of an air-pump exhausting the air from a vessel on the lecturer's table, we perceive he attaches the pump to a truly turned metallic plate, in the centre of which we observe a small opening which communicates with the pump-chamber. We understand at once the object of it: it is for the egress of the air. If the edge of the glass vessel is not perfectly true, so as to form a perfect joint with the plate, he uses a rim of buckskin to effect this—so essential is it that the edges of his cavity should fit close all round when he commences exhausting their chamber. Not so the dentist who uses the cavity; he tilts the vessel (cavity) to one side, and "sucks" the air out. We have another illustration of the partial or complete exhausting of a chamber in the act of cupping. These cups, in which the air-pump is used to exhaust the air, have a valve on the top, and we see at once how the air may be exhausted—it is done precisely on the principle of Dr. Dwinelle's chamber. We have also the old-fashioned cup, in which a flame is inserted for the expulsion of a portion of the air. Here again we see the mode. Not so in the cavity practice; and until we are shown a better explanation than has yet been given, we must hold that they have not any more pressure by means of the cavity than can be got without; and I question if they have as much as exists in a well-formed plain plate. A question, which I think of some importance to determine nearly

as we can, is, what amount of atmospheric pressure is requisite on an upper set of teeth, in order that they be useful? Some men there are who promise their patients from five to twenty pounds, as it may be desired, or as they think the case demands. To hear them talk, one would think it was as easy to do this as to make the chamber. But, for my part, I never say anything of pounds to my patients, all I promise is a useful set of teeth; this is all that is needed. It may not be startling enough for a striking advertisement, but as I never aim at such things, it matters not to me. I trust always to redeem my pledge by using the plain plate; and here let me say, that it must, I think, be within the power of all dentists of experience to refer to sets of teeth they have inserted with the plate, void of any cavity, which gave entire satisfaction to the wearer without the aid of springs; and I believe it may be said of such cases, that they are preferred by the wearer as well as the operator, to those with cavities. The amount of pressure on a well filled and properly articulated set of upper teeth, need, I think, but little exceed the actual weight of the operation and the pressure exerted by the tongue in articulation. Where the plate is properly adapted, and there is anything of an arch in the mouth, and the plate can be brought over the ridge, mastication but increases that pressure on the exposed surface of the plate. Of such a plate, of course it is a pre-requisite that it should stand pressure in any part, without dropping at the opposite point. We all know that some plates we make take hold, so to speak, of the gum better than others. This irregularity is attributed by some to various causes, peculiar form of the mouth, sponginess of the gum, &c. When I meet with a plate that does not stay up, I lay it to myself, not to the mouth, to a failure in my impression, and set about taking another. I do just the same when it rocks on the centre of the arch; I view it as my fault. I may have failed in gaining the impression from pressure against the lips in removal. I think more harm results from these soft parts than from those on the ridge, which some gentlemen fear so much. Having obtained a good impression, I consider there is no difficulty in making a plate which will be retained by atmospheric pressure. This atmospheric pressure I conceive to be obtained by an approach to a perfect adaptation of the plate to the mouth. The more perfect this is, the greater the pressure. Such a plate, when placed in the mouth and forced against the gum, displaces the air that is in contact with that surface; and thus the balance of pressure is created upon the exposed surface of the plate, and this it is which retains it in place. Hence, simple occlusion of the jaw is sufficient to restore the pressure when the plate inclines to drop. This, I conceive, to be the true theory of atmospheric pressure, as applied in dentistry. Consequently, I cover as much surface as possible when I want this pressure. This is in accordance with the well-known principle alluded to by Dr. Allen, that the pressure is according to the extent of surface. It is in accordance with this theory, which I have endeavoured to develop, that I conceive the artificial enlargement of the ruga, and all forms of chambers not possessing the valve of Dwinelle, as worse than useless, from said cavities being reservoirs of air, by which the plate is sooner separated from the surface of the gum; and as a matter of course, if the air is not partially exhausted from the chamber, there is not as much pressure on the plate as if it was not there. I object, then, to the use of chambers—1st, because they are not what they are supposed to be, partial vacuums; 2nd, that if they were, they would to that extent produce swelling of the gum into the cavity; 3rdly, because they are unnecessary, the simple plate being sufficient. I throw these thoughts out, observing, that if there be error in them, it will be shown by those who perceive it. Next, a word or two on the impression. It is claimed by those who prefer prepared gypsum as a medium to receive an impression, that its chief advantage consists in the perfection with which they obtain an impression of the soft ruga and spongy ridges, without any displacement of the soft parts, there



being no pressure required in its use; while in the use of wax, these parts are more or less displaced. Of plaster, I would say, that if it were possible to use it under circumstances requisite to its most perfect application, that it would undoubtedly be preferable. But I have yet to learn how it may be so managed. To obtain with it a perfect impression, it should be used as thin as the medallion maker employs it. This is much thinner than Dr. Taylor employs it. You will now perceive the force of my inquiry of the doctor as to how he obtained an impression of the elevated arch. Here he finds it necessary to use, shall I say, a piece, it would be near if not quite the truth: at least it must be considerably thicker than cream. I had thought, and still do not see otherwise, that plaster should be used just as it begins to set; because if used in the liquid state, it must follow the law of liquids—viz., seek a level. Now, I question whether in either of these states, a more perfect impression can be obtained with it than with wax. Again, is it a fact that it can and is used without any pressure? If so, a steady hand must sustain the holder, an equally steady one the patient's head, as the least motion during the setting of the plaster must change the impression. I will frankly acknowledge, that with wax it may be impossible to get an absolutely perfect impression. But I think that with proper care, your success will be quite as great with wax as with plaster as now used, and while the advantage is clearly in favour of the plaster, the simplicity of wax must give it the preference. I make use of pure yellow wax, softened in water, not above 140 deg. F. It should never be allowed to melt in the surface. It is also best to use it but once, it is then tougher, not to mention cleanliness. Another thought which has been presented, of which I could not see the philosophy: it has been asserted here, and I have heard of it elsewhere, that if you insert a probe through the plaster or wax until it touch the elevated portion of the arch, you could immediately remove an impression, which, without such a course, would have been destroyed by the force necessary to remove it at the same period. I say I cannot understand the working of the probe. It may be ignorance, but it appears to me that if I was to fill a vessel with wax or plaster, and turn it bottom up, and insert a probe such as the gentlemen uses, it would only allow air to pass to the surface the probe touched. By what means the air is to pass between the vessel and the wax, or between the gum and wax or plaster radiating from the small opening, I cannot so clearly see, especially as its effects are said to be immediate. If it were claimed to be a slow process, I would admit it may be of some utility; or if the plaster or wax had not been placed in close contact with the highest portion of the arch, I could see how the external opening would operate upon the confined air in that cavity, but in the way claimed I cannot. I could see how, if it were such a fluid as water that filled the supposed cup or arch of the mouth, that the insertion of a tube which would pass air to the upper surface would radiate immediately over said surface, because in this case the fluid would immediately descend, not so in the other. In my own practice, consequently, I make no use of the probe. Not because my impressions do not adhere as firmly as those of others, but because I conceive the mode I adopt of overcoming the difficulty as superior. My mode of procedure is based upon what I believe to be a fact,—viz., that the soft parts (buccinator muscle and mucous membrane) act the part in the impression that the rim of buckskin does under the air vessel. It makes the adaptation more perfect. My first step in accordance with this view, after the wax has set is to raise these soft parts, first on one side and then the other, repeatedly if necessary, allowing the air in this way to gain access to the whole rim of the impression. The result I find to be that an impression which before would have been destroyed in the attempt to remove it, now may be removed safely. I can feel it give way. In the language of others, "it will presently drop."

Dr. GRIFFITH said he had been in the habit of using the probe, and found it very serviceable.

Dr. TAYLOR admitted that the soft parts named by Dr. Leslie played an important part in the adhesion of the impression, and he always raised these also, as Dr. Leslie had described. Still he contended that the probe was indispensable, and that the air did pass from the opening it made over the surface of the arch. He was certain his views respecting the great advantage plaster had over wax would be found to be sustained, if gentlemen would try it more. One thing he would say for it, and that much he could not say for wax. He would undertake to get a plate that would stick to the mouth from the first impression. If he could not do this with any mouth, he would forfeit fifty dollars. He, however, believed the day was approaching when cavities would be abandoned, and the simple plate be proved sufficient for our purpose; for he must say that he had inserted many sets without the chamber, and that on the whole he and his patients preferred such, when he could get them, to those with the chamber.—*Amer. Jour. of Dental Science.*

#### PROTRUSION OF THE EYEBALL, PROBABLY FROM AN ENCYSTED TUMOUR IN ORBIT.

Dr. HAYS remarked, that if there was nothing of more importance to occupy the attention of the College, he would take the opportunity of relating the outlines of a somewhat curious case that had been interesting to him, and he thought might be so to the fellows present. He had been sent for, in April last, to see a lady from the State of New Jersey, about 35 years of age, of lymphatic constitution, who was labouring under a very considerable protrusion of the right eyeball, which was rolled inwards towards the internal canthus: the upper eyelid was greatly enlarged by a number of encysted tumours within it. The deformity resulting from this condition of the eye, as may readily be supposed, was very considerable; the sight of the eye was entirely gone. Dr. Hays was unable to obtain any very satisfactory history of the case. The patient was an orphan, and from her brother, who was but a few years older than herself, all that could be learned was, that from his earliest recollections of his sister her right eye was somewhat protuberant. He thinks that he had heard her parents say, that up to her fourth year she had had no affection of her eye, but soon after this period the swelling had commenced, and had gradually increased, until it had attained its present magnitude. The physicians in her neighbourhood had been consulted in her case, and had tried a variety of remedies for her relief, but without success. She had finally been brought to Philadelphia for the purpose of consulting Dr. Hays, who could not discover anything in the case to lead him to suspect that the protrusion of the eye was caused by the formation of a malignant tumour behind it; he suspected that it was caused either by an encysted tumour behind the ball, or by an effusion within the capsule of Tenon. Still he was not sufficiently positive as to the correctness of this diagnosis as to warrant him in the introduction of a bistoury with the view of causing the discharge of the effused fluid. He concluded therefore to first direct his attention to the removal of the cysts within the upper eyelid, in the hope that, in the course of his attendance, the correctness of his diagnosis would be confirmed or disproved. One of the cysts was opened with the knife, and then solid sulphate of copper was applied to its inner surface. The others were treated in succession in the same way, and the tumefaction of the lid, in consequence, was considerably reduced. At this state of the case, Dr. Hays left for Charleston to attend the session of the American Medical Association. Upon his return he was sent for, and then learned that on the day he left, the patient had accidentally tripped over, and in falling, had struck with violence the right eye against the edge of a chair. The pain was intense, and the consequent swelling, from the contusion and ecchymosis, very considerable; upon the disappearance of this, it was found that the protrusion of the eyeball had greatly diminished. Dr. Hays thought that very little doubt could exist as to the mode in which the violence inflicted upon the eye, in this case, had



caused the removal of the protrusion previously existing. It was evidently by the rupture of the cyst or of the capsule of Tenon and the consequent escape of the fluid into the cellular tissue of the orbit where it had been afterwards absorbed. Had the protrusion been caused by a malignant tumour formed at the bottom of the orbit, the blow upon the eye, instead of being followed by a removal of the preëxisting deformity, would, on the contrary, have been more likely to be followed by an augmentation of the mischief, if not the rapid destruction of the eye. The protrusion of the eye has now nearly disappeared; the strabismus, however, still continues, and vision remains extinct. —*Transactions of the Philadelphia College of Physicians.*

#### USE OF GLYCERINE IN THE TREATMENT OF CERTAIN FORMS OF DEAFNESS.

By THOMAS WAKLEY, F.R.C.S. Eng.,  
Surgeon to the Royal Free Hospital, London.

THE class of cases to which I would draw attention in this report, are those of *cuticular* or *epithelial thickening* of the meatus, either *partial*, affecting the membrane of the tympanum, or *complete*, being continued over the entire auditory cul de sac. There is a greater or less degree of deafness, corresponding with the amount of thickening; cessation of the secretion of cerumen; frequently tinnitus, or a "singing and hissing sensation" in the ears, and tickling irritation of the meatus. The causes are, constitutional predisposition, advanced age, chronic inflammation, long-continued discharge following eruptive fevers and the applications of escharotics and irritants. Amongst the latter, I would mention oily preparations, the globules of which adhere to the sides of the meatus or membrana tympani, and become rancid, thus producing a very frequent cause of inflammation. Upon examination of the affected ear, we find the meatus shining and inelastic, of a pearly whiteness, the membrana tympani either clouded or streaked, sometimes having small elevations upon it. The meatus is quite dry, the cerumenous glands being choked up by the epithelial growth.

The mode of application of the glycerine, when treating this state of the ear, is as follows:—The meatus is well cleansed with tepid water and then dried by means of the forceps and cotton. Glycerine is now poured into the meatus, and a plug of gutta percha, softened in boiling water, made to fit the external opening; this takes the exact form of the ear, becomes hard, and effectually prevents either the entrance of atmospheric air or the exit of the glycerine. The ear should be examined daily and the same process repeated. The lining membrane can be examined with a blunt silver probe, passed gently through the speculum auris, to ascertain the effect of the glycerine upon the cuticular thickening. The meatus will gradually lose its shining pearly appearance, and softened pieces will fall off, and can be removed either by the forceps, or gentle syringing. The practitioner should never attempt to tear them away, but allow them to come away by the means just stated. The treatment occupies ordinarily from two to four weeks, and is generally without any pain or inconvenience of any kind to the patient, and the results, in some cases, have been very gratifying. In the after-treatment the patients are directed to moisten the auditory canal at least once a week with glycerine, applied by means of a camel hair brush; this will generally prevent a recurrence of the cuticular thickening.

The *modus operandi* is simple enough—the glycerine being kept continually in contact with the part, acts mechanically, either absorbing or penetrating the epithelial coating, and separating the individual particles.

With respect to the permanence of the relief—some cases always require the presence of glycerine as the best known substitute for the natural secretion of the aural membrane. The frequent introduction of the glycerine tends to restore the external meatus to a healthy condition, and fit it for the proper transmission of sound.

The mechanical power which glycerine possesses in separating this epithelial growth in some cases is very remark-

able. I was consulted about two months since by a lady of rank, a patient of Sir James Clark, for deafness in both ears. In the right ear there was almost total deafness, from an enormous amount of epithelial thickening, which narrowed the calibre of the auditory canal, so that it would not receive the smallest-sized speculum. The depth of the *cul de sac* was also much less than normal, from the same cause. The lady was between 70 and 80, and told me that she had been deaf from her childhood in that ear; and there is but little reason to doubt that the deposit had been accumulating and hardening during nearly the whole of her life. The glycerine was used in the manner already described, and its action was very beautifully illustrated. A short time since, a large mass of the softened growth was removed without any inconvenience to the patient,—a larger quantity, perhaps, than I had ever before separated from the ear. The calibre and depth of the ear will therefore be increased considerably when the swelling of the lining membrane shall have subsided from its having been saturated with glycerine; this will gradually exude and come away. This case is still under treatment, and I shall mention it again at a future period, when the effects of the treatment upon the hearing can be safely declared.

I may mention another case, in the family of a nobleman, patients of Sir B. Brodie, where very considerable thickening existed over the entire aural *cul de sac*, but which readily yielded to the softening action of the glycerine, although it had previously resisted the use of caustics and various applications of the essential oils, &c., ordinarily employed.

The following cases are examples of the action of the glycerine on this class of chronic diseases of the ear:—M. R——, a clergyman of Hants, aged 66, applied, June 16, 1851, suffering from deafness of the right ear, which had existed for more than twenty years; indeed that organ had become wholly useless. Upon examination, I found the meatus polished and dry, quite inelastic to the touch, and of a dull white colour. The central part of the membrana tympani presented even more opacity than the other parts, and no secretion could be detected in the ear. I applied the glycerine after having well cleansed the meatus, fitting the gutta percha plug after the manner already described. This treatment was repeated every morning, and at the end of fourteen days I was enabled to remove a large portion of pulpy epithelium. Again, four days afterwards, more softened skin was taken away. The ear was well syringed, and all the smaller particles removed. Upon examination of the ear with the speculum, the meatus was found much improved in appearance; the membrane slightly swollen, from saturation by the glycerine; there was still, however, a portion of the cuticular deposition hanging on the left side. Upon testing the patient's hearing with the sonometer, it was found to have improved two degrees. The same treatment was then continued, and at the end of a week the last piece came away. The ears were again gently syringed, but with no further effect. A small portion of wool was then placed on the external opening of the meatus, and the patient was directed to return to me in four days. Upon his visiting me as desired, his hearing was again tested by the sonometer, and it was found that he had improved six degrees. There is little doubt that the deafness in this case was owing to the mechanical obstruction in the passage of sound produced by the cuticular deposition. When I last heard from this gentleman, there had been no return of his deafness.

H. M——, a dissenting minister, aged 38, consulted me, August, 1851, for long-standing deafness of both ears, which he stated would ere long cause him to retire from his profession, as he could hardly hear his own voice. The meatus throughout had that "parchment appearance" so characteristic where cerumen has ceased to be secreted. The membrana tympani presented a similar appearance. The same treatment was resorted to as in the foregoing case, and the result was equally successful. In sixteen days two soft, pulpy, membranous pieces were removed, and in a month his hearing, on being tested by the sonometer, was found equal to the lowest tone but one of the



instrument. During the treatment it was found necessary to attend to the general health of this patient, and preparations of steel and the mineral acids were employed with great advantage. I am in correspondence with this patient, and he still retains his improved hearing. From the history he gave of his malady I consider that the thickening was caused by constitutional predisposition, or, as he termed it, a "deaf tamt" in his family, as several other members, both older and younger, were similarly affected.

H. T.—, consulted me at the Royal Free Hospital (by direction of Mr. Edwards of Brompton), November, 1851. He had been deaf twenty-six years, and presented, in every particular, a case of strongly-marked cuticular thickening. He stated that he had suffered from inflammation of the ear, experiencing, at the time, excruciating pain. This lasted for three or four months. He was told it was neuralgia. As the pain left him, the deafness gradually supervened, increasing daily. This case occasioned me much trouble, from the want of punctual attendance on the part of the patient; at length, however, a considerable mass of almost cartilaginous consistence came away from both ears, with very great relief to the patient's hearing. Caustics had been previously used for the cure of his deafness, to a very great extent; but as the man said, always making him worse instead of better, causing pain and inflammation of the ear.

This case, in its result, was one of the most successful that has fallen under my notice.

In this report I feel it absolutely necessary to caution the profession against the use of the impure glycerine in the market. Several samples have been forwarded to me by both surgeons and patients. Upon careful examination of the liquids, I found only one sample to consist of pure glycerine; the others had a low specific gravity, or contained a considerable quantity of lead or of rancid oil, having been manufactured from putrid fat.

Several letters have been sent to me on this subject; the following extract is taken from one that I received from Dr. Houseman, Newcastle-on-Tyne:—"The use of glycerine in certain forms of deafness is likely to suffer from the impure samples in the market: it would be well to remind the profession of this fact. Messrs. Gilpin, of this town, have supplied me with the preparation pure, and several patients have been cured by the application. Glycerine should be a clear, scentless syrup, intensely sweet, instead of the rancid stuff usually sold under that name," &c.

Thus it is easy to account for failures in many cases that have been reported; and I would strongly urge surgeons who are treating certain forms of deafness with glycerine to test it themselves, and thus be certain of the purity of their agent. Pure glycerine should be a white, syrupy fluid, inodorous, specific gravity not less than 1.32, quite free from oily globules and oxide of lead. The latter may be detected by passing through it a current of sulphuretted hydrogen, which will easily blacken it. Any fatty matter may be discovered by mixing it with water: the disagreeable smell will at once prove that it has been manufactured from putrid fat.

In conclusion, it may be said, that impure glycerine being so easy of detection, it is desirable that its utility as an agent in the treatment of deafness will not henceforth suffer from the employment of an article that has no nearer affinity to glycerine than the name.—*Lancet*.

**NASAL ARTICULATION IN CHILDREN.**—In the *Union Médicale* M. Trousseau speaks of an affection to which children are subject, which is principally characterised by a nasal intonation of the voice. The complaint frequently dates from an antecedent attack of angina, with difficulty of swallowing, and often leads, at first sight, to the suspicion of imperfection in the palate. The chief appearances found on inspecting the throat are patchy congestion of the pharynx, enlarged tonsils, and pendulous uvula, which latter the author believed to be due to a species of paralysis. His treatment consists in the topical application of the nitrate of silver.—*Prov. Jour.*

## INFANTILE PHLEBITIS FROM INFLAMMATION OF THE UMBILICAL VEIN.

By W. HERAPATH, M.D., M.R.C.S., Bristol.

**HISTORY.**—Mrs. Jotcham was confined by me on the 24th of February, 1852, with her first child, a fine, healthy male. The labour was comparatively an easy one; everything proceeded perfectly satisfactorily until the sixth day after delivery. A slight hæmorrhage took place from the umbilicus at the period of the separation of the shrivelled remains of the funis, but this would not have been considered worthy of remark, had not other important symptoms subsequently developed themselves.

March 3rd. Some signs of uneasiness; griping and gastric disturbance appeared: the evacuations were scanty and unnatural, consisting chiefly of curdled milk. Vomiting was also present. Castor oil was ordered. 4th. The child improved under the treatment. 6th. As the above-named symptoms reappeared, the oil was again ordered; and as constipation existed, a larger dose was used and again repeated. A carminative was also prescribed, to expel flatulence from the stomach. 7th. The evacuations very scanty, deficient in bile, and chiefly consisted of curdled milk. The two doses of oil had only produced one movement. I ordered one grain of calomel and four of rhubarb; and directed them to be repeated in the morning, if necessary. 8th. Both powders were given, and some evacuations, having a more healthy appearance, resulted. The infant was considerably better. There were occasional spasmodic pains, accompanied by retraction of the limbs: slight shivering and moaning also occurred occasionally. The child was far from easy, but I did not see much to excite alarm. 10th. The nurse called on me to say that the child had become much worse, and "that it appeared swollen all over." Upon visiting it, I found that erysipelas had developed itself upon the index finger of the right hand, and also in the corresponding finger on the opposite side. A slight blush of erysipelas also appeared upon the second toe of the right foot: the knee was tumid, tender, and hot, but not erysipelatic. The little infant appeared to be in considerable pain; was almost constantly crying or moaning; vomiting often, with frequent hiccough: it was feverish, refused the breast, and scarcely slept at all. The bowels were somewhat tumid, and presented a general tympanitic appearance. The umbilicus was perfectly sound and healthy: there was no hernia. I ordered an evaporating spirit lotion to be constantly applied to the inflamed and erysipelatous spots, and another dose of castor oil to be administered.

The occurrence of erysipelas in this case was entirely without any apparent exciting cause, and at first was inexplicable. The mother was in good health; the apartment was free from currents of air—in fact warm, without being destitute of ventilation; the child had never been removed from it, and it had been carefully and attentively nursed. The appearance, however, of erysipelas, in some measure accounted for the other anomalous symptoms.

11th. The child was decidedly worse. The erysipelas extended upwards to the elbow on the left side; the fingers were considerably enlarged, and very red; there was a puffy swelling just about the right sterno-cleido-mastoid, very tender to the touch; icterus plainly exhibited itself, the conjunctivæ were orange yellow, and the skin, where free from the erysipelatic blush, was generally yellow. This was not the case yesterday, but it came on during the night: the respiration was peculiarly hurried, short, and sometimes irregular, and sighing, but there were no cough or bronchitic râle; the pulse was rapid, fluttering, and weak; slight evidence of fluctuation was observed on the right finger.

In pondering over this strange combination of symptoms, the peculiar character of the erysipelas struck me: the rapid scattering of the disease—in fact, the coexistence of the erysipelas at various points of the system, appeared very marked; it had not that erratic disposition which that disease usually assumes. These, together with the manifest existence of pus about the finger-joints, led me



to imagine the entrance of pus into the system, whilst the presence of jaundice appeared to point to the liver as the chief part implicated; and it occurred to me that there was a general cause acting on the whole system, and I gradually came to the conclusion that phlebitis of the umbilical vein had produced a purulent fluid, which, entering the circulation, caused the peculiar combination of symptoms which rendered the case so interesting. I at once expressed my opinion to the parents and nurse, as to the nature of the case, as well as my conviction that the little patient would not survive; but in order to make an attempt to save it, iodine was applied freely over all the erysipelatous points. The lotion was ordered to be continued constantly; and a few grains of gray powder were prescribed, together with an anodyne carminative mixture, to be frequently administered in small doses.

12th. At two p.m., the patient was evidently much worse, and was sinking rapidly. The erysipelatous redness had disappeared, giving place to a dingy purple, or livid colour. The icterus had increased in intensity: the temperature of the surface had much decreased, and the extremities were cold; respiration was becoming embarrassed, very irregular, gasping, and accompanied by a mucous rattle, whilst the mental faculties were wrapped up in a decided coma, and the eyes were glazed and open. Occasionally the child would partially arouse itself and moan piteously, but it was not sensible to external impressions of light or sound. The hiccup had become very frequent; and the pulse scarcely perceptible from its debility, and also very rapid. Occasionally the colour of the infant would undergo a considerable change, the countenance becoming suffused with a livid purple, around the eyes and mouth being of a deeper tint. These symptoms gradually increased in severity, the respiration becoming still more embarrassed, and at length about eight p.m. it expired, in slight convulsions. Having represented the extraordinary nature of the case to the parents, they kindly consented to a post-mortem examination, at which my friend Mr. Parsons (to whom I had stated the nature of the diagnosis formed) was present.

*Post-mortem Examination.*—The whole surface of the body was of a deep orange yellow colour; also the conjunctivæ. Collections of pus existed at all the erysipelatous points: about three drachms escaped upon making a puncture with a scalpel upon the inside of the right knee. At the second joint of the left index finger a similar puncture was also made, and a teaspoonful of thick yellow pus escaped. It was beneath the integuments only, and not in the joints, in either case. About two or three drops issued upon incising the toes, in the same way. Upon cutting through the integuments at the usual position for examination, a purulent deposit was opened at the clavicular articulation on the right side. This was superficial, being situated beneath the layers of fascia underneath the platysma myoides, and between the sternal and clavicular attachments of the sterno-cleido-mastoid. It did not appear to be in any distinct sac, but below it was bounded by the junction of the fascia to the clavicle; above, the probe would pass easily in the direction of the muscle, and pus had evidently taken the same course. About two drachms of pus were found in this situation. The umbilicus was perfect, and the cicatrix sound; the umbilical vein was large, and rounded. Upon cutting it across, within the integuments, it was found to be pervious through its whole length, and filled with a curdy purulent fluid, which became more purulent as the vein was traced backwards to the liver. There were not any purulent deposits in this viscus, but it was everywhere congested and of an uniform colour. The gall-bladder contained merely a few drachms of transparent, colourless, viscid mucus; its duct appeared impervious from some cause. Upon tracing the hepatic branches of the vena porta, they were found to contain pus, even to some of their smaller subdivisions, both in the right and left lobes. These appearances, however, were not general. Two main branches and their ramusculi were principally thus diseased; one on the right, and the other on the left. The greatest portion of the pus

had found its way to the right auricle through the vena cava ascendens, which of course is but a continuation of the trunk of the umbilical vein. Some slight coagula were found in the auricle and ventricle. The pulmonary artery was obstructed by tolerably firm coagula. The lungs were carnified, but of a more florid colour than from hepatisation, and appeared to resemble the lungs of an infant still-born. The inferior lobes, as well as one of the superior, were solid and did not crepitate; the other lobes were crepitant, but congested; no purulent deposits, however, were found, although carefully sought for. The foramen ovale was still pervious, although it had progressed towards obliteration. The opening was bounded by two curved margins, the superior being more deeply curved than the inferior; the long diameter was antero-posterior, taking the usual position of the heart into consideration, and measured one-fifth of an inch. The supero-inferior diameter was one-seventh of an inch. The ductus arteriosus was impervious, but the obstacle to the passage of a probe through it was very slight indeed, and it was contracted and indurated. The left cavities of the heart contained some coagula, dark in colour, and rather firm and stringy. The thymus was not of unusual size, or otherwise abnormal.

*Remarks.*—The post-mortem fully bore out the diagnosis made during the life of the little patient, in every respect, as far as the nature and cause of the disease were concerned; but I had certainly expected to find extensive purulent deposits in the liver and lungs. These organs, it is true, exhibited the early signs of purulent absorption, but they had evidently suffered less from the pyæmia than usual. The current of purulent blood had found its way to the right auricle through the vena cava, without much troubling the hepatic circulation. It had here split into two portions; one, the minor, going to the lungs, and inducing solidification; the other, and greater, passing through the foramen ovale to the left auricle and ventricle to the aorta, whence it proceeded through the systemic circulation and produced the local deposits found in the capillaries of the extremities, &c. The open condition of the foramen was not speculated upon, and overlooked until found at the post-mortem examination; but when discovered, it at once cleared up all difficulties. Had this aperture been closed, the intensity of the disease would have been shown in the lungs and liver without doubt; in the former principally, as the pus would have followed the course of the circulation: the liver also would have suffered, but in a minor degree, inasmuch as after birth the umbilical vein does not carry any blood into the vena porta.

In this instance, the phlebitis appeared to have crept along the lining membrane of the veins to some of the ramifications of the vena porta, and to have generated pus in its progress. These globules were then washed by the current of blood into the hepatic portal capillaries; and they would have induced deposits, had the infant lived a few days longer to give time for the development of pus, according to the physiological laws of its genesis, from the multiplication of its nuclei and nucleoli.

The umbilical vein was brought home, and its contents submitted to microscopical examination. Pus globules were detected, and the existence of softened fibrin was also recognized by the action of reagents.—*Lond. Jour. of Med.*

#### NIGHTMARE CAUSED BY ELONGATION OF THE UVULA, AND CURED BY THE ASTRINGENTS GIVEN DURING AN ATTACK OF CHOLERA.

By J. H. RAUCH, M.D., of Burlington, Iowa.

Mr. — is a young lawyer, with whom I became acquainted in May, 1850. He was of a pale and feeble aspect, and extremely nervous, the sight of blood causing him to faint, as also disagreeable thoughts and objects; he in one instance swooned while sitting in a room where the operation for cataract was being performed, he not seeing the operation. He occupied a room on the same floor of the hotel with me, and I had frequent opportunities of seeing and speaking with him. I soon perceived that previous to speaking or swallowing, a peculiar spasmodic action took



place, as if he had to remove something from his throat; this done, he could speak and swallow freely. He was extremely sensitive, now cheerful, then depressed. For the last three or four years, he suffered almost nightly from the nightmare, and at that time the recurrence of the attack was more frequent and increasing, he often having it three or four times during a night, making sleep any thing but pleasant and refreshing to him. His sufferings can be better imagined than described; they affected his general health, and exercised a very depressing influence upon his nervous system, so much so that I thought of advising him to return to the east, to spend the remainder of life with his friends. He dreaded the approach of night, and made it the particular business of his friends, who roomed near him, to awaken him should they retire after he did. One day while witnessing the effort he made, previous to his being able to speak, I asked him to look at his throat, to which he readily acceded; and upon examination, found his tonsils slightly and his uvula greatly enlarged. I was immediately satisfied that the elongation of the uvula was the cause of the difficulty he was labouring under when first attempting to speak or swallow; not thinking, however, that it also was the cause of the nightmare. In the early part of the month of August, he had an attack of cholera. He suffered much from prostration and heat, but more so from the feeling of faintness and suffocation that harassed him constantly; so agonizing was it, that upon several occasions he thought he was dying. As the cholera symptoms improved, the nightmare disappeared, and since then he has had but two slight attacks, and these were directly traced to having a sore throat. His health is good, he looks well, and is heavier now than he ever was before, and his uvula is not half as large as before the attack of cholera. While suffering from an attack of nightmare, he has often described his feelings as being almost intolerable, and breathing next to an impossibility. He had no power to move or speak, and the only effort he could make to arouse himself was that of loud and heavy breathing, and the exertions he made to throw off the incubus increased it. After he got over the nightmare, which, though it might last but a few minutes, seemed to him an hour, he would be pale and exhausted, and in a profuse perspiration. During this time he was fully conscious of where he was, and what was going on around him. I am convinced he was cured by the astringents administered during the attack of cholera.—*Amer. Jr.*

#### NEW MODE OF REDUCING STRANGULATED HERNIA.

By Dr. T. A. WISE, late Surgeon H.E.I.C. Service.

THE following are the particulars I promised to send you, regarding a new method of reducing strangulated hernia. While I had charge of an hospital in India, an elderly man was brought to it with a strangulated inguinal hernia. After in vain employing the usual means of reduction, I was preparing to liberate the gut with the knife, when a Mussalman gentleman suggested, that the following method should be first tried, as he had seen it successful. As it appeared most simple and effective, I at once proceeded to try it. The patient was placed upon a table, and a long sheet, folded several times on itself, was carried round the lower part of the abdomen of the patient, was twisted on itself in front, and again on the sides, so as to enable an assistant, standing on each side of the patient, to hold the extremities of the sheet, and to pull them gently upwards, or towards the patient's head, while a third assistant held the feet steady, and the surgeon used the taxis. As the gut immediately above the strangulated portion was superficial and distended with air and liquid, it was drawn upwards with considerable force from the hernial sac, which was assisted by the surgeon using the taxis; when the strangulated portion was immediately reduced. This simple method may, in a very large proportion of cases, be employed with perfect safety and at an early period, before inflammation and thickening has complicated and increased so much the danger of the operation, which is thus rendered unnecessary.—*Ed. Monthly Jour.*

#### TREATMENT OF ULCERS BY THE EXCLUSION OF ATMOSPHERIC AIR.

By Mr. HOLT of the Westminster Hospital.

Case 1.—Henry H—, aged 38, was admitted, under the care of Mr. Holt, January 13, 1852. The patient is a carpenter, and states that five years before his admission an ulcer formed by the side of his left tibia after a very severe attack of rheumatism. He tried to heal it by various means, but did not succeed, and about one year before his reception into this institution he went to the Middlesex Hospital, with an ulcer of the size of the hand, and one eighth of an inch deep. By lotions of sulphate of copper, rest, and a roller, the sore was reduced to the size of a sixpenny-piece. He was discharged, and went to work, and in the space of three or four days the ulcer had again reached its original size. He treated himself for a little while, but soon applied at this hospital, where the sore was first poulticed for three or four days. When the inflammation had been subdued the ulcer was dressed in the following way:—From a piece of adhesive plaster, somewhat larger than the sore, a portion, just the size of the latter, is cut out; the plaster is then applied to the part, and painted with collodion. Oiled silk is now placed over the ulcer, and made to adhere to the plaster by means of the collodion, by which process the air is completely excluded from the ulcerated surface. The whole is then secured by strips of adhesive plaster placed crosswise, and by a roller running from the toes to above the knee.

This dressing used to be left undisturbed for a week or ten days, and by being taken off with care did not give the least pain. The patient remained in the meanwhile mostly in bed, and had good diet. On the 23rd of March, about nine weeks after admission, the sore was completely healed, but by walking up and down stairs it re-opened to the size of a fourpenny-piece. The same kind of dressing was continued, and in a fortnight the patient was discharged, the ulcer being quite cicatrized.

Case 2.—Richard C—, a labourer, aged 40, was admitted March 12, 1852, under the care of Mr. Holt. The patient had been run over the loins by a cart, and had escaped without much injury. Whilst under treatment he complained of an old ulcer on his right leg, about the size of the palm of the hand. Poultices were applied for a few days to subdue inflammation, and the same kind of dressing as described above, was employed. This patient, however, was allowed to leave his bed, and walk about the ward. In the space of three weeks the sore was healed, and the man has been discharged.—*Lancet.*

#### REVIEWS AND NOTICES OF BOOKS.

ON FATTY DEGENERATION OF THE PLACENTA, and the Influence of this Disease in producing Abortion, Death of the Fœtus, Hæmorrhage, and Premature Labour. By ROBERT BARNES, M.D., &c. 8vo. pp. 22. London. 1852. (From Volume xxxiv. of *Medico-Chirurgical Transactions*.)

TILL within the last few years the pathology of the placenta was, we may almost say, wholly unknown. In fact, until the publication of Dr. Simpson's paper in the forty-fifth volume of the *Edinburgh Medical and Surgical Journal*, there was no British pathologist or accoucheur who had investigated this subject. Isolated cases of extraordinary morbid appearances in this organ were occasionally noticed by authors, but in a very loose, superficial manner. Even the excellent essay of Dr. Simpson confines itself to the examination merely of congestion and inflammation of the placenta. It seemed as if accoucheurs thought this organ unworthy of their attention, because of its short continuance in the animal economy. And yet, if we consider the importance of its functions—brief though they be—that upon its integrity depends the welfare, and, in a certain degree, the life of two beings, we feel bound to say that this total neglect of its pathology was most unaccountable.

In the pamphlet now before us, Dr. Barnes has contri-



buted some very valuable observations on a serious form of disease to which the placenta is liable—namely, fatty degeneration. This, according to his description—and our own experience agrees thereto—generally affects the maternal surface, which is found studded with fatty masses, varying in size according as the disease is more or less advanced. One effect produced by this partial deposition of fat is the loss of homogeneity in the placental tissue, so that the organ is no longer in a condition to follow the movements of the uterus, and preserve its connexions. Its presence, moreover, tends to obliterate the cavernous structure, and destroy the utero-placental vessels. A frequent consequence of these morbid changes is (the author informs us), partial separation of the placenta from the wall of the uterus, thus giving rise to hæmorrhage, and probably premature labour. If this fatty degeneration proceed far without inducing labour, we can readily understand, as pointed out by Dr. Barnes, that a period will arrive when the fœtus must perish from insufficient aëration of its blood. Dr. Barnes describes three stages or degrees of this disease, entailing different consequences to mother and child:—

“In the first kind, the disease has made so little advance that the child may be carried in safety to the end of the natural term of gestation; in the second kind, of which I have given two examples, the disease has proceeded at such a rate as not necessarily to involve the destruction of the child. At the seventh month the child is viable, and if, as I have shown, premature labour should by any means be induced before the child has perished, a living child may be born. I have now to indicate a third kind or degree, which not only places the mother in danger, but necessarily destroys the embryo. If the disease proceed so rapidly as to have invaded a large portion of the placenta in the early months of pregnancy, it may be the immediate cause of abortion.” (p. 14.)

For a description of the minute pathological changes produced in the placenta by this disease, Dr. Barnes is indebted to Dr. Hassall, whose microscopic report upon this subject is embodied in the paper, and in itself possesses much interest and value. In thus noticing the *brochure* of Dr. Barnes, which we do with much pleasure and satisfaction, it must be confessed our chief object has been to draw the attention of accoucheurs to the importance of minutely examining the condition of the ovum, and especially the afterbirth, in all cases of abortion, hæmorrhage, premature labour, death of the fœtus, and morbidly adherent placenta. Our knowledge even of the morbid anatomy of this organ is as yet very incomplete, and of its pathology still more so; but the important position which the placenta holds in relation to the mother and child, supplies the strongest reason why we should endeavour to make ourselves acquainted with the morbid lesions to which it is subject.

#### CONFESSION OF A DRUNKARD.

I was born in 1800. My father was an honest and an upright man, but he was much afraid some misfortune would occur to me, and his words have proved true, for I have gone through more than all my sisters and brothers put together; but I have earned the most money. With all my earnings I am now by far the worst off; all my sisters and brothers are in very creditable circumstances, while I am now within a prison wall. My father left seven children. We were all sent to live with my grandmother, but we were all soon separated. I was put to live with a man at the place where I was born. He was a man that I believe never attended any place of worship, except upon the occasion of a wedding or burying; but I often heard him and his mates boasting which had the best game cock, and which was the best fighter. He had eight brothers, who were all fighting men: they were all hand-loom weavers, and they kept a snug farm. It was about the time that peace was made, after the battle of Waterloo.

At the beginning of the week, for two or three days, it was drinking, fighting, and cock-fighting, card-playing, &c. His wife died, and we were then removed to his parents. We were about twenty, all in one family. There I learned to know what it was to be without parents, for I was under the control of the whole family: if I disobeyed any of them

I was rewarded with a kick or a blow. One Sunday I went to see my grandmother, and I had four or five cuts on my forehead and ears, some of them bleeding at the time; so my grandmother got me into the factory, Lower Darwen, where I was bound apprentice for seven years. I never was so happy as I was at that time, though I never saw anything like religion exercised. The master was not content with the bell-ringing, but used to come to every door in the morning to call his workpeople up; and I have known us to work until sometimes eleven o'clock at night, and on Saturday nights occasionally until twelve; and after that time he would take all the men to the public-house, and give them plenty of drink, and they would continue drinking until the morning. On the Sabbath they would lie in bed all day.

I served my time honestly, and I had not a bad master after all; but he was a heavy drinker. In his mill a school-master attended twice every day, to teach all the hands that had a mind, and from him I got most of the little learning I am possessed of.

I was married August, 1824. We had £33 and a few shillings, and all things went on very smoothly for a long time. I still kept in work at the same mill, and we got on very well until the mob attacked it in 1826, and broke all the power-looms. I was six months without work, so I went over to Wigan, and had 10s. a week for looking over the other spinners, and was getting upwards of £2 per week off my own wheels, and all this time never got to drinking; but soon after got to like drink, and made a practice of going every Saturday night with my wife and the other spinners, till at last I got to taking whole days. When I first started to drink, I had above £200 in money, and as good furniture as any working man need have. We had been married above nine years before I began resorting to these places, which have been my destruction. I was a happy man. I used to have my children well clad, well fed, clean, and comfortable, and my wife the same; and I could go to a place of worship on a Sunday. When the labour at the factory was over, I used to work two or three hours at home for my own pleasure and advantage. I had a lathe, and got many a crown for making chairs, &c. I carried on drinking for a long time, still going longer and worse, until my money began to lessen very fast; so I began to be more steady, and did not drink much for near twelve months. I earned that time, with what I got in the factory, upwards of £3 every week; so in one year I saved between £70 and £80, besides maintaining a wife and four children. When I think on those days, and my being now confined in a prison, and that same wife likewise, and one of those dear children that we used to take such delight in, confined within a few yards of me! And what can be the cause of this, do you think, seeing that my former circumstances were so prosperous? I can explain the cause in a very few words—neglect of the Sabbath, drunkenness, and bad company; but drunkenness, I do affirm most solemnly, has been the cause of all the other evils. But to my story. I worked at that mill twelve years, until our master's health began to decline, and the mill began to make short time; and what little the mill did run I was not to be found, for my time was the most employed in the public-house; and this was the time I began to ruin myself; and still worse, my wife commenced drinking, and then all soon went to ruin. At our master's death the mill stopped altogether, after which I left Wigan. I had been at Bolton, and taken a beer-house, and had promise of work at Mr. Bolling's. I took the beer-house, thinking as my father and mother-in-law had nothing to do, they might make a little by selling beer. We might have done very well had I been steady, for I got a very good pair of wheels, and the house I had taken was convenient to the factory, and we got a good deal of custom. They came at night when the factory was over, and we would let them stop until twelve or one o'clock in the morning, cursing and swearing, and me, and perhaps my wife and her father; and no one but the old woman to fill, and perhaps twenty men drinking in the house. I have slept in my clothes all night, and have had to go to the hot factory at half-past five in the morning, and the spinners, perhaps four or five, lying on the floor, they were so drunk. As soon as I could get them up to go to work, they wanted more drink; and we would sometimes take five or six quarts to the factory; and as soon as we could we would get all our big piecers to spinning, and we would creep out of sight of the overlooker to drink, so that at breakfast time we might have another fetching; and this was the way we used to go on, so I got the name of a regular drunkard; and the manager told me if I did not give up the beer-shop he should be obliged to acquaint the master, for he said all the spinners



were getting drunkards. At this time my wages, on an average, after paying for rent, milk, and beef, was about 32s. per week clear; but I found that the hot factory and so much drink was causing my health to decline; so I left Bolton, and went to spin for Mr. Sidebottom, in Derbyshire, and the old people came to live with me, and we were very comfortable. I was getting much less money than at Bolton; but we began to mend; for I began to joiner a little at night, and it was well I did so, as the mill went on short time for above six months; and as there was no one who kept a joiner's shop, I got as much work as I could do. Just at that time my wife fell sick, and continued so above twelve months; and then one of the children died. I took much to drinking through the death of that boy; but drinking was a sinful folly, and if I had the same to do now, I think that instead of flying to the alehouse, I should fly to the house of God. At this time I was getting but small wages comparatively—about £1 2s. or 3s. per week, and my three children used to get about 10s. per week between them. I was there about nine months weaving, before I got a situation as overlooker. I was at that place but a very short time before my mother-in-law died; and that was the worst shock I had ever experienced, for we had six children, and my wife was not able to attend to them on account of losing the use of one hand during her sickness. I think after the death of my mother-in-law I was more negligent in my duty to my family than I was before; and I began to drink and neglect my work; sometimes off my work a week or a fortnight drinking; and the last time I was off, the master told the manager I must not start any more. With that I took about £2 and went to Ashton to see for work; but instead of looking, I went straight to the place of drunkenness, where I knew I should find plenty of company that were spending their money and neglecting their families like myself. I could at that time have gotten near £2 per week with comfort, if I had been a steady, sober man. I went to Ashton on the Wednesday, did not return home until Sunday morning, with not one penny in my pocket, and £1 in debt. I went to Blackburn to see if I could get work, but when I got amongst my old friends, I could find but little time to look after employment for drinking. I was three weeks at Darwen and Blackburn, and had come near forty miles for work, but did not ask any person for work, though I had it offered me if I would bring my family. At last I did, and we were getting on very well, but my wife took to drinking very heavy; she had got acquainted with a class of women that made a constant practice of drinking. Often when we came from the mill have we found her drunk in bed, and nothing prepared for us to eat, and having at that time four children unfit for work, who were destroying and wasting the provisions we had to live on, for the want of a mother to look after them. Bad as I was, I never lifted my hand to strike her in all my life, for I was aware that if I had been a sober man, my wife would never have been a drunkard; so I began to think it would be the best plan to leave the town altogether, to separate my wife from her drunken companions; so we went to Bolton, and I made the acquaintance of a regular set of drunkards, who would do almost anything to obtain money to spend in drink. I was always ready for a spree, and they were never short of money, though they were scarcely ever seen to work. One of them was a very good shoemaker; his name was N. S.; the other was a labourer, and went by two or three different names. One day, as they were all drinking at my house upon a Sunday, I said to them, "I do not know how you men scheme it, for you are never without money, and you work very little." "Ah!" said one of my new pals, "there is none who will work except fools and horses." I said I should be very glad if they would teach me, for I was getting very tired of working; and they did learn me, to my sorrow. A very short time after they told me the grand secret, that they got their living by making and paying bad money; and they told me they could get as much money on a Saturday night, as I could get in a whole week by working. So it was agreed they should get some ready by next Saturday, so we all three set off to Tyldesley Banks. We went through Straight Gate, and came back through Chowbent, and we paid that afternoon and night about £4. They declared I was one of the best payers they ever saw; and no doubt I did my part well, for they gave me drink, and drink possesses me of a false spirit. They gave me 10s. for my share in that afternoon's work, and 10s. in bad money; and I paid that 10s. on Sunday in good time; but when they got to know I paid it in Bolton, they said I must not pay any more, for it was very bad to pay in the town we reside in, for it may cause suspicion, and that

sometimes caused inspection. I kept company with those men upwards of twelve months, making and paying more or less every week. I had left off work long before the year end, and followed nothing except the bad money trade and drinking. But I had many narrow escapes from the police. They were both taken before me. While we were all drinking in a liquor-vault in Bolton, in came three policemen, and took both of them, but they took no notice of me; so I went home as soon as I could, and removed all that was in my house out of the way, for I had about £4 or £5 of bad money there at the time, and three moulds. They were both committed to Kirkdale for the assizes. At their trial, I provided them both with counsel, and they both got acquitted. When they came back they soon commenced their old trade again, and wished me to join them; but for three or four months I had nothing to do with them as regarded the bad money, although I went with them drinking, until at last I joined them at the same game again, and I was not long with them the second time before I was taken prisoner. I got with my old mates again, and I asked them what I must give them to make me a few pounds, and they said they would make me £10 for 10s., if I would find the metal, and they would come to my house to make it on Sunday morning; Sunday was the best day for making, as the police were always engaged in other business; and I was to buy a dozen of Dixon's best Britannia metal spoons. We all got quite drunk that night before we parted, and it was the last time we three got drunk together, for in a few weeks we were all three in prison, myself first. I was taken in Bolton, in a drunken state, with about thirty base sixpences, shillings, and half-crown in my possession, for which I got twelve months. When I had served my twelve months, I found my wife and the younger children in the workhouse; those that were old enough to get their own living had left her, so when I came out I had no home or friend to go to, for all my relations had turned against me; so I went to Bolton, and was well received by N. and a few more of the same sort; there was plenty of drink, and plenty of bad money. On Monday morning my wife got a pound from the overseer to leave the workhouse, with which we bought furniture, and I got work for myself and as many of my family as were able to work. We had not been above ten days in work, before the police came to the factory and told the master we were a set of bad money makers; so the master sent for me and told me we must get another situation, as we had been very badly reported to him, so we were all without work again. So I asked myself what must be done now, it will be of no use my trying to get work in this country; so I said to my wife "Go and get the children in work if you can, and I will try the bad money system again, in order to get a little to leave the country altogether, if I can." Trade was very bad at that time, and we could get no work, so we continued paying until my wife was taken with Mrs. Preston. They both pleaded guilty, and Mrs. Preston got six months in Preston house of correction, and my wife three months. So I was left with eight children for that time, five of whom were not able to work, had there been any for them; but there was no work at that time for one-third of the people in Lancashire, as almost all the factories were either standing or running short time. So I went to the relieving officer and before the board of guardians; but the workhouse was full, so they gave me a paper to get soup and bread, and I was very thankful for it; but all we got from the charity was not sufficient for my family, for we were nine in all; how were we to live? To carry on with bad money was very dangerous, and owing to my wife being taken, the police came several times to my house to search, so I got a few shillings from the relieving officer to begin barbering; but I got very little custom, so I was determined to see my children starving no longer, for we were whole days and never tasted food, so I went to Bolton to see if my old mate N. S. could do anything for me. When I got to Bolton, N. had got twelve months in the New Bailey Prison, Manchester, for buying stolen goods, but his wife was very glad to see me, and gave me 5s., and put me about 5s. or 6s. worth of food up to take to my family, and she said she could let me have some metal that N. left. It had been stolen, she thought, for N. had told her she must keep it in the house. So as I was waiting of this woman raising the plant, I went to see my acquaintance old J. O. and K., as they had a quantity of base coin in plant, and they said if I dare pay any, I must have a few half-crowns or shillings; so I took a few of each sort. O. said if I had a mind he would come to Blackburn with me and stay with me until my wife came home, for no one knew him in that quarter. So I was glad of his proposals, and we returned together to Blackburn, having got



the metal from N.'s wife, and about six pounds in base coin. When I got home my eldest daughter was waiting up for me, so I went and fetched a gallon of the best beer and a pint of rum. Honesty is the best policy. Yes; for whosoever defraudeth his neighbour shall be found out, as my present situation in prison plainly shows; my wife is in prison, and my oldest son also. I am the father of nine children, or was so when I came here, but up to the time I write this I have heard nothing of them; we have had thirteen children; I am upwards of fifty years of age, and my constitution much injured by imprisonment; we have completely lost our character; had I done what was right in the sight of God and man, my children might have proved a blessing to me and my wife in our old age; and I am convinced had I done as I should have done, that one or two of those children now in their graves would now have been living, for my wife, through having to look after me, and being in trouble, neglected the little ones. It is my sincere wish, as a penitent, that those who read this narrative may profit by it, and I wish the reader to compare the commencement of my married life, when I never frequented the public-house, and was happy in my own house, with the amusement of joining or birdcage making, with that which followed. The publicans got so little of my money that we had always credit sufficient, and no person had to say, if they came to see us, we were short of anything. There could not be a more happy couple than we were; we never had a cross word for years after our marriage, and as to blows, I never struck my wife in all my life. Ah, but since I had to do with that destructive and ruinous drink and base coin, I have been the most unhappy man living.—*Winslow's Psychological Journal.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MAY 26, 1852.

### MEDICAL REPRESENTATION IN PARLIAMENT

SOME new light appears to have broken in upon the minds of persons engaged in the consideration of our representative system with a view to its amendment: some glimmering of reason as to the justice of conferring the right to vote for members of Parliament on some other grounds than the payment of rent or poor rates. It seems at length to have entered into the contemplation of politicians to permit the interests of science to have their weight as well as those of trade, and to allow the lights from this source to illuminate legislation as freely as those emanating from less brilliant sources: in other words, an opinion begins to prevail that men may with safety be permitted to enjoy the elective franchise on the strength of a diploma or degree, or of any other proof of proficiency in arts or sciences. There is, it is true, nothing new in the conception; for the Universities of Oxford, Cambridge, and Dublin have long since had the privilege conceded to them, but the idea of a more extended application of the principle seems to have been reserved for later consideration. That such a view should be at length entertained does not surprise us, the foundation of it being so evident; and we are convinced that it requires nothing but the support of those interested in its adoption to secure its recognition. For the life of us we cannot see why these Universities should be represented in Parliament, while the Colleges of Surgeons of England and Ireland, counting their members by thousands, should remain unrepresented. It is clear that the practical results of a system are, in a practical point of view, of more importance than the pre-

liminaries which have led to them. That a professional man should enjoy the elective franchise in right of his diploma seems scarcely to admit of question; but that he should choose a special representative of his peculiar department may perhaps be denied. Yet it seems much more reasonable to provide such a resource for the protection of a body united by common interests, and having definite objects in view, than conceding it to such an heterogeneous mass as a university constituency. People will say that men are sent to Parliament to consult on the affairs of the nation at large, and not on those of particular bodies; but we all know that this is but the theory of the thing. The true state of the case is, that the representatives of particular interests go to Parliament to protect those interests, and to show how that protection is necessary as regards the public welfare. We have the manufacturing, agricultural, monied, colonial, legal, clerical, and many other interests, well provided for; and it therefore seems very unfair to deny such an essential provision to the medical, numerous as its components are, and important as its objects must be considered. To the absence of such representation in the legislative body must be attributed not only the gross neglect of all matters connected with this department, but the mischievous interference with its legitimate duties which are sanctioned not only there but in every department of the public service. If the Surgeons of England and Ireland had active, intelligent, and independent members to represent them in the House of Commons, they would not have to complain of the inadequate remuneration for their services to which they have now to submit, nor the intrusion amongst them of unqualified pretenders; neither would they have to tolerate the patronage of quackery by the State for revenue sake, nor the connivance in an organized system of advertising which outrages public decency, and does more to sap the foundation of public morals than many practices against which special legislation has been directed. We copy the following, which, indeed, suggests these observations, in order to provoke discussion on the subject; not in any idle vein, but with a sincere conviction of the necessity for the measure we advocate. Let the institution in question pursue its course. Its success will promote the general interest and pave the way for more extensive application of the principle upon which it relies:—

The claim of the University of London to send representatives to parliament rests on the most unanswerable grounds. In the first place, then, the pledge of equality implies the right to parliamentary representation, which has been enjoyed by Oxford, Cambridge, and Dublin, since the time of James I. Every constitutional reason which justifies the exercise of that privilege by the older universities will apply with equal force to the university of the metropolis. The most remarkable difference in the cases of the older and the new universities consists in the essentially ecclesiastical character of the former. But surely it will not be contended that the parliamentary privilege is entrusted to them on account of their conformity with the State creed. It will not be contended that because the metropolitan university is based upon the principle of excluding religious tests, it is therefore unfit for parliamentary representation. . . . Would the university possess a sufficiently numerous constituency? Seven hundred is surely a very respectable number; and when we reflect that there is a reserve of more than seven hundred under-graduates, who recruit the ranks to the extent of about one hundred annually, no fear can be entertained that the university would ever fall so low as to be classed in the category of decayed boroughs, which still retain the franchise long after they have forfeited every title to the trust. When the University of Dublin was invested, in 1614, by James I., with the privilege of returning two members, we believe it counted but six electors. But such is the inherent vitality, such the self-perpetuating develop-



mental force of institutions which derive the elements of their own growth from popular sources, gathering a constantly accumulating power from the unflinching aspirations of the human mind after intellectual improvement, that the university constituency of the sister isle now approaches, if it does not exceed, two thousand electors. The anticipated progressive increase of the University of London must be immeasurably greater still. Its metropolitan position, its cosmopolitan sympathies extending to all the great educational institutions of the empire, its free and unrestricted principle, adopting every existing college, and ever stimulating the foundation of others, must rapidly create a body of electors imposing by their numbers as well as by their intelligence.

Were the two great measures of incorporation of the graduates and parliamentary representation conceded, it is impossible to doubt that before many years the influence of the constituency of the metropolitan university would rival that of the first in the kingdom. With regard to the question of numbers, it is also worthy of notice that nearly one-half of the graduates reside in or near the metropolis. To establish the claim, a precedent—that *ultima ratio* of lawyers—is at hand. When Trinity College, Dublin, was first admitted to the franchise, it returned two members to the Irish parliament. By the Act of Union in 1800, it was allowed to return one member only to the united parliament; and lastly, by the Irish Reform Bill in 1832, it was empowered to send two members. Thus we have, within the last twenty years, an example of parliament creating a university member. The opinion of the most eminent reformers is pointedly in favour of extending the application of the principle which dictated that measure. Lord John Russell has declared that in any extension of the franchise the claim of science and learning must be more extensively recognized. Sir James Graham, in a recent speech at Carlisle, having no doubt the University of London present to his mind, thus expressed his sentiments:—"In distributing the representative privilege, I should pay respect to numbers in some degree; but at the same time I do think that, with great advantage, the representative power might be conferred on parties possessing intelligence and science to an eminent degree who do not now return representatives." Such a claim, indeed, will be the most universally acquiesced in of any. It is preëminently the claim of fitness and responsibility. It is a claim which wealth and station cannot, and would not, contest; for a power wielded by intelligence and knowledge is the surest guarantee of order and good government. It is a claim that the middling and industrial classes would cheerfully recognize, for its recognition would open a new avenue to advancement and distinction for humble merit. It is a claim which conciliates every interest, binding together by the sacred fellowship of knowledge the extremes of society, awakening in all, by the eloquent voice of science, the purest feeling of brotherhood, and the deepest sense of mutual responsibility.

All the qualifications for the exercise of the parliamentary franchise which have been successively devised, have manifestly had for their object the testing the fitness of the electors. Acting on the conclusion, to a great extent true, that knowledge ensures wealth, so wealth enables its possessor to acquire knowledge, a property qualification has been the most easy and the most general expedient. But in those cases where knowledge is more unequivocally indicated, as by the possession of an academical degree, any other test is superfluous; and this our parliamentary history most emphatically attests. The representatives of every county and borough in England—that is, the representatives of landed property, of commerce, of industry—are required to produce evidence of being worth, in one case £300, in the other £600 a year. But the members for the Universities of Oxford, Cambridge, and Dublin, are exempted from this requirement, in honourable acknowledgment of the more satisfactory security they present as the chosen representatives of literature and science. But literature and science, which have contributed so greatly to our prosperity, and the lofty position of England among the nations of the earth, are yet but most inadequately represented. Hereditary rank, landed possessions, commercial influence, the industrial masses, mere money, monopolize the representative power. It is the palpable interest, the bounden duty of the educated classes, and of none more especially than of the medical profession, to promote to the utmost of their ability the extension of the suffrage to the metropolitan university—a university which is essentially their own—a university which has contributed so much to raise the character of medical education, and to advance the profession of medicine in the public esteem.—*Lancet*.

## THE PHARMACY QUESTION.

NOTHING more conclusively proves the importance of this question, not only to professional but public interests, than the frequent recurrence to the subject of the following extract, both in Parliament and public discussion. It is evident that the subject is one involving considerations of high interest, or we should not have this annual reference to it. Whatever may be the danger apprehended that the parties before us may, like the apothecaries heretofore, desert their legitimate pursuit, and "turn to doctoring," we cannot deny them our approbation. The efforts they make to place the department of trade to which they belong under proper regulation are most praiseworthy:—

Now, viewing that Latin is the language of the medical profession in this country, that the *Pharmacopœia* is in Latin, and that physicians and surgeons write their prescriptions in Latin, there can be no doubt but that a competent knowledge of that language is necessary for those who have to read prescriptions and compound the medicines prescribed, and who also have to refer constantly to the *Pharmacopœia* in preparing compounds to be kept in stock, and always in readiness. For the better and full understanding of their business, it is equally necessary that such persons should be well instructed in chemistry, botany, pharmacy, and materia medica. And now, with respect to the counter-practice of the chemist and druggist, about which Dr. Webster so loudly complains, that such a practice is carried on, to a limited extent, as incidental to the business of the chemist and druggist, cannot be doubted; but I question whether it is so dangerous to the public, or so injurious to the interests of the profession, as Dr. Webster seems to imagine. I am pretty sure that, on the contrary, it is a great convenience to the humbler classes, who cannot afford to call in a qualified practitioner upon every little alarm or derangement of health, occasioned perhaps by a change of weather or irregularity in eating or drinking, of a temporary nature, and easily corrected by a dose or two of simple medicine. I am equally certain that this counter-practice of the chemist relieves medical men of a great deal of profitless trouble; for though the class of patients who resort to it pay their threepence or sixpence to the chemist over the counter, they are but rarely in circumstances to pay a doctor's bill; and it would be grievous to the profession to see any of its members dragging such persons into the county courts for payment. Dr. Webster says that it is his firm conviction that, by the passing of this bill, "counter-practice will increase ten-fold," for the chemists and druggists will, as he imagines, hold up their flaring diplomas to decoy and cheat the public into the belief that they are perfectly qualified to cure disease. Now, this is all, to say the least of it, but assumption, partaking, truly, a good deal of morbid apprehension. I wonder at it; for Dr. Webster is one of the last men in the world that I could have imagined would have viewed the influences of an improved system of education upon such an intelligent class of men in so unfavourable a light. I entertain hopes of better results from the passing of the bill, for I foresee that instead of making knaves and impostors of the chemists and druggists, as Dr. Webster apprehends, it will elevate their position, and make their trade a scientific pursuit, as it already is in the hands of many very superior men amongst them. And more, it will secure to the public, at the humblest shop, accuracy and safety in the preparation of medicines, upon the efficacy of which life itself may be depending. Of domiciliary visits to patients by chemists to treat disease, I have no apprehension. Such a practice is known to be incompatible with success in the trade of the chemist and druggist, and, as is truly remarked by Dr. Webster, none of those who are prosperous in that business attempt it. Counter-practice is quite a different thing; it is but temporary, and never extends to the regular and continuous treatment of any disease involving danger to life or limb; and, upon reconsideration, I hope that Dr. Webster will see that it would be beneath the dignity of the profession to notice it with the hostility of the restrictive clause that he suggests. The Doctor points to the restriction upon the French pharmacians as a model for us to follow in restraining the chemist and druggist from carrying on counter-practice. But it should be recollected, that in France medical men are not allowed to supply medicines to their patients, nor to derive, directly or indirectly, any profit from the sale of the medi-



cines they prescribe. In conclusion, I would express a hope that the profession will allow the bill to progress through parliament without offering any opposition to its provisions that may be open to imputation as selfish or factious, for there is nothing in the measure that compromises in any way the interests of any class of medical practitioners.—*Dr. Dillon in Lancet.*

#### A SHABBY TRICK AND ITS CONSEQUENCES.

At the late assizes in a southern county, an action was tried to recover damages against the directors of a railway for severe injuries suffered by the plaintiff, owing to the negligence of the servants of the company. Amongst the witnesses examined were, necessarily, the medical attendants, who, previous to the trial, were asked the question whether a certain sum would be considered by them sufficient remuneration for their long-continued services in the case (which at one time was thought to be hopeless from the severity of the injury), they replied in the affirmative; and when under examination, *swore* to the amount to be paid them. The jury took all the circumstances into consideration, and awarded large damages, which included the payment to the professional men; the plaintiff received the money, and then *cut down the sum offered on his part to the surgeons* by no small figure. It is said one of the attendants has accepted the reduced fee, but the other very properly seeks, and is determined, to have the full amount; not so much for the money, as to show that he will not be a party to a precedent which, in future, may act injuriously on his brethren in the profession. He deserves great credit for his determination.

#### CORRESPONDENCE.

##### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Advertisements offer £500 to any one who will prove homœopathy true: this, of course, is a puff. Will any one offer £100 to show it is a fabrication and a lie? Your remarks about the booksellers are true to the letter. Well may Mr. Gladstone, Mr. Carlyle, and others deplore the state of the bookselling trade. Lord Campbell, however, has given the matter its *quietus*; and we may shortly expect honest reviews and notices of books coming from the great warehouses. In the medical publishing world, things are worse perhaps than in any other: a miserable cliquism, with its attendant dishonesty, governing everything, at least in London. What is the result? The medical journals here have lost all moral control over the correct men of the profession. Hence a feud in Edinburgh, or a piece of mouldy ophthalmic surgery and abuse of infirmaries from your side of the Channel, is a regular gendarm: quackery, in every form, deluging the town. The true and good men here are better known in Leipsic, or Vienna, or New York. The Owens, and Pagetts, and Marshall Halls, give up the thing in despair; while every kind of "juvenile depravity" in guise of book, if only inside the limits of a certain clique, is puffed to the skies. New and beautiful facts here lie open every day in the hospitals and college lectures, but they must get age like vinous fluids, and go to Germany, there get into German journals, and, with "some unpronounceable name," get "translated," as wonderful facts, by some misty writer, by the midnight oil, when they come back again. The thing is completely ludicrous to any one accustomed to the London hospitals, and so-called London journals.

The rage of abuse of the Edinburgh men and Syme has died out, as Syme had the best of it; insurance offices (not the care of the profession) are now the mania; twenty poor physicians were looking for a miserable pittance of £200 a year at Colney Hatch this week, and twice twenty are glad to get £40 and £50 a year; fashionable homœopathy friends of equitable insurance offices meet every day in consultation (some without a diploma in the world), making their £3000 a year.

London, May 21, 1852.

#### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DR. J. F. DUNCAN, interim Treasurer, acknowledges with thanks the receipt of the following sums since last report:—

Mrs. Carmichael, per Dr. Macdonnell	£5 0 0
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During the past eighteen years, you have performed the laborious duties of that office with a zeal, assiduity, and ability, alike honourable to your profession, and productive of incalculable benefit to our neighbourhood.

Your self-devotion to the cause of suffering humanity during the past years of famine, amidst scenes of appalling desolation, and the unwearied benevolence with which at all times and in all places you ministered to the afflicted, irrespective of every personal consideration, has left an impression not to be erased, while your uniform conduct in all the varied relations of life exhibits an instructive example to all around you.

We pray that Divine Providence may continue to bless your labours, and that His richest mercies may be the un-failing portion of you and yours.

Accept, dear Sir, the accompanying tribute (a Tea Service of Silver) of our sincere regard and esteem, and believe us your faithful servants,

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DEAR FRIENDS,—The address which you have presented to me is so flattering that words can very inadequately convey my feelings; and though the link which has so long connected us is severed, the bond of friendship is but renewed.

That my conduct for so long a period should merit the approbation of men so excellent and benevolent is to me most gratifying; and indeed but for your untiring zeal and support throughout the late dreadful ordeal, my humble efforts would have been vain.

My having "ministered to the sick and afflicted independent of every personal consideration," is but characteristic of the profession to which I have the honour to belong.

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## PROCEEDINGS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A CASE OF HÆMORRHAGE FROM INVERSION OF THE UTERUS, IN WHICH THE OPERATION OF TRANSFUSION WAS SUCCESSFULLY PERFORMED: WITH REMARKS ON THE EMPLOYMENT OF TRANSFUSION GENERALLY.

By JOHN SODEN, Surgeon to the Bath General Hospital.

THE author begins by expressing his belief that the evidence in favour of transfusion is not generally known, and that false notions prevail with respect to its dangerous character. Having had an opportunity three years ago of proving its power, he was induced to examine into the results of all the recorded cases, and has presented a table of thirty-six in which the operation was performed in connexion with the puerperal state. The thirty-sixth case was that in which transfusion was performed by the author. A lady was delivered of her third child rapidly, and the latter pains were so severe that the uterus was violently emptied of its contents, and became inverted; a gush of blood ensued, and the patient fainted. The placenta was detached, and the uterus returned; no further hæmorrhage took place. In half an hour the patient had not rallied, and was insensible, cold, pulseless, and exsanguine in appearance; the breathing was at long intervals, stertorous, and jerking. She could just swallow stimulants by teaspoonfuls at a time, and every other means were used to restore her. After about an hour she became, however, worse; was no longer able to swallow, and the respirations became more rare and stertorous. Transfusion was now had recourse to. The opening was made in the external cephalic vein, and blood drawn from the husband was injected by means of an ordinary syringe of German silver, with a detached stop-cock, previously well warmed. At first the blood would not pass, but returned through the opening in the vein; presently the opposition, from the contact of the coats of the vein, seemed to give way, and the blood, though impelled by a steady and moderate pressure, rushed rapidly up the vein. The effect was instantaneous; a convulsion seized the whole frame, and the

muscles of the face were frightfully distorted: not more than an ounce was injected. The convulsion soon passed off, and the patient gradually recovered; it was full an hour before any pulse could be felt at the wrist, and she did not recover consciousness till the following morning. During this time stimulants were continually given; she remained for some time in a weak condition, but has since had another child, and is now doing well. The author then proceeds to analyse the table of cases, which shows that out of thirty-six cases, twenty-nine were recovered from imminent danger, and it does not appear that in the fatal cases death was due to or hastened by the operation. In two, it may be presumed that death had occurred before the operation was performed; in a third, only a small quantity of blood could be procured; in a fourth, no effect; in the fifth, there were marked but not permanent effects; in the sixth and seventh, the women were too much reduced to be restored. The author considers the influence of the blood injected not to arise from the mere mechanical effect on the heart, but from a direct stimulation of the nervous system, and that the rapidity of the effect is modified greatly by the circumstances of the case, as regards previous duration and cause of exhaustion, and by the character of the means used, as regards quantity, quality, and the mode of operating. With regard to quantity, it appears that a lesser amount was needed in proportion as the exhaustion arose from the suddenness rather than the amount of the bleeding. The author thinks that some cases have been lost from a fear of introducing too much blood, the dangers of which, he thinks, have been over-estimated. The quality of the fluid he regards as of great importance, and he alludes to the impropriety of using the blood of the lower animals. The blood need not be drawn from one individual only; that drawn from many may be taken, but it should be the blood of healthy persons. The want of success attending Dr. Simpson's cases of saline injection in uterine hæmorrhage he attributes to the nature of the fluid used, while the same fluid might be serviceable in cholera, where the quality as well as quantity of the blood is interfered with. With regard to the mode of perform-



ing the operation, the author believes that a simple syringe, with a detached stop-cock, plated or tinned on the inside, and capable of holding about three ounces, is the best instrument. The more complicated instruments constructed to guard against the admission of air, he considers needless, as the danger is an imaginary one. In one case the operation was successfully performed with a common toy syringe. The operation should, however, be performed at the arm or in some distant vein, in preference to the neck, where there might be some risk from the entrance of air. The convulsions which arose in the author's own case, he attributes, not to any irritating quality in the blood injected, but to the transition of the patient from a state of coma to that of syncope; the same thing was noticed in one case three times on the exhibition of stimulants only, and before transfusion was performed. The author then proceeds to notice the opinions of writers on the subject of the treatment of uterine hæmorrhage, and concludes by making a few remarks on the general application of transfusion, which has been equally beneficial in cases of hæmorrhage from other causes, and in exhaustion from inanition. It has been, too, of temporary service in phthisis and in cancer of the stomach. Its use is suggested in the collapse of typhus and in the diarrhœa of children, where exhaustion is threatened.

In reply to a question put to him by the President, Dr. LEE said that he had never seen transfusion of blood employed in any case of uterine hæmorrhage. Having so often of late intruded on the time and attention of the Society, he said he would forbear at present making any further observations on the subject, and now sit down. The Society having expressed a desire that Dr. Lee should state his views on transfusion as a resource in uterine hæmorrhage, he proceeded to observe that in none of the varieties of flooding could he place much dependence on transfusion, and he did not believe that in the case now related to the Society the recovery of the patient could be referred to the introduction of an ounce of blood into the venous system. In accidental uterine hæmorrhage, if the membranes be early ruptured, and where this fails, delivery is completed speedily by turning, the forceps, or craniotomy, and all the means in our power employed to secure uterine contraction, comparatively few women perish; and he (Dr. Lee) had seen some recover where the symptoms were of the most alarming character, and recovery appeared absolutely impossible. In such cases, had transfusion been employed the recovery would have been referred to it, and not to the real cause, the persevering and vigorous use of the ordinary remedies—pressure over the uterus, the external application of cold, and the internal administration of brandy, wine, and ammonia. In the hæmorrhage which takes place after the uterus has been wholly emptied of its contents, the same remedies, if actively employed, are successful in a large proportion of cases. In most of the fatal cases of this description which he (Dr. Lee) had seen, the common practice of introducing the hand into the uterus to excite it to contraction by rubbing the inner surface, had been employed, and he had likewise seen cases where fatal uterine phlebitis could be referred to the same plan of treatment, which is not efficacious in exciting uterine contraction where great exhaustion exists from previous profuse loss of blood. This practice of rubbing the inner surface of the uterus with the closed fist, is not merely inefficacious in the worst cases of atony of the uterus, but it actually displaces those coagula from the exposed vessels which form one of the principal means which Nature employs for the permanent suppression of uterine hæmorrhage. If proper compression be employed over the hypogastrium, coagula can never form to distend the uterus, and like a foreign body, prevent its contractions. Hæmorrhage to a dangerous extent can never, he believed, take place where the uterus is contracted in the ordinary degree. The danger of uterine hæmorrhage from placental presentation is much greater than in the accidental variety; but the mortality has been very considerably diminished in my practice since I observed the fact, that in rigid conditions of the os uteri it is possible to

seize the lower extremities of the child with two fingers, and deliver by turning, without introducing the whole hand through the os uteri. It is deeply to be regretted that an attempt, founded upon a grave anatomical blunder, should have been made to alter the practice established during the last century and a half in unavoidable uterine hæmorrhage. The blood does not proceed from the placenta, as has been asserted, and it is therefore irrational and absurd to recommend tearing it away, or detaching it from the uterus with an iron instrument, and leaving the child within the cavity after being imprudently deprived of life. Some inexperienced practitioners have actually tried this unscientific mode of proceeding. He (Dr. Lee) had great faith in the established rules of practice in all the varieties of uterine hæmorrhage.

#### ON FIBRINOUS DEPOSITS ON THE LINING MEMBRANE OF VEINS.

By HENRY LEE, Esq.

Simple inflammation of the veins—that is to say, inflammation commencing in the coats of the veins—is regarded by the author as a very rare disease. The internal lining of veins especially would appear to be as little susceptible of inflammation as any structure in the body. The large number of instances of phlebitis met with in surgical works, and occurring in daily practice, are regarded by the author as depending upon, and as being excited by, a vitiated condition of the blood. This opinion is principally supported by the two following facts: first, that in every case of so called inflammation of the veins, the blood will be found to have coagulated in the vessels; and secondly, that where such coagulation does not take place, no inflammation will be produced. Continental writers of the highest reputation have indeed mentioned the concentric layers of lymph which are secreted as the result of inflammation in the interior of veins; and English writers whose names carry with them the greatest authority have described the adhesion of the opposed sides of veins by lymph secreted from the capillaries under a state of inflammation. The advocates of this view have particularly referred to an experiment of M. Gendrin, in which he mentions, that by introducing irritating substances into the arteries and veins, he obtained large deposits of lymph upon their interior. The author, on the contrary, having found that inflammation of the coats of the veins only occurred in cases where the blood has previously coagulated in them, was induced to believe that the deposit found in the veins might be derived directly from the blood. M. Gendrin's experiment was therefore repeated, precautions being taken to exclude all blood from the vessel; and it was found that under these circumstances no lymph was effused in the vein. The lining membrane of the veins does not contain any bloodvessels of its own, nor does it require any, being in direct contact with the blood. It appears reasonable to suppose, that under such circumstances it would not secrete lymph, and the experiments and observation of the author lead him to this conclusion. The lining membrane of a vein, the outer coats of which are inflamed, may undergo various changes, or may be disintegrated, and cast off into the cavity of the vessel. Lymph and pus may then be secreted into the interior of the canal; but this can only occur in the latter stages of the disease. The readiness with which some morbid poisons produce the coagulation of the blood, and the constancy with which such coagulation (indicated by the cordlike induration of the vessel) is found to precede the other symptoms of inflammation, lead to the conclusion that a vitiated condition of the blood is the common cause of phlebitis. Under such circumstances, although the irritation produced is caused by the morbid matter detained in the vein, yet the inflammation is at first manifest in the surrounding parts. The cellular tissue becomes distended with serum; the cellular coat of the vein then becomes thickened, red, and inflamed; and finally, the changes which have been noticed extend to the lining membrane. The effects of inflammation thus are shown to extend *to*, and not *from*, the internal surface of veins. M. Cruveilhier, indeed, regards the coagulation of



blood in a vessel as the effect of inflammation previously existing. But the author has satisfied himself, that if blood be prevented from stagnating in a vein, no change will there be produced in its lining membrane. The inflammation is not therefore propagated by continuity of surface, as has been generally supposed, but by the stagnation in different parts of vitiated blood. Coagulation of the blood would therefore appear to be the cause, and not the effect, of inflammation of veins. This view is further supported by the fact, that simple adhesive inflammation of a vein will not produce coagulation of its contents. A preparation was exhibited, showing the effects of a ligature upon a vein twenty-four hours before death. No coagulation of the blood, nor deposit of fibrin on the lining membrane, had in this case taken place. The coats of the vein were thrown into folds, and a white band marked the situation of the ligature; but the projecting folds of the lining membrane presented their natural smooth, polished, and lubricated appearance. Healthy venous blood will remain fluid for days, when confined in a vein by a ligature. In this respect there is a contrast between a vein and an artery. In the latter case, the internal coats are divided, and the blood, coming in contact with the divided edges, immediately coagulates. In the vein, on the contrary, the lining membrane is not divided, and therefore the blood remains in contact only with the natural lining of the vessel. Cases in which a small quantity of pus has been introduced into a vein, afford the strongest contrast to those in which the coats have been mechanically irritated. In the latter case, no coagulum will form, or one only sufficient to unite any lesion there may be of the lining membrane. In the former, on the contrary, extensive fibrinous plugs will occupy the vessels. These will sometimes occupy the whole diameter of the vein, and become firmly attached to its sides; at other times, the outer layers only will become firmly coagulated, and the central ones will remain in a semi-fluid condition. It will sometimes happen that the central portions will be removed, leaving the outer layers attached to the walls of the vessel. The circulation may then be continued through an adventitious cylinder of fibrin. Cases occasionally occur, in which a delicate velvety layer only is deposited on the lining membrane, which remains unaltered in appearance in other parts. The coagula which form in veins will, under such circumstances, lose, in different situations, much of their colouring matter; and it will be observed that the lining membrane of the vein is coloured (from imbibition) in exact proportion to the amount of colouring matter contained in the different parts of coagula. It will occasionally happen that portions of the decolorized fibrin will become organized and intimately connected with the sides of the veins, as illustrated in a preparation exhibited to the Society. Such layers of fibrin appear constantly to have been mistaken for lymph, the product of inflammation. The extreme readiness with which the blood coagulates from the contact of purulent matter, affords a most important provision for the security of the general system. It appears to depend upon a faculty with which the blood is endowed for its self-preservation. This faculty, although hitherto unacknowledged by physiologists, doubtless exists, and is comparable to the preservative sensibility with which every other part of a living being is endowed. When purulent fluid is introduced into a vein, if the coagula are firmly formed, a local inflammation will alone ensue; but if the morbid matter extends along the vessel, a high degree of constitutional irritation will follow, and the symptoms will occasionally bear a striking resemblance to those of typhus fever. In cases as they present themselves in practice, these two sets of symptoms are constantly present at the same time: but they may be produced separately by a very simple experiment: if, for instance, purulent fluid be introduced into a vein, and allowed to remain undisturbed, a local inflammation only will be set up, which will terminate in the formation of an abscess around the vein. The contents of the vein will then become softened, and expelled externally, together with the contents of the abscess. But if the morbid matter be forced forward, in the course of

the circulation, no local inflammation will occur, but the symptoms will indicate either the presence of secondary inflammation in some internal part, or of a general contamination of the blood. If the view taken of the origin of inflammation of the veins be correct, it will be evident that any treatment, to be effectual, must have reference to the first periods of the disease; and that those remedies will most effectually guard the system against the contamination (so much dreaded in this class of cases) which will favour the sequestration of vitiated blood, and tend to localize the disease. The remedies which have been employed to subdue the local inflammation, appear but too often to have done so at the expense of the general system; for although the local symptoms have become less prominent, fatal mischief has appeared in other parts. In severe cases, those remedies only can be safely employed which tend to preserve the power of blood, and especially those which increase its coagulating power, so as to enable it to separate that portion which has become infected from the general circulation. Bark and opium, together with a nutritious diet, are the means which appear to favour these actions, upon the due performance of which the safety of the patient depends; while bleeding and calomel, however useful they might be in a case of simple inflammation of the coats of a vein, appear inadmissible when the disease, as generally happens, originates in its contents.—*Lancet*.

### COLCHICUM IN GOUT.

(From the Second Edition of Dr. Gairdner's Treatise on Gout, lately published.)

It remains that I should now treat of the great specific remedy of gout, Colchicum. My first endeavour must be to remove some prejudices entertained against its employment. These, I believe, spring very much from the old humoral theory of the origin of the disease, which I have combated in the early pages of this work. It has often been asserted that the use of colchicum, however great the degree of relief immediately afforded, tends to the eventual and permanent increase of the disease, and the opinion has even been expressed, that while curing the paroxysm, it lays the foundation of other far more serious evils, and of those heavy accidents which suddenly deprive the gouty of life. That these opinions and assertions are vain and futile may be made evident by considerations of a quite general nature.

The gouty are naturally timid and suspicious, and readily attribute the sufferings they undergo to any preceding events, especially if they happen to be of an unusual kind. Most of them are influenced by the nearly exploded medical opinion of a morbid matter, which must be turned out of the system. Even when they do not rejoice with Sydenham, that the severity of their pain is the best road to health, they still think with Mead, that "gout is the cure of gout," and deem any powerful and rapid interference with the natural course of the disease to be imprudent. It cannot then be wonderful that they should attribute any accident which happens to health and life to the unwise meddling of the physician.

Though I do not think it necessary to undertake the patronage of physicians, and affirm anything in favour of their unerring wisdom, yet patients may see reason to pause ere they adopt an opinion so prejudiced as the above, if they reflect that the accidents, which they attribute to the use of colchicum, are those which spring naturally and frequently from gout, when left unimpeded to follow its ordinary course. We have already pointed out this in the history of the disease. It may indeed be alleged by them, that colchicum aggravates the natural tendencies of the disease; and if this observation be limited to the incautious use of the remedy, and not extended to its total prohibition, it is one in which I very seriously and very earnestly concur.

Having premised these observations, we are now prepared to consider the nature of this remedy, the cases to which it is most applicable, and the limits to be assigned to its use. There is no doubt that colchicum is one of those



drugs, whose claim to be considered is well established. Its effect in freeing the body from disease bears no adequate relation to its immediate visible and tangible, or, as it has been called, its physiological effect on the system. This, indeed, is denied by Dr. Christison, who declares that he has never seen the full benefit of colchicum conferred, till it had produced griping, purging, or some disturbance of the *primæ viæ*. So far as gout is concerned, I am quite sure this is an error. Colchicum never more effectually relieves the patient than when it acts silently and peacefully, without producing any evacuation whatever, or in any way disturbing the patient's comfort and ease.

For this reason, I consider the very smallest dose which will suffice to give us the specific influence of this drug and mastery over the fit, as the most efficacious and the best. A little reflection, however, on the nature of remedies of this class, will, I think, put this in a clear and indisputable light. Narcotics, to which order I think colchicum must be referred, must all be deemed hostile to living bodies. Administered in certain doses they are all poisons. The farther we remove ourselves from this destructive operation, yet retain the virtue of the drug, the wiser surely will be our practice. But the effect of too large a dose is to rouse all the repellent powers of the system for the extrusion of that which is offensive. A smaller dose absorbed into the blood is retained there longer, and has a more permanent as well as more beneficial influence. There is another reason for exhibiting small doses of this remedy derived from its atonic constitution, which will have much weight with scientific chemists. The alkaloids in which the virtue of many narcotic medicines resides, are composed of elements which present a great contrast to the analytic structure of the organic principles of animal bodies. It is difficult to conceive any alliance between them. The former must always be treated as foreign bodies when admitted into the system.

The *modus operandi* of this remedy is not wholly involved in mystery. Dr. Douglas MacLagan, Prof. Chelius, and Dr. Lewins, have demonstrated that it causes a more copious discharge of urea from the system; and it will now, I think, be admitted as an established truth, that the increase of urea is attended by a great diminution of the urates in the urine. The idea, therefore, which I have expressed in another part of this work, receives confirmation here. Urea and uric acid are again found to be correlative and vicarious substances.

This effect of colchicum on the secretion of urine would seem to confirm the opinion of Dr. Holland, that "it owes its virtue in the disease to a specific influence on this secretion." But this is hurrying too fast to a conclusion. The connexion of vitiated urinary secretion with gout is indeed very manifest, and it might, even *à priori*, be expected, that a remedy which puts an end to the paroxysm, should very powerfully affect the symptom in question in common with all others. I fear we are hardly yet prepared to explain the action of colchicum. Longer observation is necessary to solve this difficult problem; but I quite agree with Dr. Holland in the expectation that, from this source, a strong light may be shed on the pathology of the disease. I cannot, however, understand why he should deem it so improbable that the operation of colchicum should be through the nervous system. When I consider how much gout is influenced by the condition of the nervous system, and that the most notable effect of colchicum, whether acting as a remedy or as a poison, is that of a narcotic; and when I further consider the great rapidity of its action, it appears to me probable that the nervous system will be found to be the principal channel through which this medicine exercises its powers. I cannot conceive any medicine capable of removing, in so short a time, all evidence of so much bodily disease and suffering, save one that acts immediately on the nervous system. By what means, indeed, colchicum restores the secretion of urea, and accomplishes that mutation of principles which I have ascribed to the influence of respiration, is a mystery which I cannot thoroughly penetrate. Yet even this appears to me to receive its most satisfactory explanation through the nervous system. I

believe I have made it certain that the heart is enfeebled in gout, and that its action is irregular and spasmodic. All practitioners know the value of narcotics in quelling this desultory action. May not some part of the great effect of colchicum, and of veratrum album, aconite, and opium (all which remedies may often be made coadjutors to, and sometimes substitutes for, colchicum), be ascribed to their power of regulating the action of the heart, so as to induce a better and more even distribution of blood in both the systemic and pulmonic capillaries? But whatever degree of credit may be given to these speculations, it is undoubted that no sufficient explanation can yet be given of the action of colchicum; in other words, it must be classed among specifics.

The cases to which colchicum is most applicable are, without doubt, those of the regular disease, without injury of organs. If there be injury of tissue, so as to argue a destruction of function of any considerable portion of the kidney or liver, the relief to be obtained from colchicum will be problematical. The cases, too, of atonic gout certainly receive less relief from this medicine, and some of them are so little influenced by it as by no means to compensate for the low and depressing feelings it often creates. These effects may, however, be much obviated by combining it with warm aromatic tinctures and waters, and with the vegetable laxatives. The latter do not in the least destroy the specific action of colchicum, but, on the contrary, much promote it. I have often been obliged, in cases which received subsequent relief from colchicum, to renounce the use of the remedy till some defect in the general health, or some local disorder, had been attended to and relieved. But the most common reason of the failure of colchicum is the unnecessarily large dose which is frequently administered. I have often seen quite a poisonous influence from doses carried to the length of producing sickness and diarrhoea. It is true, that this is not a cumulative poison, and if the medicine be intermittent, the symptoms vanish quickly; but the effects of the narcotism induced often remain to such a degree that the patient cannot return to the remedy without a reproduction of his painful symptoms, and its good effects are lost for a considerable time.

I have said that the incautious use of colchicum might aggravate the natural tendencies of the disease, and I feel well assured that many persons have suffered much from, and even paid the heavy forfeit of their lives to, the extreme readiness with which they fly to the relief which this remedy affords. Physicians may indeed dispute about the proximate cause and peccant matter of the disease, but surely no one will doubt for a moment that it has a cause; and it will be granted by most men that the various painful symptoms by which the presence of the disease is manifested constitute an effort by which Nature seeks to relieve herself from a malignant influence, and recover the equilibrium of health. In this sense the paradoxical expression of Mead, that "the gout is the only cure of the gout," contains a great truth. If this be the case, it must surely be apparent to the most careless reasoner, that it can neither be good philosophy nor good practice to use a means which simply puts a stop to a salutary process. Nature seeks a relief *quâ detur porta*, and the physician must not arrive only to forbid it, and to lock up the mischief.

The first bad effect seen from too early an administration of colchicum is that of a total failure of the remedy. The local disease is indeed relieved, but the distress of the patient is in no degree mitigated. His constitutional symptoms remain the same, and in no great length of time an explosion takes place in some other part, in all probability nearer the centre of the system. A metastasis has been effected; but the serious consequence is a prolonged disease; and a prolonged disease is often a great injury to the constitution. If, on the contrary, the disease be permitted to expend its first violence, colchicum may be both safely and effectually used. When the fever has abated, the œdematous swelling of the part been established, and the bowels well relieved, colchicum may be



used with good effect and perfect safety. A long experience of the medicine now enables me with great confidence to recommend to younger practitioners to abate much the amount of the dose they use. I have seen doses of one drachm of the wine or tincture, given twice and three times in the day with no effect on the disease, but with sad disturbance of the patient's constitution; and I have seen the same cases led back gently and quickly to health with doses varying from ten to fifteen minims after a little time had elapsed, and the fire of the disease was in some degree extinguished. If there be sufficient vigour of constitution to permit the practice of a small bleeding, according to the method I have already mentioned, colchicum may be used much sooner, and its administration will generally be attended with happier effects; but I have mostly found it prudent as well as advantageous to pause for a couple of days after bleeding before using colchicum.

Nothing can be more unwise for a patient than, immediately after a cure of gout by this means, to revert to the usual course of life. Yet this is generally done. Indeed colchicum is chiefly valued as a remedy because it permits a speedy return to the pleasures, the occupations, and cares of life. It is of no use to argue with the voluptuary; we might as well lose time with the wretched beings who have lost their reason, or with children who have not attained it; but men who are involved in business would do well to consider how much depends on the use they make of this moment. Some years ago I was desired to visit a gentleman who had just gone through a very painful fit of the gout under the care of a very eminent physician, now dead. He had quarrelled with his doctor in consequence of the troublesome, but very wise, advice the latter had given. I found that the fit, from which this very foolish individual thought he was emerging, had not at all been permitted to run its course. Notwithstanding its duration, no issue had been given to the disease. It had been stopped *in limine* by very heavy doses of colchicum, against all remonstrance on the part of his physician, and the earnest entreaties of his wife: for even she had learned by experience the folly of this course. The consequence was a series of devious and perplexed symptoms, with metastasis to different parts of the body. Each fresh local manifestation of the disease was assailed by a renewed application of the poison. Every absurd error of diet was meanwhile committed. After eleven weeks of this practice I was called to the case, and not permitted the advantage of a consultation with my predecessor.

At this time, however, Nature was operating a cure after a fashion very usual with her. The patient's excesses were restrained by a total loss of appetite; and this continued till the fierceness of the disease was in some degree removed. There was little difficulty in managing him while this state of things remained, but when appetite revived, and his sufferings were in a degree abated, it was impossible to deal with the great perverseness of this man. It was the month of May, and he was eager to go to the clubs, and to parliament, which to him was nothing better than a club. He got well enough to do so, still using, as I afterwards learned, colchicum largely and frequently, and living freely. In this manner he hobbled on till the month of July. I was again desired to visit him. He was a pitiable spectacle of helplessness, pain, and querulous impatience. Nearly every joint was seized. In vain he now attempted to dictate: everything was decided for him. During half of July and throughout August, he underwent indescribable suffering. I believe he had the folly and injustice to ascribe this attack to his physician. I never saw him after the month of October, when he left town, but he died four years after of disease of the heart and hydrothorax. I have been credibly informed, that he continued the use of colchicum with the same imprudence, till it failed in giving even transitory relief, yet did not fail to inflict on him its own peculiar evils.

Cases like the above are of frequent occurrence among weak and pampered individuals who are their own physicians. They stem every approach of the disease in the manner I have related above, convinced that no greater

evil can befall them than the interruption of their habitual amusements. The treatment of such persons is extremely perplexing. Their cases are puzzled and perverted: but the rule of practice is undoubtedly to let the malady return to its regular form, and, no matter what the suffering of the patient, to allow it to exhaust itself. It will leave him less shattered and exhausted, than after it has burst through the impediments which mistaken practice has imposed.

I recommend a perfect holiday to all men who have gone through a fit of gout. It should be passed in good bracing air, with as much exercise as their feeble state will enable them to take, in order that the lungs may be well expanded, the assimilation of the food be perfected, and a pure and well oxygenated blood be worked into the organic textures and moving structures of the body. During this time of seclusion, it is of much importance that a light but nourishing diet should be used, and that the bowels should be gently acted upon, so as to relieve the system of any remaining oppression. These purposes may be well accomplished during a residence at some of the fashionable watering places. The waters of Buxton, Wiesbaden, and Marienbad suit such cases well. If there be much visceral congestion, the waters of Cheltenham, Leamington, Carlsbad, or Vichy are preferable. In advanced cases, with great debility, Kissengen, Pymont, Spa, or Tonbridge may be recommended; and where the fit has left great debility of limb, a visit to Bath or Aix-la-Chapelle will be found profitable. Of these remedies I do not write at greater length; it would require a separate treatise to do them justice.

The local remedies of gout are few, and of little efficacy, yet it is of importance they should be attended to. A dependent position of the affected limb should be carefully avoided. Patients generally make this discovery for themselves, but from first to last, and while any swelling and pain remain, the parts should be kept studiously elevated, so as to favour the gravitation of the blood from the seat of the disease.

The limb should also be kept warm. The great Harvey indeed did not observe this rule, and applied cold to his gout; but his practice is condemned by all physicians of ancient and modern times. I have no doubt of the risk attending it; even when unattended by danger, unless quite inefficacious, it must tend to prolong the attack, to seriously disturb the regular course of the disease, and bring the patient into risk. This will be apparent from a consideration of the nature of the disease.

I have seen much comfort from practice of an opposite kind. When the pain is violent, great relief may often be obtained by wrapping the limb in a poultice; and I have often caused to be placed, with great good effect, underneath a poultice, a rag dipped in tinct. of veratrum, or belladonna, laudanum, or hydrocyanic acid. Instead of a poultice, this local application may be covered with oiled silk, which answers nearly the same end.

Leeches are frequently applied in cases of regular gout, and sometimes, though rarely, with relief to the local suffering. They never, indeed, have any effect, unless the blood they abstract be sufficient to affect the system, for it is through the system that relief is alone possible in gout. But I prefer much to obtain such influence in another manner, which is more manageable and more certain.

The treatment of chalk-stones requires a brief notice. Practitioners are often tempted to open the collections of fetid ichor, very falsely called abscesses, which gather around them. Nothing can be more unwise. No relief to the patient is obtained by the operation, and nearly always a foul, painful, and sometimes dangerous sore is left behind. If let alone, the most unpromising appearances will end in absorption and resolution. The only fit application to them is a pledget of tepid water.

These are the remedies in gout. But let it not be forgotten that they are only remedies for the fit. They who desire to prevent its recurrence, and still more they who look higher, and would eradicate all tendency to the disease, must not depend on the means furnished by pharmacy.



Drugs in this disease only alleviate and shorten suffering. This, however, is much for men who cannot choose either their condition or position in this world, and who, in their pursuits and occupations, must submit to many a hard necessity, little compatible with health. Besides this compulsion of circumstances, it is, I believe, according to the experience of all physicians, that patients much more willingly swallow any amount of medicine, however nauseous, than relinquish long-cherished habits. For my own part, I can truly say that I pass my days exposing the absurdities of custom, and preaching against the noxious lives of my patients.

But before concluding, I would again warn the gouty against expecting too much from drugs. If the functions of the body do not preserve their respective relations,—if the balance of the machine be lost,—disease of one kind or other must be at hand. It is in vain to expect to enjoy health with erring functions, and it is a gross and imperfect view of the practice of medicine which sees disease only in substantial and tangible disorganization of the body's structure. If too much food be administered to the stomach while its assimilation is imperfect, if the primary function of digestion be active while the secondary and equally important one of assimilation is inert, health is impossible for any great length of time. Gout may not, indeed, be the result, unless that unknown something in the constitution, which is the real essence of the disease, be there. But disturbance of health, and possibly organic disease, must ensue.

We are too much accustomed to look upon the bowels as the only road for the excrements of the system. I believe it would be both more true and more wholesome to associate the skin, the kidneys, and the lungs, in this office, and to assign to each of these organs a parity of rank and equal influence in the depurating function. It is certain, however, that if the carbonaceous and nitrogenous principles be not freely and constantly expelled by their proper channels, they must find their way out by vicarious roads, or be retained to disturb the health. Purging is then a necessity for the indolent.

But how much better would it be for those persons to permit the offices of nature to go on in the way which has been ordained for them, to limit their diet and increase their exercise, to take only the amount of food necessary for the sustenance of the body in vigour, and sufficient exercise to keep it in comfort, to direct the nutritious part of the food to the repair of the frame, and to permit the expulsion of all those matters which should go to waste.

#### LARGE OVARIAN CYST TREATED SUCCESSFULLY BY OPERATION.

By Mr. GABB of Hastings.

THE following case presents many points of interest. At the time the operation was performed, it was considered impossible the woman could long have survived, if the plan of repeated tapplings had been adopted. The operation performed was a modification of that proposed by Mr. Bainbrige and Mr. Brown, but the external opening was made lower down than has hitherto been attempted, to facilitate the exit of the discharge, and to prevent the bagging of the cyst below the external aperture:—Mrs. L., aged 32, tall and slight, has been married seven years, has had three children and aborted twice; has never been strong, though enjoying tolerable health; she suffered occasionally, about ten years ago, much pain in the left side, over the region of the descending colon but does not remember if it was worse during the catamenia; menstruation natural up to her marriage. Had a lingering labour with her first child five years ago, and since then has been more weakly, but had nothing particular to complain of. Was confined again in 1849, and had a good time; she remarked, however, that she did not regain her natural size; health much as usual. Her last child was born in January, 1851; labour natural; after which she so rapidly increased in size that it was necessary to tap her in March, and twelve quarts of clear and highly albuminous fluid were removed; recovered quickly. She

again consulted me in October, being much distressed by the reaccumulation of the fluid. Dr. Tyler Smith saw her on the 27th of that month, and it was agreed if on a careful examination, all the other internal organs were found to be normal, to perform the operation recorded.

*Present State.*—Extreme emaciation; the nipple was apparently the only portion of the mammae remaining; thoracic viscera healthy; urine slightly albuminous, probably from the pressure the kidneys were subject to; externally and per vaginam, the tumour (in which fluctuation was peculiarly distinct) occupied the left side. The catamenial discharge (which had just occurred) has been regular since February, when she weaned her infant; she has always remarked that after each period she has got more rapidly larger.

On November 3, at eleven a.m., the following operation was performed under the influence of chloroform, and with the assistance of Dr. Tyler Smith, Dr. Steavenson, and Mr. Ranking:—A vertical incision, about three inches long, was made over the lowest portion of the tumour on the left side, a little external to midway between the anterior superior spinous process of the ilium and pubes and extending nearly as low as Poupart's ligament. The integuments and fascia were cut through and the muscle carefully divided, until the cavity of the peritoneum was opened. The sac (the walls of which were very thin) then came into view, six ligatures were passed through it and the rectus, attaching it closely to that muscle, the fluid was then removed by puncturing the sac with a large trocar, and the operation was concluded by passing a piece of oiled lint into the sac to prevent union and to allow any secretion to escape, and then bringing the edges of the external wound together with sutures, excepting the part left for the plug just mentioned. She bore the operation well. Nine p.m.: Very comfortable and cheerful; pulse quiet. Gave an anodyne draught. 4th. Passed a good night; very comfortable; no febrile excitement. 5th. Going on well. 6th. So comfortable that I did not think it necessary to remove the dressing. 7th. Wound healing by first intention; no discharge. 8th. Passed a bad night; pulse 120; skin hot; troubled much by flatulence and sickness, which she generally suffers from after her confinements; no tenderness of the abdomen on pressure, but a little distended; bowels open; no discharge from the wound. 9th. Removed the plug out of the sac, and about a pint of clear but offensive serum ran out; wound, excepting the part kept open by the plug, nearly well. The only thing she complains of is the distress from the flatulence, which was removed by compound galbanum pill. 10th. Slight tenderness on pressure from peritonitis; sickness; pulse 120; ordered mercury and opium frictions; no discharge from the wound. 11th. Much the same; abdomen tympanitic; sickness still troublesome; no discharge; from the flaccidity of the abdominal parietes the wound is valvular; on removing the dressing an immense quantity of highly offensive gas escaped, and about a pint of serum with flakes of pus; the silver probe was turned black by the secretion; felt much relieved. 12th. Comfortable. 14th. Feels much better; wound discharging freely; fluid of the same character, though less offensive. 16th. Going on well; tenderness gone; about a teacupful and a half of healthy pus comes away in the twenty-four hours. From this date she has progressed satisfactorily, the secretion varying from half to a teacupful in the twenty-four hours. She has lost flesh considerably since the operation. December 31st. Down stairs; is gaining flesh; weighed eighty-five pounds and a half; discharge about two table-spoonfuls daily. February 5th. Has been out for a walk in the garden; weighed eighty-nine pounds and a quarter; about a teaspoonful of discharge. March 11th. Sutures not come away; discharge the same; the probe will only pass downwards, backwards, and inwards; the sore is contracted seemingly to a very small size. The catamenia had not appeared since the operation. On examination per vaginam nothing abnormal can be detected. The urine shows no traces of albumen. 22nd. Weighed ninety-one pounds three-quarters. Since this date she has



steadily continued to improve, and can now take a good walk.

At the request of Dr. Tyler Smith a microscopical examination of the blood, of the fluid which came away when the sac was first opened, and of the fluid which came away at the close of the examination, was made by Dr. H. Jones. The following is the microscopical report made by Dr. H. Jones:—1. "The serum was deeply red tinged, contained fewer blood globules than healthy blood, and they were also apparently feebly formed and less coloured than natural; there were many white or lymph globules, and some granular films of fibrin. 2. The first-drawn fluid contained multitudes of small vesicles, bearing on their walls opaque refracting granules, in number from six to one. I think these were altered blood globules, they were about that size, and had much the appearance that blood globules, when roughly treated, sometimes put on; their membrane was often distinct, enclosing a pale fluid. Along with these there were a very few imperfect granule cells and many tablets of cholesterine; the fluid itself was decidedly coagulated by nitric acid, but did not form a very bulky coagulum. 3. The last-drawn fluid contained a few small flakes of whitish aspect; it was similar to the above, containing altered blood globules. I suppose them to be in abundance, and also cholesterine. The flakes consisted of largish granules apposed together like the bricks in a mosaic pavement; they were perhaps the remains of an altered epithelium. Fat vesicles and cholesterine were mingled with them. All this seems to indicate a low condition of vital power."

April 16, 1852. Upwards of five months have now elapsed since the operation described above was performed, and the subject of it has steadily improved during that time. She was not weighed until she began to improve, but though a tall woman, her weight was only, when it was first taken, eighty-five pounds and a half. She had in three months increased five pounds and a quarter. The comparison between the operation described and tapping, appears favourable to the former. Between the first tapping in March, 1851, and the time when she would have required tapping a second time,—viz., in November of the same year, eight months elapsed. Upwards of five months have elapsed since the operation, and her disease has received a most decided check. The probability is, that had she been tapped in November, the sac would ere this have refilled. The loss from suppuration through the opening into the ovarium is evidently less than the loss from the flowing of albumen and other elements of the blood into the sac. Under the one the patient steadily proceeded in emaciation; under the other, she has gained flesh and strength. But the future progress of the case will require to be recorded.—*Prov. Jour.*

#### TRACHEOTOMY FOR REMOVAL OF A PIECE OF SPONGE.

By E. R. PEASLEE, M.D.

JOHN A. DOBIE, aged about 44, a well-made, robust man, a bookbinder and bookseller, having lost the cartilaginous and also part of the bony septum of the nostrils from a scrofulous affection, was in the habit of introducing a piece of moistened sponge into the nasal passages several times a day to remove the fetid secretion produced by the still progressing disease just mentioned. On the 23rd of July, 1850, while applying the sponge as usual, before entering his shop, immediately after dinner, he accidentally let it slip from his fingers, and it passed back at once through the posterior nares. A paroxysm of coughing, with considerable dyspnoea, at once ensued, and I being hastily sent for, saw him probably within three minutes after the accident occurred, at ten minutes before one p.m. Being told by the patient that he had "a piece of sponge in the throat, I at once passed my finger into the pharynx, expecting to find and dislodge it. Disappointed in this, and being assured by him that he distinctly felt it in the bottom of the pharynx, and just below the point reached by the finger, I then explored that part with the long curved

pharyngeal forceps, and thus ascertained that it was not in the pharynx at all. But he now insisted that my manipulations had carried it farther down, and that he could still distinctly feel it lower and in the œsophagus. His breathing was, however, now much easier, and his cough ceased almost entirely; and I now inquired more particularly as to the precise size of the sponge, he having at first said it was "as large as half a hen's egg." He now placed his right forefinger across the left fore and middle fingers, at the articulation of their first with their second phalanges (thus isolating four phalanges in all), and said "it is as large as that." Of this, on being farther questioned, he said he was "certain." Well knowing his great accuracy of judgment, especially in regard to any mechanical matter, I was inclined to rely on his assertion far more implicitly than I should in the case of most men, and the sequel will show that I was not thus deceived. I next examined a larger piece of sponge, from which the one now producing mischief was taken, and found it coarse and easily torn. Still so large a piece as the patient indicated could not, it seemed to me, be so compressed by any means supposable in the case, as to pass readily through the rima glottidis of a healthy larynx (as there was every reason for believing the patient's to be); or if this had actually occurred, it must still have remained so much condensed, even in the trachea, that the air could not pass so freely to-and-fro in that tube as it did at this moment. I therefore stated to the patient that if his estimate of size were correct, it was "almost an anatomical impossibility" that the sponge could be in the trachea; that I still feared he was mistaken, and it might prove to be there; but that I would be certain it was not in the other passage before I should decide that it was in the trachea. Accordingly, I now passed a feather into the pharynx, hoping a reversed action of the œsophagus might bring up the sponge. Failing in this, and finding he could swallow some water (with some difficulty at first, but more easily at each successive attempt), I next gave an emetic of ipecacuanha. I should here remark that after drinking the water he breathed still easier than before, and said he could feel the sponge passing downward towards the stomach. The emetic operated in fifteen minutes, the fluid contents of the stomach being forced out to a considerable distance, and in a small stream; but the difficulty of breathing at once returned, and the patient said he could again feel the sponge at the bottom of the pharynx, where, however, a second use of the long forceps did not find it. I now obtained, and passed slowly into the stomach, an œsophageal bougie, intending thus to carry the sponge into that viscus, if found in the passage, and at a point too low to be raised by the instruments at my command. Not the least obstruction was encountered till the instrument had passed about half way down the tube, and here it was so easily overcome that I supposed it might be merely a slight spasmodic contraction for the instant. Another slight impediment was met with just before the instrument slipped into the stomach; but this might be owing to the end not precisely entering the cardiac opening at once. But the patient again breathed quietly at once, and said "now I can feel it in my stomach." I was at first inclined to think him correct in this assertion; but as now and then a single "hack" would still occur, the following questions occurred to me, and were reasoned upon as follows: Was the sponge actually at the first point (or the second) of obstruction in the œsophagus, and carried by the bougie into the stomach, as the patient's sensations indicate? or is it actually in the trachea all the while? In favour of the idea that it had been in the œsophagus, it occurred to me that so large a sponge as this was asserted to be, would probably so compress the trachea from behind, if placed anywhere in the œsophagus above the bifurcation of the former, as to cause all the dyspnoea and cough the patient had thus far experienced, and that on carrying it below the bifurcation, that pressure would of course be removed and the dyspnoea with it. The act of swallowing the water might also have carried it below the bifurcation, and thus have relieved the breathing, while the emetic produced the opposite effect in both



respects. Besides the single "hack" which now remains (and seldom recurs) of the cough may well be owing either to the irritation consequent on my manipulations, or even to the presence of the sponge in the stomach. Finally, that so large a sponge could, in the first place, pass into the trachea; and secondly, if there, would produce no more interruption of the breathing than now existed, still seemed improbable. But on the other hand, on the supposition that the sponge is nevertheless in the trachea, I might perhaps have carried it (protruding backward so much) by the bougie farther down that tube, as also the act of deglutition might do; while the act of vomiting might perhaps carry it up against the chordæ vocales, and thus account for the cough and dyspnœa which ensued after it. The ear, applied over the trachea and chest, had detected modifications of the respiratory sounds, varying with the symptoms, but never such as to determine whether the foreign body acted directly or indirectly on the air passage.

It was, however, now certain that the sponge was not in the digestive passage above the stomach, and that if the dyspnœa and suffocative cough should now return, the conclusion must follow that it was in the trachea. I accordingly remained about half an hour longer, but the patient still remaining quiet, I then left to fulfil a consultation appointment. On returning at half-past seven p.m. (I left at half-past two), the patient informed me that during my absence the dyspnœa and cough had returned; that he called in Dr. Crosby, who had also passed a bougie into the stomach, and not finding the sponge, had concluded it must be in the trachea; that Dr. Crosby had advised him to send for me, but on learning that it would be useless, I had so far to go before returning, and that it was the wish both of myself and the patient that he should take the full charge of the case if the dyspnœa returned. Dr. Crosby remarked that he was obliged to leave town that evening in the cars, but would return the next morning at seven o'clock, and then attend to his case. I therefore advised him to keep as quiet as possible during the night, and to sleep in an easy chair; remarked that as it was now sunset, nothing could be done till morning at any rate; that he was in no immediate danger, and would probably have no severer paroxysms during the night than he had already experienced, though the sponge would again, doubtless, change its place. He now had considerably more dyspnœa than when I left him at half-past two o'clock, but no cough. He remained quiet till three o'clock in the morning, when another paroxysm was produced by conversation with his attendant, and I again saw him. It soon passed off after swallowing a small quantity of fluid; but I could now perceive that during the paroxysm expiration was much more difficult than inspiration; after it, inspiration was the more difficult, while previously (in the evening) there was no perceptible difference in the two movements. This suggested the idea that the sponge was raised by the cough, in contact with the chordæ vocales, and that it fell back towards the bifurcation afterwards; but I could not ascertain its precise location by the ear placed over the tube or the chest. On inquiring if he felt exhausted, he replied, "I am not tired, but rather dozy, not having slept much."

I saw the patient at seven o'clock the next morning (July 24th), according to previous arrangement. He had had no paroxysms since three a.m.; had dozed a little, and said, in reply to a question, that he felt strong, but tired and sleepy. The respiratory murmur was now found to be diminished throughout the whole of the right lung, and this side was also evidently less distended on inspiration than the other: the sponge having, probably, at length engaged more especially in the right bronchus. As Dr. Crosby had not come in, I advised to send for him, and have the operation for its removal performed without further delay, and adding that I would gladly be present if informed that Dr. Crosby or himself desired it: I then withdrew.

Soon after eight o'clock, Dr. Crosby sent for me to meet him. The question of operation was at once raised, and no difference of opinion as to its propriety or necessity

being expressed, Dr. Crosby decided to perform it at fifteen minutes before ten o'clock, and desired me to be present.

I have been thus explicit as to all the essential facts and circumstances previous to the operation, when the responsibility of the case passed into other hands, since I have the fullest evidence that even up to the present time they have never, except by a very few, been correctly understood. The patient placed himself as directed, upon a sofa, his head being slightly elevated upon a pillow, and an incision an inch long was made by Dr. Crosby through the skin, and subsequently into the areolar tissue beneath. The parts, however, became immediately obscured by the hæmorrhage; and the incision into the trachea being made under these circumstances, and while the tube was not in a state of tension, was not at first sufficiently extensive. It was, however, rapidly enlarged, and a long forceps passed through it by Dr. Crosby into the trachea, but without finding the sponge. But, in the meantime, the blood, still flowing freely, was drawn into the trachea at each inspiration, had filled the tube, from the sponge up to the incision, and thus completely asphyxiated the patient. It was remarked that the patient was dying, and subsequently added, "he is dead;" when a proposition on my part to try to get the sponge being assented to, I reached after it with the forceps, after rapidly removing the blood with a pellet of cotton, and succeeded in bringing away a portion about as large as a pea; a second attempt secured only a similar result, the mass was so firmly impacted, but the third removed the whole mass, as was supposed at the time, though it will anon appear that a very small portion still remained adherent to the membrane. Still the patient did not begin to breathe again after its removal; but after applying the usual means for exciting the respiratory movements, he at length gasped, and in a few minutes was able to answer questions. The sponge was even larger than the patient had said. Another piece cut out as a *fac simile* of it, but found on accurate comparison to be somewhat thinner and smaller, is, when moistened,  $1\frac{1}{2}$  inch long,  $1\frac{1}{4}$  wide, and  $15-16$  of an inch thick; all this in addition to the three small pieces detached from the original, as before said.

I now expected to take no further part in this case, and learned of Dr. Crosby at half-past twelve that he had closed the wound and just left the patient; but within thirty minutes afterwards I was sent for in great haste (as I resided nearer than Dr. Crosby) as the patient appeared to be dying. I found him breathing with greater difficulty than ever before, livid and insensible, and the neck swollen out almost to a level with his chin, from combined emphysema and hæmorrhage into its areolar tissue. I at once reopened the wound, and on passing a probe down to the bifurcation before finding a spot in which irritability enough still remained to excite a cough, I succeeded in making him expel four ounces or more of fresh blood from the trachea and bronchi, when his respiration and colour again at once somewhat improved. Dr. Crosby coming in soon after the patient was relieved, and learning from me what I had done, and why, remarked that he must leave the patient in my care till night, and withdrew. I then introduced a canula into the trachea, and called several times during the evening to aid him in expelling the blood which still remained in the bronchi, by passing a feather down to the bifurcation, as before explained. During all this time he was at best in a semi-comatose condition; could briefly reply to a question when directly put to him, but never uttered a word otherwise, when I was present. I have no means of knowing the particulars of his subsequent condition. His death occurred on the evening of the 26th of July, about fifty-three hours, I think, after the operation.

*Autopsy.*—An examination twenty-four hours after death was made by myself and Dr. Crosby. Only the respiratory organs were examined, and the following is a *verbatim* copy of the results, as written down at the time:—Larynx large and well proportioned, but in no respect abnormal. Trachea inflamed throughout; a patch of inflammatory exudation just above the bifurcation, equal to



about a square inch in extent; embedded in which, and upon the left side, was a piece of sponge about the size of a common white bean, and so adherent as to detach the membrane when removed. Right lung: very general old adhesions, with inflammation of the upper lobe, and extensive congestion of the others; the bronchial tubes yielded a large quantity of bloody mucus. Left lung: lower lobe inflamed; nothing unusual in the other.—*Buffalo Med. Jr.*

#### ON THE PATHOLOGY OF LEPROSY AND OTHER SCALY DISEASES OF THE SKIN.

By R. B. TODD, M.D.

THE views of the author on the pathology of the squamous diseases are thus expressed:—In discussing this subject, the problem we have to solve is this—What can give rise to these remarkable patches on the skin? why do they assume their peculiar form and other characters? and why do they prefer particular situations of the body? Now we gain an important clue to the decision of this question by our knowledge of the clinical history of syphilitic leprosy. That knowledge amounts to this: by the contact of a certain diseased secretion a primary sore is generated; this is followed by more or less of febrile disturbance, sore throat, articular and periosteal affections, and a peculiar eruption of the skin. It may be taken as quite certain that the cause of all these morbid phenomena is to be found in the introduction into the system of a particular poison. That poison need not be introduced into the system through a mucous membrane; if it be brought in contact with an open surface on the skin, this is quite sufficient to procure its introduction into the system. In this way medical men sometimes become infected, as in a case which lately came before me:—A highly respectable practitioner attended in her labour a woman in whom it never occurred to him to suspect any syphilitic disease. It so happened that at the time he had an abraded surface on one of his fingers. An obstinate ulcer formed here, and secondary symptoms ensued, extending even to disease of the bones. He was at first quite at a loss to explain the cause of his symptoms, when the woman whom he attended applied to him to be cured of secondary symptoms, having an eruption exactly similar to his own; he at once saw the source of his affection. It is through the blood that such a poison must be introduced; there is no other channel through which it can be so conveyed through the system and to such various parts. We learn, then, that a particular poison generated in the body of another may, by its introduction into the blood, create an eruption on the skin which presents characters very much resembling those of common leprosy; and the person in whom the poison is first generated may poison several others, giving rise to the same morbid phenomena in each. Thus a particular modification of the syphilitic poison may produce, by its introduction into the blood, a leprosy eruption on the skin. So, also, other poisonous matters will cause cutaneous eruptions; iodide of potassium will cause an eruption of urticaria or of herpes, or even an eruption of somewhat of the scaly character; mercury will cause a particular form of eczema. The poison of the exanthemata generate each its peculiar form of eruption; and the typhoid poison also occasions a very characteristic rash on the skin. Surely, then, nothing can be more reasonable than to assume that the eruption of leprosy vulgaris, so similar to the syphilitic form and affecting similar parts, is due to an analogous cause—namely, to the presence in the blood of a poisonous agent. But the questions arise, how and where is this generated? can it be isolated? can it be communicated from one to another? To the first question we may answer, that it is generated in the primary and multiplied in the secondary assimilating processes. But as to what gives rise to its generation we can form no definite idea: why it should be generated in one who is fed well and had plenty of work; and why it should also be generated in another who wanted work, and fared wretchedly, are not to be so easily explained. This, however, must not be forgotten as bearing upon these questions,—that an excess of food,

or a supply of a kind of food which is not readily digested by the stomach of the patient in question, may derange the assimilating processes just as much as an insufficient supply of poor food. To the second question we must answer, that the poison of leprosy cannot be isolated, no more than we can isolate the syphilitic poison. But in reply to the third question, it may be affirmed that, although the leprosy vulgaris is not communicable from one to another, syphilis is, yet in another sense, it may be propagated from one to another; I mean that, while it is not contagious, it may be propagated by hereditary descent. And this latter fact, which I suppose the clinical history of leprosy establishes to the satisfaction of even the most scrupulous, is favourable to the view of its pathology which I am endeavouring to advocate. For most—if not all—diseases which seem to arise from a *materies morbi* in the blood, are apt to be propagated by hereditary descent. Another feature of these scaly diseases which favours this humoral view of their pathology is the disposition which the eruptions manifest to affect the skin symmetrically. Many diseases referable to a *materies morbi* exhibit this tendency to symmetry; as has been shown by Dr. W. Budd, in a most valuable paper in the *Medico-Chirurgical Transactions*, in which he discusses with great ability the pathology of leprosy and psoriasis. To conclude, then, this part of my subject, which time forbids me to treat of at greater length, I would sum up thus: that as the syphilitic leprosy is due to the introduction into the blood of a poison generated in the body of another as the result of impure and promiscuous sexual intercourse, so the leprosy vulgaris is produced by a poison generated in the body of the patient—an effect of some disturbance of the primary and secondary assimilating processes; or of which the germs, as it were, were transmitted from either parent, and were multiplied in the secondary assimilating processes of the patient.—*Med. Gaz.*

#### LARYNGOTOMY SUCCESSFULLY PERFORMED IN A CASE OF FOREIGN BODY IN THE LARYNX.

By G. R. MOREHOUSE, M.D., of Philadelphia.

THE little patient, a girl of 10 years, daughter of Mrs. Saunders, on Wednesday morning, February 26th, while laughing and romping with her school-fellows, drew into the larynx a piece of almond shell which she had been holding in her mouth. She was immediately seized with a prolonged paroxysm of coughing, followed by dyspnoea and loss of voice. As soon as aid could be obtained, she was carried home, and Drs. Scofield and Gegan successively sent for. Under their hands every medical means for disengaging the shell was tried, the œsophagus also was explored, and instruments used to force anything contained therein into the stomach, but every effort seemed in vain. The dyspnoea increased, and the paroxysms of cough became more incessant and more fatiguing. The only remaining mode of relief was the removal of the foreign body through an opening in the windpipe. Accordingly, on Thursday afternoon, I was called to see the child and operate if advisable. At that time the condition of the little sufferer proclaimed the necessity for immediate relief. The face was turgid and of a purplish hue, the eyes protruding, and slightly divergent, the mouth circled with a white zone, and the nostrils distended and pale, forming a countenance expressive of mingled anxiety and despair, the head was inclined forward, and the muscles of forced inspiration strongly contracted, giving to the neck the appearance of great emaciation. Deglutition seemed unimpaired, and she was able, with apparent ease, to gratify her craving thirst. Respiration was with difficulty maintained, and was accompanied with a wheezing sound similar to that heard in asthma, although much more feeble. She complained of no pain except when lateral pressure was made on the larynx. She seemed disinclined to exertion, except at intervals, when her motions were hurried and restless. She seemed fully to appreciate what was passing around her, and spoke to her friends in whispers, repeatedly expressing a wish to die.

Upon auscultation, the respiratory murmur, although



barely discernible, was found alike free in either lung; there was no rattling sound to indicate the presence of a loose body in the trachea. Over the larynx, however, a whistling sound, as of a person blowing through a quill, was distinctly heard. These facts, therefore, the incessant cough, the dyspnoea, the pain on pressure, the whispering voice, and the whistling sound of constriction, all pointed to the ventricles of the larynx as the position occupied by the foreign body. By the time that these necessary examinations were made, and the mother's consent to the operation obtained, it had become too dark to operate without the aid of artificial light. The extreme condition of the patient, however, rendered it necessary that an opening at least should be made in the windpipe to prevent death from apnoea. The operation of laryngo-tracheotomy, as originally suggested by Boyer, was selected as most appropriate. The patient was placed upon the table, and an attempt made to commence the operation. The violent convulsive struggles of the child, and the forced forward flexion of the head, rendered it impossible to proceed. Ether was therefore administered, sufficient to quiet, without producing its full anæsthetic effect. The superficial tissues were then divided in the middle line by a cut nearly three inches in length, the isthmus of the thyroid body was separated from its attachment, and the plexus of thyroid veins pushed aside with the handle of the scalpel. The windpipe thus being laid bare, and the hæmorrhage slight, as soon as the effect of the ether had passed away, the knife was entered just below the crico-thyroidean artery, dividing, as it was withdrawn, the cricoid cartilage and three upper rings of the trachea. The air rushed from the wound as soon as the knife was removed, blowing before it the blood which flowed from the cut. The patient was raised and placed in a position favourable for the outward flow of the blood.

The relief experienced by the child was immediate and most gratifying, the black blood sunk from the face, the asthmatic breathing ceased, the labouring muscles were at rest, and the countenance, a moment since livid, swollen, and inexpressive, was now lit up with a smile of gratitude. As soon as oozing had ceased, examination was made for the foreign body, and it was found effusion had taken place in the submucous tissue, almost obliterating the cavity of the trachea at its upper portion. So great was the swelling that it was impossible to introduce an instrument through the rima glottidis, with the hope of extricating the shell; it was therefore proposed to continue the incision upward and divide the thyroid cartilage. On account of the prostrate condition of the child, however, and in hope that the œdema would subside and render the extension of the operation unnecessary, it was concluded to defer the division of the cartilage until the morning. In the meantime a conical curved tube, flattened laterally, was introduced through the opening, and secured by means of tapes passed round the neck. An anodyne was administered, and the patient left for the night.

On the following morning, the appearance of the child was propitious, she had rested well during the night, being troubled but little with cough; the tube had occasionally clogged with mucus, but was readily cleared with a feather. The œdema in the trachea had greatly subsided; the chords were, however, in apparently as close proximity as ever. It was decided therefore to open the thyroid cartilage, and for this purpose a probe-pointed bistoury was prepared in the following manner: A coating of wax was applied to the sides of the blade, thus converting it into an edgeless instrument, which, having passed between the lips of the rima, would glide along without injuring them to their junction with the thyroid cartilage. The bistoury thus prepared was entered at the previous opening, passed between the chords, and with it the cartilage divided. The crico-thyroidean artery was cut, but was readily sealed by the application of a point of caustic. The cartilage was pressed asunder, and the piece of shell removed from the left ventricle by means of a pair of polypus forceps. The tube was permitted to remain in the wound until the swelling of the glottis had subsided, which could readily be

judged of by the facility of breathing when the tube was closed. On the second day the tube was removed, and the wound closed with stitches and adhesive plaster. In order that the sides of the wound might be brought in apposition throughout their whole depth, a compress of a double headed roller was employed, the roller (half an inch in diameter) pressing parallel to the cut on either side, and bound to the neck by means of a bandage. The cut has healed kindly and rapidly: the water dressing was used, and parts of the surface occasionally touched with nitrate of silver. The wound was entirely healed on the 12th of March, fifteen days after the operation, the child's voice is as clear as ever in the morning, but towards evening is somewhat husky, especially if she is disobedient and talks much during the day.—*Phil. Med. Examiner.*

## ON THE ACID REACTION OF THE URINE.

By Professor C. G. LEHMANN.

THE following paragraph contains a summary of all that is known regarding the acid reaction of the urine:—

The cause of the acid reaction of normal urine long remained obscure. This acid reaction was formerly attributed to the presence of lactic acid, and even of acetic acid. Liebig has, however, investigated the subject, and shown that it can only be dependent on acid phosphate of soda. If we dissolve ordinary phosphate of soda in water (thus forming a solution with an alkaline reaction), and gradually add uric acid (which has no reaction on vegetable colours), and apply heat, we obtain a fluid which reddens litmus, and which, on cooling, deposits a white, crystalline powder, presenting under the microscope the most beautiful groups of prismatic crystals of urate of soda. Now, if so weak an acid as uric acid can abstract a portion of its base from phosphate of soda, there can be no doubt that stronger acids, as hippuric, lactic, and sulphuric acids, directly on their formation in the metamorphosis of animal tissue, convert the neutral phosphate of soda into an acid salt, in which form it passes with the sulphate, lactate, and hippurate of soda into the urine. If the acidity of normal urine generally can be explained in this manner, the fluid should never saturate more base than corresponds to its quantity of phosphate of soda. The experiments which have been made to elucidate this point are, however, not so easy to conduct as might at first sight appear; for after treating urine with an alkali till there is neither an acid nor an alkaline reaction, it will still contain acid phosphate of soda in solution; for the neutral phosphate of soda has an alkaline reaction, and therefore the acid salt (if the urine exhibits no reaction on vegetable colours) is still not neutralized. I have endeavoured to ascertain the quantity of free acid in the urine in the following manner:—The urine was precipitated with an excess of chloride of barium, the precipitate boiled with water containing sulphuric acid, and the weight of the sulphate of baryta determined; an equal quantity of urine was then digested with freshly precipitated carbonate of baryta, till all acid reaction had disappeared; the filtered fluid was then acidulated with a little acetic acid, and precipitated by chloride of barium; this precipitate also was washed with water containing sulphuric acid, and weighed; the quantity of the latter was far less than that of the first weighed sulphate of baryta, the difference of the weights corresponding to a quantity of sulphate of baryta whose base had been exactly sufficient to saturate the free acid contained in the urine; hence we can readily calculate from the chemical equivalents the quantity of the free acid or of the acid phosphate of soda. Now, if the calculation thus made did not give more acid phosphate of soda than was shown by a differently made analysis to be actually contained in the urine, the acid reaction of the urine would be *alone* dependent on the acid phosphate of soda. This was certainly often the case; but both in healthy and in morbid urine I frequently met with the opposite condition; that is to say, in comparing the baryta-salts, the quantity of acid phosphate of soda which was calculated was more than that found by direct analysis; hence, in the majority



of cases, in addition to the acid phosphate of soda, the urine must contain a free organic acid, or another acid salt capable of reddening litmus. We must not, however, arrive at our conclusions too rapidly, for the acidity of the urine after its discharge often increases so rapidly from the formation of lactic or acetic acid, that the excess of the free acids found in the above experiments might depend on lactic acid developed in the urine after its excretion. In morbid urine, however, we often find so great an excess of free acid over the phosphate of soda, that to these cases the above objection cannot be applicable. The acid reaction of the urine depends, therefore, in many cases, not only on the presence of acid phosphate of soda, but also on the presence of hippuric and lactic acids. If there were only acid phosphate of soda present, the phosphates of lime and magnesia in the urine could only be held in solution either as acid phosphates or by another free acid. If, in the above calculation of the free acid from the precipitated baryta-salts, the earthy phosphates are included in the weighing, the result always remains the same; that is to say, there is more free acid than could be derived from all the acid phosphates of the urine. The water-extract of the urine usually has an acid reaction after repeated washings with alcohol, and solely on account of its containing acid earthy phosphates; these must, however, also be present when lactic or hippuric acid is the acidifying principle of the urine.—*Brit. and For. Med. Chir. Rev.*

#### MEDICAL GLEANINGS FROM THE AMERICAN ARCTIC EXPEDITION.

By B. VREELAND, M.D., United States Navy.

WE sailed from New York on the 23rd of May, 1850, with a crew that had been promiscuously obtained, and whose physical strength was not well adapted to withstand the hardships to be expected on the cruise. Several of the men were even suffering from chronic affections, and but few of them possessed that robustness which the service demanded. The majority of the officers and crews, however, were much nearer twenty than thirty years of age, and had all the endurance and enthusiasm natural to young men. The total number of souls on board both vessels was thirty-five, of which eight were officers. The vessels were very small; of one hundred and fifty, and ninety tons burden, respectively, and were actually so loaded down with provisions, that at sea our decks were constantly washed by water ankle deep, which often poured down the hatches of the cabin and fore-castle. The quarters of the officers and men were necessarily confined, and as no fire was placed below until late in the fall, their dampness and bad ventilation caused great inconvenience and discomfort. During the voyage out to Baffin's Bay, almost all suffered from bronchial and rheumatic affections; in one case a relapse of intermittent fever was undoubtedly brought on by these unfavourable circumstances, and the rawness of the climate produced crops of chilblains, covering the hands and feet, that were exceedingly painful and annoying. We arrived at our first rendezvous, the Whale Islands, in 69 deg. north latitude, on the 27th of June, and, after a delay of two days, sailed and made the packed ice on the 7th of July. From this date to August 16, when we reached the north water in Baffin's Bay, in latitude 76 deg. north, we were constantly exposed to the numerous sources of disease necessarily attendant upon the tedious and dangerous labour of navigating the vessels through the ice. The ships' companies were worked in watches without intermission, and it not unfrequently happened that all hands were employed for twenty-four hours in succession, in heaving, warping, breaking, and sawing through ice from one to eight feet in thickness; the weather during the time being generally foggy and unpleasant, and the thermometer ranging from 25 to 42 degrees, Fah. While thus engaged, the feet were continually wet, and the clothing damp, from being obliged to wade through pools of melting snow. It was a common accident for individuals to fall overboard, and be entirely immersed in water, the temperature of which never ranged higher than

32 degrees, and frequently was as low as 28 degrees. When an accident of this kind occurred, assistance was immediately required to get the person out, for in a short time he became so benumbed as to be unable to help himself. Fortunately, we had not much sickness while exposed to this cold, wet, and fatiguing labour. The change and drying of wet clothes was required of the men as fast as practicable; but the means were so scant, and opportunities so few, that many were obliged to wear their clothing imperfectly dried. In consequence, colds and rheumatic pains were frequent, and to that cause the early appearance (on July 25) of a case of scurvy was particularly attributed, the young man who was attacked being discovered to be very negligent and careless in that respect. On the 13th of September, the temperature falling to 8 degrees, the vessels were frozen in at the entrance to Wellington Channel, in 74 deg. north latitude, and 93 deg. west longitude, and our position was so uncertain and so perilous, owing to the rapid drift and crushing of the ice, that preparations for the winter could not be made, and stoves were not erected until the 19th of October. In the meantime the thermometer had fallen to 11 degrees, and the discomfort experienced at that period surpassed any that was felt during the remaining portion of the winter. It was impossible to keep warm without constant exercise; the vapours arising from our bodies condensed on the timbers, bulkheads, and in our sleeping places; first as water, rendering them very wet and unwholesome, and, as the temperature decreased, in the form of ice and snow. The only fire, since leaving New York, had been kept in the galley on deck, where the necessary cooking operations were performed. No clothing or bedding could be carried on deck for the purpose of ventilation, for, on being returned below, the surrounding vapours would immediately condense upon them, and render them much more wet than before. Metallic bodies brought below from the external atmosphere, would be instantly covered with a sheeting of ice. Scurvy began to appear in earnest on the 28th of September, and continued among us until our disruption from the ice in the beginning of June, 1851. Disease was to be expected under such circumstances; and that we suffered so little serious sickness as we did, may perhaps be attributed to the constant exercise we were obliged to take in order to maintain a necessary amount of animal heat. It was not until the 1st of November that the "Advance" was ready to receive the officers and crew of the "Rescue" for the winter. Everything was done that could render the vessel as comfortable as she possibly could be. The stores were taken from the hold, and placed on the decks of the "Rescue," and the whole interior was open and unconfined by partition or bulkhead. The galley was placed on the keelson amidships; forward of which were the men's quarters, in which was a stove; and aft, the officers', where another stove was situated. These three fires were sufficient to give us a comfortable heat during the most intense cold of winter; the thermometer placed near the centre of the vessel averaging about 60 degrees. This temperature prevented all condensation in the open parts of the vessel, but in the lockers and on the metallic fastenings at the sides, water and ice was continually forming. A constant and effectual ventilation, although absolutely necessary, was impracticable; but in order that there might be some escape for the impurities generated below, the cabin hatch was always kept open, notwithstanding which we were obliged to breathe lamp smoke and coal ashes during the whole winter, and in such quantity that we never expectorated without bringing up these substances in great abundance. The sun left us on the 7th of November, and did not appear again until the 28th of January, a period of seventy-four days. After the sun had set, cases of scurvy increased rapidly, but the symptoms never progressed so far as to produce any serious apprehensions. Not a man was ever confined to his bed, and although some were lame, and unable to use one lower extremity, they were always, during the time appropriated to exercise, compelled to take a certain quantity in company with their messmates.



The causes which seemed to have a direct influence in producing and prolonging the cases under our observation were, the long absence of solar light, a diet without change or variety, want of proper exciting exercise, personal uncleanness, dreary monotony, and consequent depression of spirits. The symptoms were generally uniform, almost always the first change noticed being a peculiar white arch on the gums, at the root of one or more of the incisor teeth in either jaw, followed in a few days by sponginess, lividity, ulceration, and bleeding. Subsequently, the lower extremities would become painful, swollen, indurated, and discoloured by ecchymosis. Sometimes the legs would have the appearances above described, at the same time that the gums continued perfectly healthy. Irritation of the rectum, with frequent small, slimy, and bloody stools, accompanied by pain and tenesmus, was also frequent. In December, our boatswain's mate, aged about 50, the oldest man in the vessels, was seized with pneumonia, which at one time seemed likely to prove fatal, but he gradually recovered, and during convalescence suffered severely from ulceration and loosening of the gums, brought on by his long confinement below. We had but one severe case of frost-bite, in which a part of the helix of the ear sloughed away. Superficial frost-bites, however, causing vesication of the fingers, nose, ears, and cheeks, were continually occurring. If the slightest wind was stirring, the ends of the nose and the lobes of the ears of some of us would freeze, and we would remain unconscious of the fact until informed by a companion. In the spring, several of the officers and men were rendered snow-blind by the peculiar glare of the snow which exists in overcast weather. On bright sunshiny days, we walked on the dazzling ice and snow with impunity, but when the sky was at all obscured by clouds, the light reflected from the snow was such as to deceive us as to the true distance and size of objects; and the unevenness of the surface of the ice was so disguised, that we were unable to tell an elevation from a depression; consequently we would step off from pieces of ice three or four feet high without being conscious of any change of surface until we found ourselves falling; and again, we would trip over inequalities that were insensible to us until it was too late to raise our feet high enough to clear them. This indistinctness and uncertainty of vision brought on a very acute conjunctivitis, that for thirty-six or forty-eight hours was very painful. The most grateful application was cold water, and in four or five days the eyes were apparently as well as ever. The relations between the officers and men were of the most easy and pleasant nature, privations and hardships were shared alike by all, and the few comforts we were possessed of, equally distributed and enjoyed. The discipline practised during the winter had direct reference to the preservation of the vessel and the health of the crew, and was so apparent to every man, that its importance was always appreciated. But little difficulty was experienced in enforcing obedience, and a murmur or complaint was rarely heard. The daily ration for each man, for four days in the week, consisted of one pound of fresh beef or mutton, and three quarters of a pound of preserved vegetables, either potatoes, carrots, or beets. On the alternate three days, one pound of salt pork or beef was issued, and in addition, all the other articles of the navy ration. A liberal supply of vinegar, pickles, and preserved cranberries was allowed, and an abundance of well fermented bread was made daily. The fresh provisions had been previously cooked, and preserved in tin canisters, hermetically sealed, and at first were quite palatable, but in a short time they became insipid and tasteless; and towards the close of the winter, such was the disrelish and disgust for them, that not one half of the ration was eaten. A little variety in the way of bears' and foxes' flesh was now and then obtained, and enjoyed exceedingly. They were considered luxuries, and mostly appropriated to the scorbutic, upon whom they seemed to have an excellent effect, merely by the change in diet which they afforded. The men's gums and shins were daily examined, and their personal cleanliness strictly inspected, as also the condition of their

apartment, in regard to its dryness, cleanliness, &c. At the same time, from two to four ounces of lime-juice was made into lemonade, and taken by each man in the presence of one of the medical officers. The officers generally drank about the same quantity at dinner. Daily exercise was one of the most important duties to be attended to, and as there was always sufficient light for about four hours in the middle of the day to enable us to walk a mile or two from the vessel, and play at various games, such as football, skating, sliding, &c., every man was required to engage in them. On board, reading was the chief occupation; and when this grew wearisome, cards and games of all kinds were resorted to, to relieve *ennui*; and once every fortnight, theatrical entertainments were given by the crew, under the encouragement and zealous assistance of the officers. The latter amusements were well adapted to enliven the sailors, for they gave pleasant excitement and employment for days in succession, in preparing roles and in manufacturing dresses, scenery, &c. It may be a sufficient proof of the interest which these plays created, and the infinite amusement they afforded, to say, that on the very coldest night of the winter, we sat on deck, viewing and applauding representations in which female characters appeared on the stage with bare necks and arms when the thermometer was 46 degrees below zero. Towards the end of the long nights, a loss of flesh and of strength was observable in all of us; we had become bleached to a pale waxy colour, and our hair came out abundantly. The antiscorbutics, in a measure, lost their effect, and possessed but the power of holding the disease in check, for symptoms did not begin to disappear, and cases to recover permanently, until after the rising of the sun: the exhilaration excited by his reappearance seemed to have a direct and beneficial influence. Out of the whole complement, one officer and nineteen men had unequivocal symptoms of scurvy. The remaining seven officers and seven men enjoyed comparatively good health during the whole cruise. The disruption of the ice on the 5th of June, in north latitude 66 degrees, and west longitude 59 degrees, liberated the vessels, and with all possible despatch we made the first convenient settlement on the coast of Greenland. Here we obtained fresh fish, seals, and scurvy-grass, by which the health of the ships' companies was recruited, and their strength partly restored. But we felt conscious and it was evident from our altered appearance, that we did not possess the vigour of the preceding year; and the probability is, that if we had been detained another winter in those regions, a number of our party would not have survived it. We then proceeded north again, with the intention of continuing the search, but being unable to penetrate the ice in the northern part of Baffin's Bay, and having waited for an opening until the 18th of August, we made sail for home, where we arrived on the 7th of October.—*Buffalo Med. Jour.*

#### CASE OF CONTRACTION OF THE STOMACH.

By THOMAS DALE, L.S.A., Liverpool.

Mrs. E. M.—, aged 48, married, mother of seven or eight children, was placed under my care October 2, 1851. She is a very thin, delicate looking person, of a scrofulous constitution. For seven or eight years, during winter, she has had a cough and difficulty of breathing. In May, 1849, she had an attack of cholera, and since has suffered frequently from a severe pain in the left side, about the cartilages of the false ribs; on which pain nothing seemed to have any effect but stimulants and pressure, or food taken into the stomach; her appetite, however, was poor, that she could seldom eat anything. In the summer of 1850, she occasionally ejected from the stomach a grumous sort of matter, after which she was easier for a week or two.

Her present symptoms are—severe pain in the left side, loss of appetite, constipation, weak pulse, numbering about 100 in the minute, cough, occasional dyspnoea, puerile respiration in both subclavian regions, and in the right scapular, large crepitation, pectoriloquy, and dulness on percussion. Nourishing diet, stimulants, and sedatives



were ordered, which for a while gave some relief, but ultimately lost their effect. She gradually sank, and died March 1, 1852. A post-mortem was made sixty-four hours after death. The right lung has numerous adhesions to the ribs and diaphragm, contains two cavities, one in the upper lobe and one in the middle lobe. Tubercular matter is also deposited throughout the greater portion of the lung. The left lung has a few adhesions, and contains a few crude tubercles. The heart is very soft and flabby; the liver fills the right hypochondriac and right lumbar regions; the gall-bladder contains no bile, but two gall-stones, each about the size of a hazel-nut, and many smaller ones, probably two or three hundred. The stomach is constricted about midway between the cardiac and pyloric orifices, forming two sacs of about equal size, with a communication half an inch in diameter. The cardiac compartment has a healthy appearance; the pyloric, near the stricture, is rather vascular; there is not any evidence of ulceration, nor indeed of any diseased action beyond the vascularity and stricture. The great omentum is firmly adherent to the right iliac fossa. The caput cæcum coli is unusually capacious; the transverse colon is much narrower and its coats much thicker than natural; the small intestines are, in places, highly vascular. All the other organs are in their normal state.—*Lancet*.

The writer of this seems to be entirely ignorant of the information extant on the subject, and not aware that this hour-glass contraction has attracted the attention of anatomists. Where is it that such people are taught?

#### A CASE OF POISONING FROM THE EXTERNAL APPLICATION OF COCCULUS INDICUS.

By WM. B. THOMPSON, M.D.,

House-Surgeon to Emigrant's Hospital, Philadelphia.

BRIDGET MADDON, aged 6, native of Ireland, blue eyes and fair complexion, was admitted into the surgical division, accompanied by a sister and brother, on the evening of the 2nd of February, 1852, labouring under porrigo of the scalp, infected with vermin. The nurse was directed, after cutting the hair close, to wash their heads with an infusion of delphinia (the house prescription). Not having the article at the time, the apothecary sent an infusion of cocculus indicus (used in the hospital for the same purpose), made by displacement—a pound to three gallons of dilute alcohol—six ounces of which were used for the three children. Half an hour after its application, I was sent for to see Bridget, whom I found labouring under tetanic spasms, with the pupils contracted to their smallest diameter. As the spasm abated, the pupils became dilated to their fullest extent, and again contracting as the spasm returned. By touching the eyelids, the spasm could be produced at pleasure; this was repeated until all present became fully satisfied the difficulty was seated in the excito-motory system, and was the result of irritation rather than inflammation. The case was treated as one of idiopathic tetanus, with counter-irritation, warm baths, and antispasmodics; but the attacks continued to increase in frequency and force until the patient sank about midnight of the same day. A post-mortem examination was made of the body thirty hours after death. The viscera, brain, and its appendages were minutely examined, and all found to be in a healthy condition. The nature of the case is confirmed by the younger sister, aged 4, being attacked in the same manner and exhibiting the same symptoms as she (Bridget) did. Being in the ward at the time, a warm bath was ordered, into which she was placed as soon as the first spasm was over; a mustard plaster was applied over the abdomen and to the legs and feet as high as the knee; injections of the tincture of assafoetida were thrown into the rectum, and a few drops administered by the mouth every hour. By persevering with these means the spasms subsided gradually after an elapse of three hours from the commencement of the attack. On the morning of the 4th, the patient's body and arms were again covered with an eruption resembling scarlatina, which gradually faded away during the day.—*Phil. Med. Examiner*.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 2, 1852.

### UNIVERSITY REFORM.

OUR prospects brighten as to this most important object. The Report of the Oxford Commission is out; and, ■ our contemporary below quoted says, they really "have made a report" notwithstanding "the scruples which have led so many respectable men to withhold the information at their command." The Report is valuable for the information it contains, as well as for the reforms and improvements it suggests, and doubly valuable as conclusive evidence that institutions of this nature are no longer to be considered invulnerable. To us here in Ireland its appearance must be most gratifying, while a similar Commission is making similar inquiries as to similar causes of complaint regarding Trinity College, Dublin. Whatever misgivings have hitherto existed as to the firmness of the Dublin Commissioners in the prosecution of their labours, they must be now dispelled; for it is obvious that no political rallying-cry can muster to the rescue any force sufficient to intimidate those entrusted with the duty in question. It is equally obvious that, in the teeth of such decisive evidence as this, no doubt can be entertained of the existence of a determination in high quarters to speed this inquiry. We copy the following from the *Times* newspaper, in which it appears as a sketch of the Report, ■ well as a hint to the parties concerned. On future occasions we propose to return to the subject, which, we are convinced, is one of great importance to our profession:—

The Report of the Oxford University Commission, which has so long been feared or desired, was published yesterday. It is a bulky volume, running to nearly 800 folio pages, of which more than 250 are devoted to the Report itself, arranged under the several heads of the state, the discipline, the studies, and the revenues of the university and the several colleges and halls, summed up with a very compendious "conclusion." The remainder of the volume consists of some legal and historical statements, correspondence, tables of fees and other documents, and the evidence of ninety prelates, dignitaries, professors, distinguished men, and university and college officials—the so-called evidence assuming in some instances the character of considerable pamphlets, and in others being confined to the formal receipts of the circulars issued by the commission. This superficial account of the volume will satisfy the most sceptical member of the university that the commissioners have made a report, and that they have not been entirely paralyzed by the scruples which led so many respectable men to withhold the information at their command. The commissioners express their regret that, owing to these scruples, the report is not quite so complete ■ might have been desired, but no one can turn over the leaves without perceiving that there is quite enough, not merely to satisfy a large curiosity, but also to supply the necessary materials for legislative discussion. After all, those palpable facts of the case that are before the eyes of the whole world, and which constitute the operation and results of the university system, are the most important; and, as far as we can see, they are fully brought out in the pages before us. As it is, the commissioners feel it necessary to apologize for the length of their report. Though it is the object of many of the recommendations rather to emancipate the university and colleges, and enable them to extend their utility themselves, and though it is rather ■ beginning than ■ complete system which is suggested, yet the commissioners have gone quite as far as was desirable, or perhaps possible, in filling up ■ scheme of reform. That proposed reform is serious, extensive, and particular. Indeed, there is not ■ office or an institution or a practice in the university, from the appointment of the vice-chancellor to the debts of the undergraduates—from the government of the university to the time of the long vacation, which is not affected. The



mere summary of the proposed alterations extends to 47 heads. Whatever difference of opinion there will be as to the merit of this or that proposal, there can be no difference as to the conscientious spirit in which the commissioners have discharged their sacred trust. They propose to give the university, with proper reserves, full power of self-government. To carry this power into effect, they propose to create a senate, preserving the name of the "Congregation," consisting of all heads of houses, the proctors, all professors and public lecturers, together with the senior tutors of all colleges and halls, and to give this body authority to originate measures, and power to appoint delegacies, or standing committees, for special purposes. This body is proposed rather as an addition to the existing branches of the academic legislature, the hebdomadal board still retaining its executive powers and its right to originate measures, and the convocation still having that *veto* into which prescription has narrowed its functions. Such an addition, however, has long been required, and till recently its place was supplied by a species of mixed committee or conference, that mediated between the hebdomadal board and the convocation—the lords and commons of the university. It is proposed to give the most important functions of the university, the supervision of studies, the appointment of examiners, and the management of the public libraries, to the professorial body alone, that body, however, being very extensively remodelled. With regard to the revenues of the university, it is proposed to publish all accounts, including those of the press; to equalize fees, to confine the funds of the university to university purposes, and to remit the stamp duties on matriculation and degrees. The changes proposed in the constitution and government of the colleges, are equally extensive, and of much the same character. Time will not allow us to go into details, but they amount to the abolition of every unnecessary rule which may interfere with the true interests of the college. Among other points, we may instance the utilizing of fellowships by attaching professorial duties; the creation of scholarships tenable for a limited term, the opening of all foundations to the whole university, except in special cases; the election of heads of houses from the whole body of Masters of Arts; the regular and effective visitation of the colleges, with annual reports to the Crown, and the power of making and repealing statutes. But here we must stop. The commissioners, after carefully summing up their labours, add—"Of the proposals which affect the university, the most important are those which we have made for remodelling the constitution and for abolishing the existing monopoly of the colleges and halls, by allowing students to reside at Oxford without the expense of connexion with those bodies. In regard to the colleges, we would especially urge the immediate necessity of opening the fellowships and scholarships, of attaching professorships to certain colleges, of increasing the number and value of scholarships, of granting to the colleges the power of altering their statutes, and, above all, of prohibiting as unlawful the oaths to observe the statutes."

Those of our readers who cannot be brought to contemplate the evils of a bad system until they feel their practical effects, will probably ask what they have to do with Oxford, or even with University Reform? We have already told them that what applies to one of these Universities applies to all, and that Dublin must be the better of Oxford's amendment; and surely they will admit that a useful preliminary education, such as a well regulated College would afford, is a matter of importance to us all. These Universities grant Medical Degrees, which, although not legal licences to practise, are accepted as a qualification to do so, and if granted under vicious arrangements, must inflict most serious injury on our body. Everything, therefore, which promises to protect the medical profession against the operations of those who pervert educational institutions from their proper objects should be viewed with satisfaction. Many of our readers who recollect the flourishing state of the Medical School of Dublin five-and-twenty years ago, under the able and energetic management of Dr. MACARTNEY and his colleagues, now very naturally inquire how it has happened that in so short a time it has fallen into such a state of decay? Such a

question can be answered by such an inquiry only as this to which we are now alluding, and therefore is it that such comes to be of importance as regards medical affairs. If students come neither to attend the lectures nor to seek the degrees offered them in a great national institution, it is high time to ask those who govern that institution the cause of such an unexpected result. A consequence so significant must at once suggest doubts as to the whole policy of the government of any establishment where it occurs. Let the Board of Trinity College, and the Professors to whom the management of the Medical Department has been entrusted, be left to resolve a question of this kind, and it must remain unanswered; but if submitted to the test of discussion, a reply will soon be forthcoming. It will never occur to the minds of those who rely on what they rejoice to call the "University Principle," that this very principle of breeding-in-and-in has led to the lamentable results to which we allude; yet less partial inquirers might discover that it was owing to the exclusion from professorial chairs of all but those who have been bred in the institution, or of those who have had the good fortune to be sons or brothers of Fellows or pupils of Provosts and vice-Provosts. Let all institutions of this kind be "probed to the bottom" by the Dublin University Commission, and results much more valuable must follow than those to be expected from discreditable experiments and futile experiments.

#### REFORM IN THE BOOK TRADE.

It does not rain but it pours. Reform is the order of the day, the rule, and not as heretofore, the exception. Henceforth we may reasonably expect that when we buy books we may pay for them no more than they are worth, and if we write them, we may enjoy some share of the profits of their sale. But reformers must reform themselves if they hope to enjoy the fruits of reform. Book-makers must give value as well as book-publishers, and the matter must be as valuable as the print and paper. A little more German industry and research and a little more French originality and enterprise would greatly improve English medical literature if judiciously interwoven. Pondering on these things we begin to think that a few lending libraries of common modern medical publications in London and the large provincial towns might just now prove beneficial. Be this as it may, here is the result of the booksellers' strike:—

The bookselling controversy has received its *quietus*. Lord Campbell, in the name of himself and his colleagues, has delivered a judgment on the case before him which will suggest very few grounds for appeal. . . . Of course there could be but one decision in a controversy so transparent. With a few conventional compliments to the motives and conduct of the amalgamated publishers, Lord Campbell plainly pronounced that "the attempt to establish the exceptional nature of the commerce in books" had altogether failed; that the regulations of the association were "unreasonable and inexpedient;" that they ought to be maintained no longer, and that the Booksellers' Inquisition should be forthwith dissolved. It scarcely needed a formal analysis of such arguments as those of the association to convict them of utter unsoundness. There was a self-evident absurdity in the allegation that the sale of books could be diminished by a diminution in their price, and yet beyond this allegation the confederated publishers had really nothing to advance. Not only were their principles false, but their attempt was impracticable. They did not secure any uniformity in the price of books, they did not create any rapid distribution of new publications, but they did contrive to engender a great deal of ill-blood, and to manufacture such a system as ensured its own conviction as soon as it was exposed. . . . Beyond doubt, the joint producers of a book—the author and



publisher—may agree to fix whatever price they please on their manufacture, without respect to the costs actually incurred. If these costs amount in fair reckoning to 15s., the proprietors of the publication may settle its market price not only at one sovereign, but at five, or ten, if they so please. But what the reader should understand is, that this overplus charge, the division of which has been so controverted, is a charge imposed *after* all these arrangements have been made without any reference whatever to the property, so to speak, of the publication, and with a view to its distribution only. The author has no concern or participation in the matter at all. There is a particular price affixed to his work, which is so computed as to include his fair remuneration and all other ascertainable expenses of the production. Author and publisher provide their respective recompenses in determining this sum, and there is also a further and distinct provision for the publisher in respect of his strict and proper capacity of issuing or uttering the work. Now, to the "trade price" thus constituted an addition of 33 per cent. must be made to give the "publication price," and for the publisher to pretend that *this* price pertains to *him* is a monstrous wrong. He could only demand it by a most prodigious act of extortion against the public and an equal exercise of injustice towards the author. It is never taken into consideration in his reckonings with the author, but is always represented as an expense inseparable from the distribution of the book. To assume that the publisher would be entitled to this price in his own proper person, if he did not make "a reduction in favour" of the retailer, is utterly preposterous. His only justification for announcing at all a price so greatly beyond the remunerative figure is that he may have wherewithal to satisfy those whose remuneration must be cared for in addition to his own. He makes no "reduction in their favour at all." He retains every sixpence of the profit to which he is properly entitled, and merely gives them the benefit of a nominal assessment, which leaves a margin for their satisfaction over and above the consideration which they actually pay.

To Lord Campbell's plain recommendation of "entire freedom of transactions" between the two branches of trade, we would simply add the suggestion, that every publisher's concern with a book should terminate absolutely with its delivery, at the trade or author's price, to the retail dealer. In conclusion, we confidently hope that the discussion may be permanently advantageous to both writers and readers at large. Mr. Gladstone most truly said that the state of the bookselling trade was a disgrace to the community. Nothing in the markets of the universe is so extravagantly dear as a British made book, whether contrasted with other productions of labour at home or with similar productions abroad. With a large educated population, an inquisitive tone of society, and a general desire for knowledge, the most uncommon article of private purchase is a new book, and the commodity most certain to be procurable at a depreciated rate is a publication of credit and renown. The truth is that scarcely any degree of success can maintain prices so hugely artificial. When one-third of a book's nominal charge has been gratuitously added to its true cost, an appendage so preposterous is sure to be unsafe; and a collapse, which is merely the consequence of unnatural inflation, acquires the appearance of formal disparagement, to the prejudice of readers and writers together. Readers only get access to a publication when its conviction seems to have been pronounced; and writers, who see the price demanded from the public, and know the price accounted for to themselves, are scandalised and discouraged by the operation of an enormous charge combined with a miserable return.—*Times*.

### VALUE OF MEDICAL SERVICES.

I take the liberty to call your attention to an advertisement in the *Times*. The Royal Mail Steamer Company advertise for a cook, and offer the sum of £7 per month; they also want a pastrycook at £4 per month. This same company pay their surgeon £6 per month.

We wish that some ingenious correspondent would philosophize on this and tell why it is so. Is it that the Company know that if their passengers be badly fed they will warn other passengers not to become their customers, but that if they die nothing is said about it? Dead men tell no tales.

### MEDICAL UNION.

THE following reached us too late for the notice to which it is entitled. We propose, however, to return to it:—

Parsonstown, May 18, 1852.

SIR,—From the urgent solicitations of many influential members of the medical profession, we feel called upon to recommend that County Medical Associations should be established throughout Ireland as a preliminary step towards the formation of Provincial Associations, and, we trust, ultimately a complete organization of the medical profession.

We, therefore, request that you will convene a meeting of the medical men resident in the county —, and appoint a chairman, treasurer, and secretary, who shall act as deputies to represent the county, and assist in forming a provincial committee, or attend, when necessary, in Dublin at the general meetings of the profession.

It is of the utmost consequence that every exertion should be made to render this movement as general as possible, as we think that on the success of it will depend whether our profession shall assume that high position in society to which it is so eminently entitled, or that it shall continue, as it has too long been, powerless as a body, disunited, torn asunder by petty jealousies and disputes, unable to assert its rights, no matter from what quarter assailed.

Our present position is peculiarly critical and important. We have nothing to hope for but from our own efforts. By union, by effective organization, and the salutary influence of a central elective controlling body, we possess the power of protecting ourselves; and we would, therefore, earnestly entreat of you not to let the opportunity pass, but by a firm, temperate, and well-organized effort endeavour to wrest from the public that justice which has so long been withheld from us. —We remain your obedient servants,

WM. KINGSLEY, M.D., Chairman.

JOHN MORRISON, M.D., Treasurer,

JOHN WATERS, M.D., Hon. Secretary to the Association of Medical Officers of Dispensaries and Fever Hospitals.

To Local Secretary, county —

### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May 16th,	68	51	29.650	.075
Monday,	17th,	69	52	29.766	
Tuesday,	18th,	69	48	29.850	.030
Wednesday,	19th,	58	47	29.800	1.100
Thursday,	20th,	66.5	49	30.100	.003
Friday,	21st,	72	51	30.100	
Saturday,	22nd,	69	49	30.150	
Sunday,	23rd,	63	50	30.176	
Monday,	24th,	67.5	46.5	30.150	
Tuesday,	25th,	74	50	30.120	
Wednesday,	26th,	74	53	30.050	
Thursday,	27th,	67	50	30.068	
Friday,	28th,	68	49	30.000	
Saturday,	29th,	67	51.5	29.850	.055

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
May 16th,	60.5	46	29.328	57.4	52.6	48.4	.135	SSW
17th,	61	45	29.440	60	55.2	51.3	.001	WSW
18th,	65	41	29.559	54.4	51	47.9	.060	NE
19th,	58	45	29.432	49.4	48.4	47.4	.214	NE
20th,	62	46	29.752	60	52.8	46.3	.002	ESE
21st,	64	47	29.775	56.4	53.3	50.7		ENE
22nd,	63.5	40.5	29.810	56.7	52.3	48.4		ENE
23rd,	60.5	45	29.878	52.3	49.8	47.5		E
24th,	63.5	42	29.862	63.2	56.4	51		ENE
25th,	67	43	29.803	64.2	57	51.3		E
26th,	69	47.5	29.745	62.8	55.7	49.9		NE
27th,	61	45	29.747	54.5	50	45.7		ENE
28th,	59	46	29.690	54.2	48.6	41.7		ENE
29th,	59.5	47	29.578	55.6	51.1	47		ENE

M. W. HANLON, M.B.



### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The Annual Meeting of this Society will be held on Monday, the 7th day of June, in the College of Physicians, Grand Canal-street.

The President of the College will take the chair at four o'clock p.m.


Members of the Society are particularly requested to attend, and to prevail on non-subscribers to accompany them, that they may be made acquainted with the objects and operations of this invaluable institution.

By order,

W. KINGSLEY, } Hon. Secretaries.  
C. BENSON, }

May 18, 1852.

### THE ROYAL MEDICAL HALL, 64, DAME-STREET, DUBLIN.

 *Change of Proprietorship.*

### BEWLEY, OWEN, AND CO., APOTHECARIES, (LATE BEWLEY, FISHER, AND CO.)

In announcing the entire change which has taken place in the proprietorship and management of  
THE ROYAL MEDICAL HALL,

beg particularly to state, that henceforth

### THE PREPARATION OF MEDICINES AND THE COMPOUNDING OF PHYSICIANS' AND SURGEONS' PRESCRIPTIONS

will constitute a *legitimate* and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

Besides the Compounding of Prescriptions, as referred to above,

BEWLEY, OWEN, AND CO.'S ESTABLISHMENT embraces the SALE of EVERY ARTICLE properly connected with the business of Pharmaceutical Chemists and Apothecaries, and of use in the sick room and nursery.

\* \* GENUINE COD-LIVER OIL,  
of the finest description.

*The Proprietors beg to direct attention to their extensive stock of Chemicals and Chemical Apparatus, among which are some articles not frequently attainable.*

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.


*Superior Dissecting Instruments well worth the inspection of the Student.*

### THE COMPOUNDING DEPARTMENT AT G. O. AND CO.'S MEDICAL ESTABLISHMENT

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their *unremitting personal attention*; to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

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Age.	With Profit.	Age.	Without Profit.
	£ s. d.		£ s. d.
20	2 0 11	20	1 17 6
30	2 11 7	30	2 7 8
40	3 6 3	40	3 1 9
50	4 11 3	50	4 5 8

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### THE PHARMACEUTICAL JOURNAL, JUNE 1,

CONTAINING THE TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

CONTENTS:—The Strychnia Panic—The Eleventh Anniversary of the Pharmaceutical Society: Report of the Council—Chinese Materia Medica—The Mackenzie Triturator—Liverpool Chemists' Association: On Smoke Burning; On Starches—Examination of Pavon's Collection of Peruvian Barks in the British Museum—Coccus Ilicis—Examination of Oil of Bitter Almonds—Materials for filling the Teeth—The Commercial Manufacture of Sulphate of Iron—Oxide of Zinc—Picric Acid—The Galbanum Plant—Bronze for Plaster Figures—Coffee Leaves—The Organic Acids—The Preparation of Carbonate of Amyl—Salicylic Acid—Anhydrous Acetic Acid—Chemical Memoranda, &c. &c. Price 1s.

London: John Churchill, Princes-street, Leicester-square; MacLachlan and Stewart, Edinburgh; and Fannin and Co., Dublin.

\* \* Volume XI. may be had in boards, as well as the preceding volumes, price 12s. 6d. each.

### WATERFORD UNION: WOODSTOWN DISPENSARY.

The Committee of Management of the Woodstown Dispensary District, in the Waterford Union, will, at a Meeting to be held at Rosduff, on Tuesday, the 8th day of June next, at Twelve o'clock, be prepared to receive Tenders from competent persons willing to undertake the duties of Medical Attendant to said Dispensary; and at One o'clock on same day the Committee will proceed to appoint such Medical Attendant at a salary of £100 per annum.

The candidates will be required to produce sufficient and satisfactory Testimonials of qualification and character. The necessary qualification and the duties to be performed are defined in the 16th and 17th articles of the General Rules issued by the Commissioners for the government of Dispensary Districts. The Board of Guardians have consented to allow £15 a year for Boardroom and Dispensary, provided the Medical Officer resides at Rosduff Cottage, which, with three acres and a half of land, can be had from the Proprietor at £30 per annum, free of poor-rates and taxes.

Further particulars may be learned on application to the Clerk of the Waterford Union, or the undersigned,

CHARLES COTTON, Hon. Sec.

### TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE).

Twelve months, ... ..	£1 5 0
Six months, ... ..	13 0
Three months, ... ..	6 6

\* \* Orders to be addressed to Mr. HENRY BEAUMONT, 15, Molesworth-street.

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London: John Churchill, 46, Princes-street, Soho.  
Wednesday, June 2, 1852.



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STAMPED.

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## ON MENTAL PATHOLOGY.

### EXTRACT FROM AN ARTICLE ON CRIME, EDUCATION, AND INSANITY.

(From the Journal of Psychological Medicine.)

EVERY animal, whether human or bestial, is endowed with certain properties for self-preservation and self-generation; in the lower orders of creation these properties are called instinct; man, as an animal, enjoys an instinct too, but in him the instinctive faculties are associated with powers of a far higher quality, with a view to preparation for a nobler and an eternal state of existence.

His instinct, apart from these higher powers, resembles the instinct of any other animal in its essential properties. It is perfect from his birth; it is not progressive, because it is incapable of improvement. Instinct guides him to the breast; instinct dictates the squalling of the infant as well as the bleating of the lamb; instinct makes him shun pain, and cry for protection from approaching danger; the infant will shrink from a dog or a cat as soon as his eyes are capable of observation; he fears entering a field where cattle are feeding; he shrinks from the touch of strangers, and will even hide himself on their entrance; he runs to his mother at the howling of the storm or the pattering of the hail; all this fear is instinctive, and shared by the infant with the animal creation. As he advances to puberty, other instinctive feelings are awakened, and are indicated by the same change of manner, appearance, and disposition that mark the puberty of brutes.

But though his instinct is not progressive, those higher powers with which it is associated are; he is at an early age conscious of a will to obey or to resist his animal propensities; he cannot define this elective power, but he feels it; he is sensible of a freedom of action wholly independent of his animal nature; he marks the distinction between himself and dumb animals, not merely in outward form or in their respective objects of desire, but in volition. It may be restrained by circumstances, it may be fettered by parental authority; but still he feels and enjoys the will. This development of will in independence of necessity, is

the ray which opens the bud of reason; what may be its germ is known only to the Creator who planted it. As it expands, it exhibits faculties of calculation, of deduction, and of anticipation. He finds these faculties subservient to his animal wants, which instinct explains, though it can no longer provide the means of gratifying, and here the range of uninstructed reason closes. If we could conceive a man abandoned at this crisis to absolute solitude in the steppes of Tartary or the wilds of America, and destitute of all means of information from social intercourse, it is probable that he would degenerate into mere animal existence, though gifted with more cunning and less instinctive sagacity than the ourang-outang. He would indulge to satiety when food was abundant, but if sickness followed the indulgence, his rationality might prevail to check the repetition, till long privation provoked to a second surfeit; if the pain of sickness had been great, instinct would step in to restrain him, and reason would suggest reserving out of the abundance for a future meal; but whatever aid he might thus derive from reason in self-preservation, self would still remain the sole object of his thoughts, and animal indulgence the single end of all his efforts. In such a case reason would not become enfeebled, simply because she would be subjected to no struggle: subject to no law but that imposed by instinct for the preservation of the animal, she could violate no obligation; and the stronger she found the animal passions, the more imperative would be her duty to contrive for their gratification. She would probably become the slave of passion when conscious of no responsibility to any other master.

But the development of will not only gives its first bloom to the reasoning power, but informs the juvenile logician that there is imposed on his action an artificial constraint under the name of law; his will prompts him to the gratification of his instinctive wants; his reason suggests the means of gratification; and simultaneously with this newly acquired servant, he discovers that physical restraint impedes the freedom of his action, though not of his volition. First there is the law of the nursery; he resists and is sent to bed. Then there is the law of the school; he still



resists and is whipped. The law of the academy follows; he still resists and still is punished, restraint being throughout associated with disgrace. At length, emancipated from all physical control, he enters on the world at large, and there finds that a double code of law is enforced; the penalty of a breach of the one being corporal punishment combined with infamy; the breach of the other being visited by disgrace and exclusion from his caste. Where education has been based on religion, he finds a yet more formidable check, and yet more dreadful penalties, though more remote. Reason is thus exercised in early life by continued struggle, and gains strength by the conflict because she is assisted by physical and foreign discipline: while this continues she can do battle with volition and bring it into habitual subjection. The triumph tells to her advantage even on the score of gratification, for if less intense it is more certain in its occurrence and innocuous in its results. At length, however, this foreign aid is withdrawn, so far as regards immediate check; the penal consequences of indulgence to excess are removed to distance, and reason and passion are left in an open field to "fight it out" as best they may. The will desires to remove all impediments to gratification; the faculties of calculation, deduction, and foresight soon devise a way, but they at the same time distinguish danger in the distance, which instinct cannot see, and to which volition will not give credence. If these faculties, which we conventionally express by the term "reason," retain the power given to them by habit, volition remains in subjection still; if the force of habit is relaxed, volition regains her early ascendancy, and the animal predominates over the intellectual; this ascendancy is at first transient. It is a part of our animal nature, and mercifully ordained by the Creator, that pain, whether of mind or body, is only a present sensation; man cannot long exist under the pressure of unceasing pain; as physical causes will always produce their physical effect, pain will follow the first transgression of temperate limits; while the pain continues, reason condemns volition for its folly, and resolves to withhold further aid to its gratification. The pain subsides, and soon ceases to be recollected in all its acuteness, or even to be forgotten altogether. A first offence entails no permanent disgrace, and reason begins to urge that she has overrated the distress of punishment; she has undergone it once, and it is not so severe in recollection as it used to seem in anticipation; thus she is prepared to yield more readily on her next encounter with volition.

It is another general law of pathology that the second attacks of the same disease are, in their immediate and painful symptoms, less intense than the first, where the complaint is not, in its nature, chronic, or proceeding from constitutional affection; cases are constantly to be met with where the reiterated recurrence of a local disorder gives it an incurable hold upon the system, and yet the patient scarcely suffers pain amounting to inconvenience, though in its earliest stages the pain was acute.

Something of this kind obtains in excessive self-indulgence; smoking gives a familiar illustration; the first time that the fumes of tobacco are inhaled to even a moderate extent, most distressing sickness follows; the second time, if the interval is long, the same result will follow, but the nausea will be less and of shorter duration; after three or four experiments, this painful derangement of the stomach is no longer felt, unless the indulgence has been extreme; and eventually a man will smoke all day unconscious of any inconvenience. Many other morbid affections would admit of similar illustration, but for obvious reasons we forbear.

Reason, when defeated in her second conflict with volition, again suffers the penalty of pain, but in a less aggravated form; the effect of intemperance is the same in character but less in degree, and its recollection less admonitory, after every successive trial; the seeds of chronic disease and permanent debility are abundantly sown, but the painful paroxysms that at first were instant in their sequence, are no longer felt; thus the penalty, though still inevitable, is more remote, and reason, not sustained by immediate apprehension, is more and more enfeebled in her resistance.

We have thus far only described the struggle as it might obtain equally in the hypothetical case which we have put, of an utter outcast from society; a struggle between volition and reason, where pain is the only restrictive penalty, and we have adopted this simple form because it affords a plain view of its nature and progress. Though the laws of society interpose other restrictive penalties, and so far have strengthened reason for the conflict, the tactics of the warfare remain the same whether we place man in a social or solitary condition.

The inference which we are entitled to draw from these premises is, that it is exactly in proportion as self-control is rendered habitual by early training, that reason is enabled to retain her powers in health and strength through life. The force of habit must be added to the force of reason to keep the volition of the animal in constant, unvarying subjection. It must not be supposed that we overlook or depreciate those better motives that religion inculcates, or that all-powerful support which the sincere Christian derives from the grace of the Holy Spirit; we are considering the subject in the only light that befits a scientific journal; as connected with metaphysical inquiry into the structure of man as an intellectual animal, gifted with instinctive passion on the one hand, and with self-controlling faculties on the other, a free agent as regards his volition, yet restricted by physical and social responsibility as regards his acts.

Another objection which may be raised to our theory appears very plausible at its first enunciation. How does it occur that when the proportion of lunatics among the higher and middle classes is so large as 5000 to 18,800, or more than a fourth of the whole number, the proportion of criminals among the same classes is so extremely small as scarcely to amount to an appreciable quantity? It might be inferred that where so many are found incapable of subjecting their passions to reason, crime would abound among them to a much greater extent, if legal criminality and inordinate self-indulgence are identical in their origin, their progress, their objects, and their results; crime is, with rare exceptions, confined to the pauper class; lunacy, having regard to their relative numbers in the population of the country, is nearly twice as prevalent among their superiors; assuming that of the entire population in 1841, half a million will represent the higher and middle classes, it follows from the report of 1847, that their liability to insanity is in the proportion of 1 in 500, while the corresponding liability of the rest of the community is only 1 in 840; but the proportion of legal criminals is at least 100 to 1 against the pauper class. We have no data to estimate this latter proportion; it may more likely be 500 to 1, but it is enough ground for the objection to take the lowest estimate.

Instead of feeling it to be incongruous with our theory, we think the fact goes far to sustain it; we have already alluded to it in a former page, but only cursorily. It is almost a proverbial remark, that our laws are made for the poor and not for the rich; and there is necessarily truth in the remark, though not in the sense of vulgar declamation on the hustings. Food and warmth are the most pressing of our natural wants, as well as the most frequent in their occurrence; the cravings of appetite, whether in ourselves or in those who are dependent on us, must be satisfied at all hazards, and there is only an inferior degree of urgency in the necessity for clothing; hence the pauper is so often tempted to appropriate the property of others, not for excessive gratification, but for the indispensable nourishment of his animal nature and in strict obedience to animal instincts, that not only is legislation continually at work for the protection of property, but our judges, for the most part, reserve the severest penalties of the law for theft or fraud, visiting crimes against the person with comparative lenity. Every assize and every quarter sessions produces instances of transportation for felonies of this class, in absurd contrast with imprisonment for a few months for manslaughter, or assaults with intent, &c. The life of a man or the honour of a woman is often ludicrously weighed against a loaf or a yard of broad cloth in our scales of cri-



minal justice, and kick the beam; a child of seven years of age is, at the moment we are writing this, imprisoned in Knutsford jail on a charge of stealing a mug of the value of one penny! This extreme severity of the law and of the judicial caprice with which it is administered, not to mention the enormous expenses of prosecution, induce many to overlook the injury they sustain; and thus the pauper who begins by stealing to supply actual want, is emboldened by impunity to steal for gratification of his animal passions, ultra the necessity of his case; reason in vain points to consequences when experience proves impunity, and thus she loses all the aid of restrictive penalties in resisting the assaults of passion. We shall presently give a narrative pregnant with illustration of this, and shall have further occasion to advert to the same topic in considering remedial measures.

The higher and middle ranks of life are not exposed to similar temptation till a long career of extravagant indulgence has reduced them to actual want; even when their own resources fail them, the benevolence of friends, or more prosperous relatives, steps in to save them from actual destitution. Thus the insanity induced by intemperance will often overtake them before they violate any law but that which is imposed by the social code of decency. Even when reason is rapidly declining, she will retain sufficient restraining power to prevent a man incurring unnecessary hazard, when he can as easily obtain satiety of gratification without exposing himself to legal retribution. The loss of caste is also a restraining penalty, strongly operating in aid of reason among the higher orders, but it is unknown to the low-born pauper. Their sensual excesses, therefore, generally take a direction which entails no public ignominy. As for disgrace in their domestic circles, it is covered by affection, or, at the worst, retrievable by amendment; but whatever be the direction of a pauper's passions, if gratified at all, they must be gratified at the expense of others; hence, the penal law, though made alike for all, seems, by its almost exclusive application to himself, to be intended for him alone. Were the pauper criminal a man of wealth, he would become insane before he is marked a felon; but being a pauper, he becomes a felon before he is ripe for the asylum; abridgment of opportunity, and the discipline of a prison, preserve him in the incipient stage.

In confirmation of this view of the subject, it may be remarked, that in the comparatively few cases in which men in the higher walks of life become amenable to the law, it is usually found that it is for some of the offences that fall within the description of malicious violence to the person. When the passions of a malignant type are those habitually indulged, such as anger, jealousy, revenge, or the coarser sensualities, reason, though aided by all the restrictive-penalties of the social code, becomes subdued in his case as easily as in the lowest class; murder, and manslaughter in all its variety of guilt, violence to women, and even vindictive injuries to property, are crimes not confined to the pauper class; though far more frequent among them, simply, because reason has not been fortified by habits of self-control, and strengthened by education.

Nor is it less important to remark that, though in common with the rest of the world liable to other predisposing causes, the Society of Friends is exempt from intemperance as an inducement to insanity, and equally exempt from appearance in our criminal courts. Some spurious offsets of their body have now and then been arraigned, as, for example, Tawell; but it has always been found, on inquiry, that in these cases the dress had only been temporarily assumed, or the membership of very recent date. That mental powers and peculiarities are often transmitted from generation to generation, is undoubtedly true; but it would be extravagant to infer from this, any peculiar idiosyncrasy distinguishing the whole sect. In truth, those who have been admitted to terms of intimacy with them, a privilege which we have often enjoyed, know very well that, as a body, they yield to none in strength of passion, or generous warmth of feeling. Prudence, certainly, wears with them a severe aspect, but it is a self-controlling, not a freezing prudence. Where passion is right in

its direction, and noble in its object, no man will give the reins to it with more freedom than a calculating and prudential quaker.

And, to adopt the habitual phrase of one nearly allied to them, the late Sir Fowell Buxton, who was not less sound in his argument than resolute on his point, who never maintained a point where argument was wanting, nor wanted argument when the point was generous and good, "the sum of our argument is this,"—man, as an animal, is endowed with instinctive properties for self-preservation; but created for responsibility, volition is given to him that he may be a free agent, and certain faculties that we designate as "reason," are also given to guide his acts by reference to their consequences. His animal instincts impel him in a right direction, and his volition, partaking of animal instinct, carries him to excess; reason's function is to restrain volition in its tendency to excess, by the fear of penal consequences injurious to the animal nature. An unceasing conflict is thus maintained between two antagonistic powers. There can be no compromise between them; one or the other must succumb. If reason habitually triumph, she retains her seat till death; if she habitually yield, at last, she abdicates from debility and exhaustion. We have shown the identity of crime with insanity, in its progress, its objects, and its results. We have proved that intemperance, in its largest sense, is the predisposing cause of both, except in such lunacy as in its development betrays the acknowledged signs of local disease or organic malformation; and we have drawn this proof from statistics published by authority, or sanctioned by large medical experience.

## ON THE LATENCY OF CONTAGION.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I feel it unnecessary to preface the following communication by a single remark, my only object being to record a fact bearing on a much-discussed question, "the period of latency of contagious and infectious diseases."—I am, &c,

RICHARD LONG, M.D.,

Medical Superintendent, Quarantine Port of Waterford.  
Arthurstown, June 4, 1852.

On the 12th of May, the emigrant ship "Crown," bound from Liverpool to New York, with upwards of 500 emigrants on board and no surgeon, was driven back to the anchorage at Passage East, having been at sea thirteen days, and suffered much damage from continued storm.

On going on board, I found two adults lying in confluent small-pox: these were immediately removed to hospital (one of them has died since), and such of the passengers as had means were permitted to take lodgings on shore whilst the ship was refitting.

On the 27th of May, my attention was called to one of them who had landed on the 13th, and had not been near the ship afterwards. He then presented all the ordinary symptoms of incipient fever of an inflammatory type.

On the 30th a copious eruption appeared which this day presented all the characteristic marks of well-formed small-pox pustules. This man has been vaccinated some years since, and his arm exhibits the usual pitting left by the vaccine vesicle.

## EXPERIMENTS ON THE DIET OF PRISONERS.

By ROBERT CHRISTISON, M.D., V.P.R.S.E.,  
Professor of Materia Medica in the University of Edinburgh.

In 1850 the General Board of Directors of Prisons in Scotland were induced by circumstances, which for brevity's sake may be here omitted, to make a series of observations, with the view of accurately ascertaining the effect of the prison diet on the bodily condition of the prisoners under their superintendence. These observations were conducted on a scale, and with a care, unequalled, so far as I know, by any investigation of the kind hitherto made public. The results appear valuable, alike in a practical point of view, and in relation to the physiology of nutrition. On this account, and because the numerical data were



entrusted to me for analysis, I have requested leave from the directors to make the results known; and they have kindly granted this permission.

The object of the inquiry was to ascertain, with every possible accuracy, whether the dietary of the regulations of the board was sufficient, and not more than sufficient, to maintain the health and condition of the prisoners. For this end, it was resolved to begin with those prisoners whose term of imprisonment varied between ten days and two months, and to judge from the results whether the same dietary might be made the subject of trial in circumstances of more doubt and nicety—viz., for prisoners sentenced to long terms of imprisonment. The observations were made on 896 males and 724 females, in the prisons of Edinburgh, Glasgow, Aberdeen, Dundee, Stirling, Paisley, Ayr, and the County Prison of Perth. Each prisoner was weighed at admission, and his state also noted as to health, strength, and condition. Similar observations were made once every fortnight afterwards, and finally just before liberation. To the data thus obtained were annexed the ages of the prisoners, together with any incident occurring in the course of the experiments, which might be thought to influence the numerical facts. During the progress of these observations, which were continued for three months, from 2nd December, 1850, till 2nd March, 1851, the prisoners were kept steadily on one dietary, differing slightly, however, in the different prisons. At the same time, the governors of the prisons were empowered to withdraw from experiment any individual whose health should appear to suffer sensibly from the diet.

The simple numerical facts, amounting to about 8000 observations on the weights of the prisoners, and as many on their apparent health, strength, and condition, were then put into the hands of Dr. MacLagan and myself for analysis, without any attempt on the part of the officers of the board or of the prisons to arrange or generalise them, the directors being anxious that we should investigate them without the possibility of a bias.

Taking the Edinburgh dietary as the dietetic basis in these experiments, it appears that the food of the prisoners consisted of oatmeal porridge and butter-milk at breakfast and supper, and broth and bread, or pea-soup and bread, at dinner. The broth, which was given five days a week, consisted of barley, vegetables, meat, salt, and pepper; the soup of pease and pease flour, with meat, salt, and pepper, and this was given twice a week. Supposing the broth and soup of each week to be distributed, so as to supply a uniform proportion of each on every day, the result is, that the average real daily nutriment of each prisoner was, in round numbers, seventeen ounces avoirdupois, of which four ounces were nitrogenous and thirteen carboniferous. By nutriment is here understood the sum of nutritive proximate principles in the dry state. No other estimate has any pretensions to accuracy.

To those who have made the dietaries for bodies of men a subject of scientific study, the allowance of nutriment indicated may appear small for a class of individuals, the greater proportion of whom are at the most active periods of life, and follow in prison some useful occupation. It contrasts strongly, for example, with the navy dietary for seamen, who have almost twice as much nutriment, and still more with that of harvest reapers in Scotland, who have nearly three times as much. Nevertheless, as the following facts will show, the prison dietary of Edinburgh is sufficient in the circumstances of the prisoners on whom these observations were made.

Thus, of 556 male and female prisoners in the prison of Edinburgh, 197 were found at their discharge to have maintained weight, 259 to have gained on an average two pounds and a quarter each, and 100 to have lost each on an average one pound and a half. Hence 82.0 per cent. had gained or maintained weight, and 18.0 per cent. had lost weight. The average loss was quite insignificant. The greatest loss sustained was five pounds in two instances, four pounds in three, and three pounds in one.

It is scarcely possible to have stronger evidence of the adequacy of a dietary, especially considering that not a

few people may lose a little weight with no great detriment.\* An equally satisfactory result is deduced from observations on the apparent health, strength, and condition of the prisoners. This is not so precise a criterion as the other for ascertaining slight differences, owing to the impossibility of using a fixed standard of comparison. On making the comparison as impartially as possible, however, it appeared that not a single prisoner of the 556 had lost in apparent health and condition; and that 110 of them, or almost 20 per cent., had manifestly improved in these respects. It is worthy of remark, that in the latter category there were 17 who had lost each a pound and a half on an average, and that one of these lost three, and another four pounds.

The result of this section of the observations is altogether so favourable, that, so far from any fear arising lest the dietary of the Edinburgh prison should prove defective in nutriment, a suspicion might very naturally be excited, that it may be rather redundant in that respect. I believe this suspicion was actually entertained in some quarters; but I do not know on what grounds. That is was really groundless—and that practical experience had taught the authorities the precise limit to which the nutriment might be reduced consistently with the preservation of health and condition—will sufficiently appear from what follows.

In the prison of Glasgow the amount and quality of the nutriment in the diet was almost precisely the same as in the prison of Edinburgh. The details were somewhat different, inasmuch as barley-milk, made of pearl-barley and skimmed milk, was substituted for broth on one day every week, and cheese for pea-soup on another day. But the analysis of an average day's dietary shows that the nutriment was all but identical, the nitrogenous ingredients being 4.06 ounces, the carboniferous 12.58, and the total nutriment 16.64 ounces.

*Nutriment in the Glasgow Prison Dietary.*

	Rough Weight.	Nitrogenous Nutriment.	Carboniferous Nutriment.
Oatmeal.....	8.86 oz.	1.20 oz.	6.23 oz.
Butter-milk.....	22.14 „	1.33 „	0.44 „
Bread.....	7.71 „	0.52 „	3.75 „
Meat.....	0.71 „	0.16 „	0.10 „
Barley.....	1.71 „	0.24 „	1.16 „
Peas.....	0.91 „	0.21 „	0.54 „
Skimmed-milk.	4.00 „	0.18 „	0.22 „
Cheese.....	0.30 „	0.20 „	0.00 „
Vegetables.....	1.45 „	0.02 „	0.14 „
Total daily nutriment,		4.06 „	12.58 „

Although the results of this dietary were satisfactory, they were not so entirely favourable as in the prison of Edinburgh. Of 549 male and female prisoners in Glasgow, 299 gained, 71 maintained, and 179 lost weight. That is, 67.3 per cent. had improved or remained stationary, and 32.66 per cent. fell off. The average diminution of weight was also greater than at Edinburgh, being nearly four pounds for each prisoner; and 15 of them lost so much as 7.25 pounds each. Farther, the state of the prisoners as

\* Although it is true that some people in a state of health may lose weight considerably without injury to their health, and that probably most persons may lose a little without any material harm, this is no objection, as some contend, to the test of loss of weight, applied on a large scale—especially to persons of the class of prisoners—being taken as evidence of a dietary being inadequate. All observation tends to show, that, when a large proportion of a body of men lose sensibly in weight, ill health is at no great distance; that their bodily strength is impaired; that they will soon become comparatively unable to grapple with the exciting causes of disease; and that, in the end, diarrhoea and scurvy are apt to be engendered among them, if the defective diet be long continued.



to apparent health, strength, and condition, was likewise conformable. For four individuals had evidently suffered in these respects, and only 13 per cent., instead of 20, as in Edinburgh, had improved.

Results remarkably similar to these may be deduced from observations made at the prisons of Aberdeen and Stirling. In these two prisons the diet was at least equal in nutriment to that of Edinburgh. Without going into greater details, it may be sufficient to mention, that the average daily allowances in a week's dietary contained in Aberdeen, 3.98 ounces of nitrogenous, 13.03 carboniferous, and 17.0 total nutriment; and in Stirling, 4.27 nitrogenous, 13.4 carboniferous, and 17.67 total nutriment. The effect on the prisoners was as follows:—Of 143 male and female prisoners in both prisons, 71 gained, 26 maintained, and 46 lost weight,—that is, 68 per cent. either maintained or gained weight, and 32 per cent. lost in that respect. The average diminution among the latter was 4.2 pounds each, and 8 of the 46 lost each on an average 9.5 pounds. The number who improved in apparent health and condition was 14, or 9.75 per cent.; and those who fell off in these respects, were 5, or 3.5 per cent.

The results thus supplied from the prisons of Glasgow, Aberdeen, and Stirling are in themselves satisfactory. Still they are not so favourable as those obtained with the same diet at Edinburgh. They raise a suspicion, that in Glasgow, Aberdeen, and Stirling, there was some adverse cause which made the same diet less perfectly nourishing than in Edinburgh. Sundry conjectures might be formed as to what the cause may be. Since none of these conjectures can be tested with the information at present existing, I shall leave the question here unconsidered. But, as the general health and condition of the prisoners in all the three prisons must be admitted to have been satisfactory, it is a reasonable presumption that the moderate loss of weight in so many as a third part of the whole 692 prisoners was owing to some slight defect in the adjustment of the diet to their particular circumstances.

If this conclusion be correct, it will follow that the dietary of the Edinburgh prison, which I set out with assuming as the dietetic type for these experiments, is not too redundant in nutritiveness, since it proved not entirely sufficient in some difference of circumstances so minute or obscure as to be inappreciable with present information.

It certainly proved to be insufficient in another of the prisons, where the circumstance that made it so was not far removed from view. In the prison of Ayr, of 42 male and female prisoners, only 12, or 29 per cent., gained or maintained weight; while the large proportion of 30, or 71 per cent., lost weight. The loss sustained by each of the 30 was five pounds, on an average, in 6 of them the average loss was 9 pounds, and in 5 the governor of the prison found it necessary to increase the allowance of food. Nevertheless, the nutritive value of the diet in the Ayr prison was quite as high as in that of Edinburgh. The prisoners had skimmed-milk instead of butter-milk at breakfast and supper, and barley-milk instead of broth on two days of the week. The average daily food in consequence contained, 4.17 ounces of nitrogenous, 13.06 carboniferous, and 17.37 total nutriment.

It is easy to understand why this dietary was insufficient in the particular circumstances. For a large proportion of the prisoners, unlike those of Edinburgh, Glasgow, Aberdeen, and Stirling, were agricultural labourers—muscular, bulky men—accustomed to much exercise, and a liberal supply of ordinary labourer's food. This circumstance was pointed out as the probable cause by the governor of the prison, and it is evidently sufficient to account for the result.

If farther evidence were wanting to prove that the standard diet used in these experiments was not unnecessarily nutritive, it may be found in the following singular facts:—The prisons of Dundee, Perth, and Paisley were circumstanced in all ordinary respects, but one, like those of Edinburgh, Glasgow, and Aberdeen. The prisoners were of the same denomination; their employment in prison was much the same, their regimen in other respects

was also much the same. But nevertheless the result of the observations on their weight and general condition is very different. Summing up the data from the three prisons conjunctly, since they lead to nearly the same numerical results in each, it appears, that, of 330 prisoners, 165, or exactly 50 per cent., maintained or gained weight, and the same number and percentage lost weight to the amount of 4.3 pounds each on an average. Of those who lost, there were 23 in whom the average diminution was 7.75 pounds. In point of health, strength, and general condition only 49, or 15 per cent., are stated to have improved; while 14, or 4.2 per cent., manifestly fell off.

The only circumstance which can be discovered to account for the inferior condition of the inmates in these three prisons, was an inferiority in the quality of their nutriment. This inferiority is not manifest to ordinary practical observation, otherwise it would have been corrected. But it can be irrefragably proved by a scientific analysis of the dietaries.

By a regulation for adjusting the prison dietaries, treacle-water might be substituted by the governors for milk at breakfast and supper. This equivalent had been introduced some years ago on authority which was supposed to justify its adoption. But the substitution often occasioned discontent among the prisoners, and sometimes embarrassment to the board and other prison authorities; and not without reason, because treacle, a purely carboniferous article of nutriment, can be no true equivalent for milk, which abounds in nitrogenous matter.\* Taking the Dundee dietary as an example, it was found by analytic reduction to be constituted so that the average daily allowances contain, in round numbers, 2½ ounces of nitrogenous nutriment, 14 ounces of carboniferous nutriment, and in all 16½ ounces; so that the total nutriment is the same as in the dietary which answered so well in Edinburgh, Glasgow, and Aberdeen; but the nitrogenous nutriment, which supplies the necessary repair for the constant waste of the tissues, was less than in that dietary in the ratio of very nearly two to three. This is a most material reduction. No very evident effect, indeed, resulted to the health of the prisoners. But an injurious effect could not fail to ensue under a more prolonged use of such a dietary.

It is a singular circumstance, which adds to the confidence felt in the scientific method of investigating such a subject, that the average loss of weight sustained by the prisoners in Dundee, is closely accounted for by this deficiency in nitrogenous nutriment. The Edinburgh dietary contains 28 ounces weekly of nitrogenous nutriment. The Dundee dietary contains 9 ounces less. In the course of eight weeks the difference will amount to about 4½ pounds: the actual loss was 5½ pounds.

Having proceeded thus far in the inquiry, it occurred to me that I was now in a condition to ascertain whether the common notion is correct, that, in at least the working classes of the community, the amount of food required for maintaining the health, strength, and condition of the body, is much the same for both sexes, for all periods of life between puberty and old age, and for individuals of all ordinary weights or sizes. This notion is scarcely founded in physiological probability; but it is invariably acted on in regulating the dietaries of bodies of men.

If it be true, we should find, that, when a dietary is very nicely adjusted for the generality of a body of men, as appears to have been the case for the prisoners in Edinburgh, Glasgow, Stirling, and Aberdeen, the adjustment will be found equally correct for all denominations. If, on the contrary, the notion be false, the error will stand forth in such numerical observations as were made in the present inquiry.

\* An extraordinary blunder is often committed by practical men in regulating dietaries, or writing about them, when they overlook milk as a source of nutriment, misled, probably, by its being a liquid. It becomes a solid aliment in the stomach by coagulation, and contains from eight to fourteen per cent. of real nutriment, of which about a third is nitrogenous. Fine qualities of it actually contain not much less than a half of the nutriment in beef and mutton.



First, then, as to the two sexes, it appears that in Edinburgh prison, of 273 males 72 lost weight, and of 283 females only 28; that is, 26.3 per cent. of the males, and only 10 per cent. of the females. In Glasgow, of 309 males 127 lost weight, and of 240 females only 52; that is, 41 per cent. of the former, and 21.7 of the latter. The difference in Aberdeen prison is not so great. Of 55 males 21 lost weight, and of 30 females 9; that is, 38.2 per cent. of the former, and 30 per cent. of the latter.

Next, as to the bulk of the prisoners, I have compared together those males who weighed less than 150 pounds with those who weighed that much or more, and with the following results:—In Edinburgh, 210 male prisoners weighed less than 150 pounds, and 63 at least reached that standard. In Glasgow, the numbers were 258 and 51; in Aberdeen, 40 and 15. In Edinburgh, the percentage of the lighter denomination who lost weight was 23.3; but of the heavier 36.5. In Glasgow, the percentages were respectively 38.7 and 53.0; and in Aberdeen, 30 and 60.

Lastly as to age, it seems reasonable to infer, that growing lads, between 16 and 20, must require more nutriment than those who have attained maturity; because their bodies must be not only maintained, but likewise enlarged. Placed on a uniform diet, therefore, if that diet be very nicely adjusted for the generality, the former may suffer when the latter do not, or in a less degree. In Edinburgh prison a perceptible difference was shown. Of 80 male prisoners between 16 and 20, inclusive, 31.2 per cent. lost each on an average a pound and a half in weight; while among those above 20, the percentage was 24.3. In Glasgow, the difference was somewhat greater. Of 88 growing lads, 53.4 per cent. lost in weight at the rate of four pounds and a half each; but males above 20, lost weight only in the proportion of 36.2 per cent. In Aberdeen, the number who lost were proportionally almost the same in both denominations; but the prisoners of each class were rather few to yield safe results.

The following conclusions may be drawn from the preceding statements:—1. For the average of people whose occupation involves moderate muscular effort and no great exercise, a simple, well-selected sort of food, supplying seventeen ounces of daily real nutriment, of which four ounces are nitrogenous principles, constitutes a sufficient diet for maintaining health, strength, weight, and general condition; but less is not sufficient. 2. The proportion of nitrogenous nutriment in such a diet cannot be very sensibly reduced below four ounces a day without risk of injury. 3. This amount of nutriment, though in general adequate for the average in the supposed circumstances, is not always so. 4. It is probably inadequate for those who have been accustomed to a vigorous occupation in the open air, and a liberal dietary, even when their employment is changed for one involving no great muscular effort or exercise. 5. It is inadequate for a fair proportion of persons considerably exceeding the average in bulk. 6. It is inadequate for a considerable proportion of growing lads between 16 and 20. 7. It is more generally adequate for females than for males. 8. It is rendered occasionally inadequate by other causes not distinctly indicated by the observations in the Scottish prisons, but certainly independent of any increase in habitual muscular exertion. 9. Hence the economical regulation of the diet of bodies of men must always be a matter of great difficulty; and if deviations from the standard dietary be not allowed with a liberal discretion, injury will be apt to ensue. And here it should be added from other observations, that suspicion may be lulled by no very perceptible injury except loss of weight occurring in ordinary seasons; while, nevertheless, manifest injury will arise in periods of epidemic disease. 10. The prison dietary in Scotland has been very successfully adjusted by long experience in most of the prisons, so far as regards the class of prisoners who formed the subject of the preceding observations and experiments: viz., those imprisoned for terms not exceeding two months. But in that dietary treacle-water cannot be substituted for milk without a reduction of flesh, the forerunner of probable ill health, unless some compensation be made in other

articles of food. It has, in fact, been disallowed by the board since these experiments were made. 11. In adjusting dietaries, and in all practical inquiries into the subject, reliance ought never to be put in practical observation alone; but scientific analysis should be likewise brought into requisition. I could quote numberless errors committed by merely practical men, which could scarcely have escaped notice had they united scientific knowledge to practical skill. Let me conclude with one only, which happened lately near the fountain head of knowledge on this subject.

It appears from the Report of the Inspector of Prisons in Scotland for 1851, that the condition of the prisoners in Carlisle jail was far from satisfactory during the previous year. Of 68 persons only 9 had gained or maintained weight; and 59, or almost 87 per cent., had lost on an average 6 pounds and a half each. This is worse than even what has been noticed above as to Ayr prison; where it was judiciously thought advisable to discontinue the experiments in several instances. The inspector expresses his surprise at the result, and, in adding the dietary in an appendix, makes no commentary upon it. Consequently it would appear that he did not suspect the cause to lie there. Yet by scientific analysis nothing can be more clear than that the diet was faulty.

The Carlisle dietary presents ten different scales for the several denominations of prisoners. The class of prisoners coming nearest those who were made the subject of observation in the Scottish prisons, comprises "prisoners at hard labour for terms exceeding two weeks, but not exceeding six weeks, and those not at hard labour but confined for terms between two weeks and three months." From the following analysis of their average daily food, it appeared that these prisoners received only 2.5 ounces of nitrogenous, and 11.16 carboniferous nutriment, or 13.66 ounces in all.

Resting on this principle, it will be seen that there is no encouragement in the results of the observations upon prisoners in Scotland confined for terms within two months, to extend the experiments with the same diet to those imprisoned for longer terms. This was an object held in view by the Board of Directors. But the dietary being found just sufficient, and no more, for the former class, and in some circumstances insufficient even for them, the effect of applying the same diet to prisoners confined for long terms may be pretty confidently predicted as likely to prove unfavourable. With due and obvious precautions, the experiment might be tried with perfect safety, but with very small chance of a satisfactory result. Other incidents in the late history of these prisons lead to the same conclusion; but they could not be noticed here without disproportionate details. I may recur to them hereafter. For the present it is better to confine myself to the deductions which may be drawn from the observations lately made in the Scottish prisons.—*Monthly Jour. of Med. Sci.*

#### ADDITIONAL REMARKS UPON THE VALUE OF VERATRUM VIRIDE.

By W. C. NORWOOD, M.D., of Cokesbury, U.S.

WE have been endeavouring for some time to awaken and interest the profession in the powers and properties of veratrum viride. We now venture again, and the third time, to call aloud. We have been cautiously and, as we believe, judiciously using the above article, alone and in various combinations, for eight years—which ought to allow us to speak with some confidence, and should be a reasonable warrant for what we may assert in the sequel. After various trials and combinations, we unhesitatingly assert that we verily believe we have adopted that form of combination which is the best. We gave to the public in two former numbers, a portion of our experience, with a statement of what were the powers and properties of the article, and we give this in further addition. Its powers are perhaps more strikingly manifested in the speed and certainty with which it relieves and cures pneumonitis typhoides. Its culminating curative powers stand out in



all probability more strikingly in this than in any other disease. We fearlessly assert, that it is as much of a specific in pneumonitis as quinine is in the treatment of intermittent fever, and that it will cut short and break up at the first outset of the attack, in as many cases (due allowance being made for the violence of the attack and the importance of the organs affected) as quinine will of intermittent. We challenge the world to produce its equal, either singly or in any combination of remedies. Again: it is the sheet-anchor in typhus and in typhoid fevers. It is the only remedy that has ever been found to arrest the above fever or fevers, and to rob them of the terror and dismay they are known so universally to produce. It not only cures cases beyond the reach of any known remedies, in the last stage of the disease, but it breaks up many cases at the outset, and cuts short others that are fully formed, and in full and perfect progress. Further: we have found nothing that arrests convulsions in children, accompanied with high febrile symptoms, from one year old and upwards, with anything approximating such certainty and speed. In whooping-cough it stands unrivalled and alone, as a remedy that may be relied on when accompanied with high febrile excitement. Dr. Stewart says: "I know of no remedy worth mentioning save yours. Having seen cases of pertussis every day for ten months, and used your remedy every few days, I cannot recommend it to that notice it deserves without being considered as an enthusiast in its use." We hasten on to notice further, that it is a powerful and reliable agent in the treatment of typhoid dysentery: that with it we can readily manage that fearful, malignant, and mortal disease.

The next class of diseases we shall notice, and briefly illustrate its powers in, by a couple of cases, is the certainty and speed (we mean undoubted certainty) with which it cures or relieves the pain and febrile excitement occasioned in mumps by a metastasis to the testicle.

**Case 1.**—Mr. A.—Found him with the testicle much swelled, and intensely painful; great pain in the head; skin hot and dry; pulse 110; tongue thickly coated. Commenced with eight drops every three hours, the dose to be increased one drop every portion till nausea or vomiting occurred. The third portion excited free emesis; the pulse was reduced to 65; the skin became cool and moist, and there was perfect relief of the pain, and all unpleasant febrile symptoms were subdued and removed, and by continuing the remedy in small portions, so as not to sicken, there was no return of either pain or febrile symptoms.

**Case 2.**—Mr. S.—The symptoms were similar to those of the first case, being free from pain in the head excepted. He was treated in the same manner precisely. The third or fourth portion vomited freely, on the occurrence of which the pulse was reduced to 60, which before was upwards of 110; with an entire removal of all pain and febrile excitement.

In traumatic lesions we have tested its powers sufficiently to warrant us in asserting that it will control and regulate any arterial excitement produced thereby. We fully tested that fact in the New York Emigrants' Hospital, and can calculate its value and importance by the ease and certainty with which it controls and subdues high arterial excitement after capital operations. How many cases run down and perish from high sanguineous excitement alone, without any other appreciable cause, after well executed operations? We feel confident that in the above we can afford the surgeon a remedy that will quiet his fears and remove his apprehensions in such cases, and that he can control at will inflammation, arterial and general sanguineous excitement, that so often supervene and defeat the successful result of the most skilfully executed operations in surgery.

We feel fully assured that we can confidently offer to the world the desideratum so long sought and wished for—namely, an agent that will certainly and undoubtedly control and subdue morbid arterial excitement, the great frequency of the contractions of the heart and arteries, so especially belonging to all acute diseases, and the removal

of which has been as difficult as its presence was universal in all severely acute diseases. Dr. Bass, writing on the subject, observes:—"It seems to act directly upon the heart and arteries, as manifested by a diminution of the force and frequency of the pulse; it relieves irritation, congestion, and inflammation; establishes the equilibrium of the circulation; excites free diaphoresis and expectoration, which well adapts it for the treatment of pneumonitis, pneumonia typhoides, and asthma; in which diseases I have used it effectually; or in other words, with unparalleled success." Dr. J. Branch, in writing to us on the same subject, states:—"I will simply say, I regard it as one of the most important articles of the materia medica. You never made a more just and appropriate remark than you did when you said, it would say to the pulse, 'thus fast shalt thou beat and no faster.' I have used it in many cases of the severest sort of typhoid fever with the happiest effect. It will cool the surface, reduce the frequency of the pulse, while, at the same time, it does not diminish its volume or strength. Indeed, I have sometimes thought that the volume and strength of the pulse was increased in atonic cases under the use of this article. The following will serve as an illustration of its use and effects:—When called to a case of typhoid fever, with a hot surface, frequent pulse, great restlessness, in a word, with all the symptoms of such a case, if the patient be an adult, I commence with giving him eight drops of the article every two hours, and increase the dose a drop or two at every succeeding dose, until slight nausea is produced, never fearing but that when this effect is produced I shall have a cool surface, an infrequent pulse, and an absence of all febrile excitement. I then continue more or less of the article until the case is broken up."

Dr. Stewart, in a letter on the same subject, writes thus:—"I do not believe any remedy or combination of remedies possesses the same powers in pneumonia or pleuritis as yours; it not only lessens the frequency of the pulse, but exerts a curative influence on the disease; and with regard to its lessening the frequency of the pulse, I unhesitatingly say, without fear of successful controversy, that it will control the pulse in any and every case where it is morbidly excited. I regard your remedy as peculiarly adapted to the treatment of pneumonitis, pleuritis, pneumonia, typhoides, pertussis, typhus fever, with increased action of the heart and arteries. Mr. Rogers, in whose family you practise, was attacked with typhoid pneumonia about the time you left home, and Drs. Agnew and Traynham attended him, and when all hope of his recovery was lost, his family recollected that some of them had been rescued from an untimely grave by your remedy, urged the physicians to give the drops. Neither of the physicians having the medicine, they determined to send to me for it; and with only two drachms of the tincture, both of the physicians assured me they had saved Mr. Rogers, and would not take less than five dollars for the remnant of the two drachms."

We have every confidence that it will cure scarlet fever; also, that it will be a valuable remedy in puerperal fever. If we should succeed in curing yellow fever, or materially lessening its fearful mortality, who will not hail it the master discovery of the age!

We challenge the world to discredit the above. We pledge ourselves, and stand ready to demonstrate the powers and effects claimed. We have staked our reputation for veracity and medical skill on the above, and we are perfectly willing to abide the verdict of a liberal and enlightened profession, and an intelligent community. Truth is omnipotent. The above was not got up in a day, or a corner, but is the result of years of laborious investigation, and of time and money spent to prove and test the certainty and correctness of our experience, and the conclusions reached. The world can either receive or reject it.\*—*Southern Med. and Sur. Jour.*

\* The preparation of veratrum viride used by Dr. Norwood is the saturated tincture of the root, and if a tithe of what is claimed in this article be true, the remedy deserves the attention of practitioners.—*Ed. Buffalo Journal.*



## ON FRACTURES OF THE LOWER END OF THE RADIUS.

By H. BOND, M.D., of Philadelphia.

I PROPOSE to examine the mode of treating these fractures, as now commonly practised in our hospitals, and as taught by the most recent American and English authors. It is unnecessary to state in detail to the members of this college what this practice is. I may briefly say that it consists in the use of two long straight splints, with compresses or cushions and bandages. The palmar splint extends from the elbow down to the extremities of the fingers. Some, however, do not allow this to extend below the second joints of the fingers. The dorsal splint extends sometimes only to the extremity of the metacarpe. When this dressing is applied, the longitudinal axis of the forearm will be continuous or parallel with that of the hand.

There are several objections to this mode of dressing the fracture which I will attempt to point out. In the first place, it violates what ought to be regarded as a surgical canon in the treatment of fractures—viz., to adopt such a position as will put all the muscles, acting on the part, as much in repose, as free from tension, as possible, so that the least counteracting force will be required. 2nd. The constrained position of the hand demands tighter bandaging, in order to prevent derangement of the fragments by paralyzing or subduing the muscles that are rendered tense by the position assumed. 3rd. This constrained position and tight bandaging greatly increase the danger of that protracted or permanent rigidity of the hands and fingers which is a too frequent result of those injuries. 4th. This mode of dressing by long straight splints not only increases the danger that it will result in rigidity, but that when it does occur, the hand will be left unsightly, inconvenient, or useless. 5th. There is another objection to it which will be regarded by the surgeon as of more or less importance, according as he is actuated more or less by the feelings of humanity. I refer to the distress or discomfort which must result from a constrained position and the force applied to maintain it.

The muscles that act on the hand are least tense, or most in repose, when the hand is inclined backwards, so that the metacarpe forms a considerable angle with the forearm, when it is also inclined inwards towards the ulnar side of the arm, and when the fingers are moderately flexed. In this case it will be perceived that the longitudinal axis of the forearm, if prolonged, would not correspond with that of the hand, but would pass through or very near the point, where the thumb and index finger most easily and naturally meet. Thus in the innumerable manipulations with the thumb and fingers (as with a pen, pencil, button, needle, money, &c.), their points most easily and naturally meet in this axis of the forearm. This will be found to be the position of the hand, when it hangs by the side with all the muscles relaxed.

This consideration is of little comparative importance in the case of young persons, and of those who have followed no laborious handicraft; but to persons advanced in life, and to those whose muscles and joints have become rigid by hard labour, and to whom the hand is the means of subsistence, it is a point of very material importance. A large portion of these fractures occur among such patients. When such a hand is firmly swathed by a roller upon the long straight palmar splint, it is forced into a constrained position, and some of the muscles, acting on the fragments, are put into extreme tension. This condition of the muscles must act strongly on the fragments of the radius, and must tend strongly to derange them, especially when the fracture is oblique.

To counteract this tendency to displacement of the fragments on account of the tense condition of the muscles, the bandage with the compresses must be applied so tightly as greatly to increase the risk of that frequent ill-success so well described by Dr. Barton. When the hand is placed in the position above described, so as to take off tension from all the muscles, there will be so little tendency to displacement of the fragments that a very gentle pressure

of compresses and bandages will be adequate to maintain them in their proper relation to each other. The dressing may be removed earlier, so as to give motion to the hand and fingers without danger of producing derangement of the fragments, and the gentle pressure of the dressing will be less likely to deprive the tendons and sheaths of their lubricity, and thus to cause permanent adhesions.

There are cases, as before observed, where such violence is done to the bones and soft parts, especially in elderly persons of a rheumatic or gouty diathesis, that it may be impossible to avoid permanent adhesions and rigidity. In such cases, if the usual authorized mode of treatment be adopted, the result will be a most awkward, unsightly, useless member. But if the hand can be placed and retained in the unconstrained natural position above mentioned (to say nothing of the better chance of escaping permanent stiffness), in the first place, the unsightly deformity will be avoided; and in the next place, the hand will not entirely have lost its use. For the hand, thumb, and fingers being placed very nearly in the position of their most frequent uses, the interossei, the lumbricales, and the several short muscles of the thumb will, by causing only a very limited motion, enable the hand to perform very many of its useful functions.

I can say with confidence, not only from *a priori* reasoning, but from some experience within the last few years, that the dressing of a limb on the principles here inculcated will very materially conduce to the comfort of a patient. I shall here make no comment upon what is said about paralyzing the muscles by tight bandages, nor upon the power of the body to accommodate itself, by a very painful discipline, to very distressing necessities.

The importance of the position of the hand in the treatment of fractures of the radius has been fully recognized for a long time by eminent surgeons. In these cases, Mr. Cline did not allow the splints or the sling to extend below the wrist. His object was to let the hand, by its own weight, and without any impediment, incline towards the ulnar edge of the forearm; and while the ulna acted as a counter-extending force, this inclination of the hand would prevent the fragments from over-riding or overlapping each other, and make it very easy to keep them in apposition. He understood well the mechanism of this accident. When the radius alone is broken, the ulna affords all requisite counter-extension, and in proportion as the hand is inclined towards the ulna will the lower fragments be drawn down, so that there will be hardly a chance for one fragment to overlap the other; certainly there will be little difficulty in keeping the fragments in apposition with very gentle means. But Mr. Cline's method of dressing, in order to accomplish the indication, was too indeterminate; he could not depend upon maintaining steadily the same degree of inclination of the hand, and one might suppose that there would be danger of producing artificial joints. Nevertheless, I am persuaded that, with Mr. Cline's method of treatment with short splints, there would be fewer cases terminating in deformity and loss of the use of the hand, than when the arm and hand are tightly swathed in long straight splints.

Sir Charles Bell long ago inculcated the importance of the inclination of the hand in the treatment of fractures of the forearm, and he has given a plate illustrating his opinion. Boyer is very explicit upon this point. He says, "the extension should be made by inclining the hand towards the ulnar edge of the forearm." Yet this obvious principle and this explicit direction are wholly disregarded in the present usual mode of dressing with long straight splints and tight bandages. Dupuytren, whose lectures on this subject should be studied by every surgeon, devised a splint—his *attelle cubitale*—with the special object of maintaining this inclination of the hand towards the ulna. Notwithstanding this great man devoted such deep attention to this subject, there were serious defects in his apparatus, which have been pointed out by subsequent French writers. I have attempted to devise a mode of dressing these fractures, having reference to the principles advanced in this paper, and that will meet the following indications:—1. To



maintain such an inclination of the hand upon the forearm as shall most effectually relieve the muscles from tension or put them in repose. 2. To maintain the hand and fingers in a position that, if rigidity should result, the member shall be as little an incumbrance, and retain as many of its uses as possible. 3. To make it easy of application, requiring no extraordinary skill or dexterity, and little liable to be deranged or displaced. 4. To make the dressing easy and comfortable to the patient, while it does not lack efficiency. My own experience of its use within the last three years convinces me that I have to some extent accomplished these indications. How far this shall be corroborated by others can be known only when others shall have had time, opportunity, and disposition to test it.—*Phil. Med. Examiner.*

### ON HÆMOPTYSIS.

By DR. THEOPHILUS THOMPSON, F.R.S.

ALTHOUGH great alarm is generally evinced, and danger of sudden death feared, when this symptom is considerable, yet it appears in reality that such is very rarely the case, for there are two circumstances in reference to the circulation in phthisical lungs unfavourable to the occurrence of profuse hæmorrhage. In inflamed lung, the bloodvessels, though tortuous, are free, but in tubercular lungs the blood coagulates in the extremity of the vessels. But there is an additional point well worthy of your attention. When you look at this large vomica you observe a considerable band passing across it. Of what does this band consist? It contains no bronchial tube. Bronchial tubes readily ulcerate; and by that process expectoration from cavities is promoted. The band consists mainly of bloodvessels and cellular substance. Bloodvessels are inapt to ulcerate. The walls of the pulmonary arteries, when surrounded by tubercular ulcerations, instead of sharing the disorganization, usually thicken; by the deposition of fresh material their calibre gradually lessens; after a time they cease to be pervious; they are filled with a thin, reddish, fibrinous plug, and transformed into solid chords.

It is probably only in those rare instances in which such a vessel is suddenly torn before the calibre is perfectly closed, that fatal hæmorrhage is at all likely to occur. The popular idea that all bleeding from the lungs is produced by ruptured bloodvessels is a serious error. The ordinary cause of hæmoptysis is doubtless compression or obliteration of the pulmonary veins by the tubercular deposit; in consequence of which, blood, interrupted in its natural channels, overflows or exudes into the neighbouring bronchi. If this explanation be correct, hæmoptysis, moderate in amount, must be regarded rather as beneficial than alarming. By preventing the stagnation of unhealthy blood, it must tend to oppose the extension of tubercular disease; and as far as a conclusion may be drawn from the cases under my care, the tendency of hæmoptysis of considerable amount would seem to have been rather favourable than otherwise. You will observe that some of the cases recorded of copious hæmoptysis, were remarkably slow in their progress. In six of the cases the quantity of blood expectorated at once has exceeded a pint, and the time which has elapsed since the occurrence of the profuse hæmoptysis has been in these patients respectively, six months, twenty-two months, twelve months, ten months, eight months, and five years; in several of these instances, evidence of pulmonary disease preceded, by many months, the occurrence of hæmoptysis; and in some the disease has not advanced beyond the first stage. These facts are in harmony with my general experience, as showing that this symptom tends more to retard than accelerate a fatal issue.

The practical bearing of these facts is obvious and important, as impressing the conclusion that undue haste to arrest hæmoptysis should be deprecated, and that as a general rule it is better to moderate this symptom by producing determination to other organs, than to employ direct astringents. You will find great benefit in many cases from the administration of a dose of calomel, or mercurial pill with henbane, followed by the use of half-drachm

doses of sulphate of magnesia with diluted sulphuric acid, administered twice a day.

Let me repeat, that hæmoptysis, when slight, is often useful and should not be hastily checked. When it is considerable, if of an active character, as indicated by a full hard pulse, heat, and oppression under the sternum, and heaving of the diaphragm, cupping, or even bleeding, may be requisite. In less formidable attacks, anti-congestive remedies, and small doses of sulphate of magnesia with sulphuric acid may be given, or antimony with nitrate of potash. Ipecacuanha has been recommended, in doses of two grains every quarter of an hour, but this remedy has disappointed me. If the hæmoptysis be passive, direct astringents may be required, of which alum is one of the best; and perhaps this remedy acts more efficiently when allowed to dissolve in the mouth than when taken in mixture. The following prescription is appropriate for this purpose:—Take of powdered gum-arabic and of white sugar, each three drachms; powdered tragacanth, a drachm and a half; alum, two drachms; catechu, three drachms; rose-water, as much as sufficient for a mass to be formed into sixty lozenges.

The most powerful of direct astringents in the treatment of urgent cases, is acetate of lead. You may give two grains for a dose in a mixture, with half a drachm of distilled vinegar; or if you give it in pill, take care to give acetic acid immediately afterwards, in order to counteract the tendency of the carbonate of lead to produce colic. Gallic acid is not so prompt and effectual as acetate of lead, but suits some cases remarkably well. Turpentine is probably one of the most certain and suitable remedies in a majority of instances. Two drachms of spirits of turpentine, two ounces of mixture of gum-arabic, and four ounces of infusion of matico or of cinnamon-water, with thirty minims of tincture of capsicum, form an appropriate mixture, of which an ounce may be given at intervals. In slight cases, the infusion of matico alone is often sufficient.

When the hæmoptysis is associated with suppressed catamenia and hysterical symptoms, lytta is of great value; but let me repeat the opinion, that in a majority of instances of phthisis moderate expectoration of blood is useful, and that whilst you allay the apprehensions of the patient you may leave the symptom to its own course.—*Lancet.*

### ON THE TREATMENT OF ERYSIPELAS BY SUBCUTANEOUS INFILTRATION OF THE TISSUES.

By DANIEL BRAINARD, M.D.,

Professor of Surgery in Rush Medical College, U.S.

DIFFUSE inflammation, in whatever tissue it occurs, is, in many cases, the results of the introduction of a specific poison into the fluids of the living body. This is sufficiently obvious in instances of dissecting wounds, but more obscure in other cases in which the source of the poison is less palpable. If we consider, however, the manner in which practitioners attending cases of erysipelas, communicate diffuse peritonitis, phlebitis, &c., to puerperal patients; that most cases of erysipelas of the face originate on the surface of the mucous membrane of the throat or nostrils; that, in the members, it commences usually in the lymphatics or glands, and extends to the skin, veins, and areolar tissue; that the situation in which it most frequently occurs is on the scalp, back, surface of a divided bone, and the internal surface of the uterus, where, from the open vessels, absorption most readily takes place; that ulcers from frost bite, bite of animals, and unhealthy ulcers, are those most frequently attended by erysipelas; if, moreover, we compare its effects with that of the poison of serpents, we shall see that there are but few cases of true erysipelas where there is not a wound or ulcer on the surface of which the poison can be found, or where it is introduced from a foreign source.

What is the nature of this poison? We are profoundly ignorant on this point, although from analogy with the poison of serpents, &c., we might infer, with more or less probability of correctness, that it is an acid. In what manner does it operate? Its first effect is upon the lymphatic



glands, its second upon the lymphatic trunks, next on the bloodvessels and areolar tissue near the point of inoculation. The poison acts as a leaven, or by presence and catalysis, not in the first instance on the blood, but on that universally diffused fluid in the system which is extravascular, and in which the action of nutrition takes place. The blood only becomes secondarily changed. How long does it take to act? This depends upon its intensity, its quantity, the degree of predisposition, the point of inoculation, and other circumstances which are unknown. In ordinary cases, perhaps, four days might be considered the average time required from its introduction to the production of severe constitutional symptoms. Is there any method of preventing its action? It seems to me obvious that neither bleeding, purging, vomiting, sweating, nor any known method of internal treatment can effect this cure. Neither can external applications fully do it. Could not the medicine be put in the tissue where the morbid matter is operating? To determine this point, I took a common exploring trocar, and inserting it under the skin of a dog, injected different medicinal solutions. I found they produced suppuration. Using distilled water, the same effect was produced. It was owing, then, to the mechanical breaking of the tissue, not to the medicine. I then tried the common tube used for mercurial injections, which, having a capillary point, might allow it to infiltrate. Here again I was disappointed; it would not infiltrate, or so slowly as to be of no avail. Not discouraged by these difficulties, I determined to make use of it first on the human subject in cases where œdema or erysipelatous effusion had taken place. Two cases treated in this manner were reported to the Chairman of the Committee on Surgery of the American Medical Association, which, as they will be noticed in their Transactions, need not be repeated here.

The manner in which the infiltration is effected is this: A small syringe is furnished with a point drawn down to a capillary tube, into which is fitted a steel point as fine as the finest needle. When this is inserted into the point, they form but one pointed needle, which may be passed like an acupuncture needle in any direction through the tissues, veins, or arterial trunks. The steel needle being withdrawn, and the syringe adapted to the point, the tissue is infiltrated by gradually injecting the desired medicinal fluid, using frictions to disseminate it.

*Case.*—Patrick Marmion, æt. 23, had his hands severely frozen on the 23rd of December, 1851. Some days after, the little finger of the left hand was amputated, an unhealthy wound remaining after it. He applied to me on the 15th of January with the following symptoms:—Left hand and forearm swollen to the utmost limit of the skin; arm much swollen; glands of axilla enlarged and tender; surface of the hand and forearm red; vesications at different points; extreme pain; pitting on pressure; considerable constitutional disturbance. Inserted the point of an infiltrating syringe under the skin on the back of the hand, and slowly passed in a sol. of gr. x. iod. potass. in f. 5iv. dist. water. This was disseminated by frictions. A solution of iodine and hyd. potass. was also applied externally. The first effect of the infiltration was a severe smarting pain, which subsided at the end of a few hours, and along with it much of the pain of the hand. At the end of twelve hours the pain was quite gone; the swelling subsided; on the 20th there only remained a stiffness behind. At this time I amputated the little finger of the right hand. This was followed by enlargement of the lymphatic glands of the axilla; red lines ran along the inside of the arm; redness, swelling, and pain severe, as in the case of the other member. Thinking, perhaps, that the subsidence of the symptoms in the other case, after the use of the infiltration, might be merely accidental, I in this case used the external application of the sol. of iodine and the usual internal means. On the 25th, an abscess had formed upon the front side of the wrist, which I opened. I then attempted to infiltrate the back of the right hand as I had before the other; but spilling by accident half the liquid, only gr. v. iodd. potass. in f. 5ij. of water was thrown in. 27th. An abscess had formed on the under side of the wrist, which

was opened. 29th. Another abscess had formed in the ball of the thumb, which I opened. The case slowly convalesced, *but there was no suppuration in the situation of the infiltration.* It is not indeed certain that it would have occurred there without, but the case proves at least that the infiltration had no tendency to produce it. The solution of the hyd. potash was preferred, because it is well known that it can be thrown into the tissues without producing suppuration, and for theoretical reasons on account of the alkali it contains. Thus far I had only operated on tissues already infiltrated. In case of inoculation by snake bite or other poison, I should recommend, in case the poison had been already absorbed and could not be destroyed by cauterisation, the application of a ligature so as nearly to interrupt the venous circulation. This stops absorption at once, and when at the end of several hours the member becomes œdematous, then the infiltration can be effected. In snake bite the remedy proposed by Dr. Whitmore, a solution of iodine and hyd. potash, should in the present state of our knowledge be preferred. I have ascertained by experiment that œdema of the limbs, sufficient to allow of infiltration, can be produced by ligatures moderately tight so as to give no pain. I think it not improbable that medicines introduced into the system in this manner will, in some cases, act more efficiently than when taken into the stomach or injected into the veins. We know that many poisons act instantaneously when inoculated, and are harmless when swallowed. When introduced into the veins, they are rapidly eliminated by the kidneys. Independently of this, I have reasons for believing that the effects of medicines, when taken into the stomach, when injected into the veins, when thrown into the different serous membranes, and when infiltrated into the areolar tissue, are not identical, but that the method of employing them has a controlling effect on their action.—*Amer. Jour. of Med. Sci.*

#### DECOMPOSITION OF PHOSPHATIC CALCULI BY SOLUTIONS OF LEAD.

By Dr. S. E. HOSKINS, F.R.S.

From cases which have occurred under the author's notice, not only does the bladder, under irritation, tolerate the presence of solutions of lead, but also that they act as sedatives, and exert a favourable influence, directly and indirectly, on the morbid secretion of mucus which generally, in such cases, exists. After having made a trial of most of the vegetable supersalts of lead, all of which act, more or less, as unirritating decomponents, I have returned to the use of that originally proposed, the nitrosaccharate, as by far the most effective. That prepared for me by Mr. Garden of Oxford-street, is much more energetic as a chemical agent than my own, and equally mild in its physiological effects. It is likewise more decidedly an organic salt, which I consider essential to the fulfilment of the ends in view; and I am strengthened in the opinion that sugar is a necessary ingredient, from the perusal of two papers in the July number of the *Pharmaceutical Journal*; one by M. E. Peligot on the "Combinations of Sugar with Lime," and another by M. Barreswill on the "Solution of Carbonate of Lime in the Saccharates."

One grain of the salt, superacidulated with five drops of strong acetic acid, is the proper proportion for admixture with each fluid ounce of water. It is essential that the salt and the acid should be incorporated before the addition of the water, and that the whole should be brought to the boiling point. Superacidulation is necessary on many accounts: it secures perfect solution, increases the decomposing activity of the liquid, and prevents the formation of any carbonate of lead.

As the salts contained in the urine tend to decompose the solution, and lessen its effects on the concretion, the bladder should be evacuated, and washed out with tepid water before the lead fluid is introduced. A double-current caoutchouc catheter is the best for this purpose, as it enables a continuous stream to be employed, and as, on account of its flexibility, it is less liable to irritate the urethra, which should be sedulously avoided. From four



to eight fluid ounces of the solution may be thrown into the bladder at a time, and renewed every ten or fifteen minutes, as often as may be deemed proper. By renewing the liquid at short intervals, much greater effect on the calculus is ensured than when it is allowed to remain longer; for the precipitate formed by decomposition soon envelopes the stone, and puts a stop to further action until a fresh surface is exposed. Exercise during the retention of the injection increases its effect. Some slight revulsion may be produced by the first introduction of this, or any other fluid, into the bladder: when such is the case, the operation should be remitted for a day or two, and cautiously renewed. The injection may be either warm or cold, ■ may be most agreeable to the sensations of the patient. Warmth favours decomposition of the calculus.

If used with proper precautions, I have found that the lead solutions exert as sedative and salutary an influence on the lining membrane of the bladder, as they do on external surfaces under inflammation. They also act upon the mucus, which is so abundantly formed in cases of this nature, coagulating it into short curdy flakes, which are easily passed through the urethra. When the urethra itself is inflamed, or abraded, the injection will be injurious; for the lining membrane of the canal is, I believe, more sensitive than that of the bladder. The introduction, therefore, of decomponents should be had recourse to, either before lithotripsy or after the urethra has recovered from the effects of the instruments employed, but can never be used with any prospect of success where organic disease of the bladder or prostate exists. The injection should not be employed during the internal exhibition of hydrochloric acid, although it may be freely used when nitric acid is administered. When the bladder is not very irritable, a dilute nitric acid injection, alternating with the lead solution, will hasten decomposition.

The two facts established with respect to the lead salts—viz., first their toleration by the bladder, and secondly, their chemical action on calculous concretions, induce me to hope that they may become useful agents in the treatment of various other affections of the urinary organs. I have never presumed to imagine they would prove specific solvents for the stone; but I trust that, where surgical operation is inadmissible, they will be of some avail for relief, if not for cure, by smoothing asperities, and removing the outward phosphatic coating of calculi, so as to bring them within the verge of the crushing forceps; in short, that they may avail for partial, if not for entire, disintegration. The latter is more likely to happen where layers, composed of the urates or oxalates, are bound together by phosphatic cement. On this species of calculus, they are calculated to act as highly carbonated waters do on those of another description. "Nor is the action of highly carbonated waters (says Dr. Prout) confined to their mere solvent effects; they undoubtedly possess disintegrating power; that is, the power of disturbing the attraction, both cohesive and adhesive, by which the molecules of the calculi are held together, so as to render them brittle and easily broken into fragments." This is an additional reason for using decomponents before recourse is had to lithotripsy.

Besides the kind of cases already adduced, there is one variety for which decomponents seem to be peculiarly adapted—viz., concretions in the prostate gland. No instrument hitherto devised has been successful in dislodging them. The first case, however, mentioned in the present paper, goes to prove that a considerable quantity of calcareous matter was removed from the prostatic portion of the urethra by the use of the lead injection. In the first experiment communicated to the Royal Society, it was stated, that one hundred grains of calculus immersed in lead solution for forty minutes had lost twelve grains. In the second experiment, the quantity dissolved, from a fragment weighing thirty-seven grains, was after half an hour's immersion, eight grains. Subsequent experience has verified these observations, and proves that, under favourable circumstances, decomposition takes place in definite proportions; so that from the precipitate of phosphate of

lead, the quantity of ammonio magnesian phosphate which has been decomposed may be securely estimated.

Since these circumstances obtain out of the bladder, by means of a fluid which can be borne by that organ with impunity, we may reasonably hope that the mere transference of the scene of action from the exterior to the interior, will not materially affect the results.—*Lond. Jr. of Med.*

## REMOVAL OF OSSEOUS AND CARTILAGINOUS BODIES FROM THE KNEE-JOINT.

By JOHN FREDERICK MAY, M.D.,

Professor of Surgery in the National Medical College, and one of the Surgeons to the Washington Infirmary.

— *Tabler*, aged 51, entered the Washington Infirmary in October, 1845. The left knee-joint is very much enlarged, the capsule being greatly distended by the synovial fluid, and two very large moveable bodies can easily be detected floating in it. These bodies, on examination, appear to be very hard, and they can be made to pass and repass from one side of the joint to the other by slight pressure. The motions of the articulation are almost entirely suspended. He can flex it very slightly, but the effort to do this is attended with considerable pain.

The patient says that he accidentally opened the joint thirty-five years since with a hatchet, near the upper and outer side of the patella, and that a portion of the synovial fluid escaped through the wound. He also injured the joint at twenty years of age, in jumping over a snow bank, and was unable the next day to move it without occasioning great pain from one of the foreign bodies getting under the knee-pan. It was at this period that he discovered for the first time that there was something loose in the joint. There seemed then to be but one, and that about the size of a grain of corn. Ever since the joint has been subject at different periods to become very much distended and painful from accumulation of the synovia. This was generally the result of some injury or fatigue of the joint, for when kept quiet the swelling and pain would disappear. Since February last he thinks the bodies have increased considerably in size.

He was made aware of the risk in opening the articulation to the extent that would be necessary to extract substances so large as these evidently were, but he manifested a perfect willingness to submit to any operation.

Previous to their removal he was kept on low diet and in bed for a week, with the limb perfectly still. Leeches and cold fomentations were applied to the joint, and his bowels were well evacuated. Having taken these precautions, they were removed in the following way:—Both were first brought to the inner side of the articulation, and held there by the fingers of the left hand being placed above them; the integuments were then drawn forcibly upwards by an assistant, and an incision one inch and a half long was made down to the capsule, the opening into which was made rather less than the external one. The largest substance was instantly slipped through it, and was followed by the smaller one, not more than a teaspoonful of the synovial fluid escaping with them. The upward traction of the integuments being removed as soon as the bodies passed out, the correspondence or parallelism between its wound and that of the capsule was, of course, destroyed, and the further escape of the fluid and the entrance of the air was thus guarded against. The wound was closely covered with adhesive plaster, and a compress soaked in cold water was placed around the joint. The limb was put in splints, the cold applications continued, and low diet still enjoined. Not the slightest pain or unpleasant symptoms followed the operation, and the wound united throughout by the first intention. The patient was allowed to use the limb gently at the end of a couple of weeks. He soon after recovered the entire use of the joint. The measurement and weight of the two bodies were as follow:—The largest: length two inches, breadth one inch and one-eighth, thickness nearly three-fourths of an inch, weight 301 grains. The smallest: length one inch and a half, breadth seven-eighths of an inch, weight 175 grains. They were very hard, being of osseous consistence; in shape oval, convex on one side and flat on the other; the surfaces of each presented a rough and irregular appearance, traversed by a number of smooth sulci or depressions. They are still in my cabinet, and are the largest bodies that I have ever seen extracted from an articulating cavity. On sawing through them longitudinally, the interior was found to be as white and almost as hard as ivory. In the largest there was a number of cells lined by a delicate epithelium; the cellular structure of the







finisimal doses; if derived from large doses, they are for the most part *secondary* effects, and therefore not homœopathic; on the other hand, it were the grossest error to attribute to infinitesimal doses all the effects of ordinary ones. To deny that the *sensible* effects of matter are not diminished with the diminished quantities of matter, is to deny an universal law of Nature to which no exception is known.

7. The theory of 'potencies' which Hahnemann has invented to get over this difficulty is a return to the occult science of the dark ages—a pure unadulterated mystification.

8. The presumed action of infinitesimal remedies on the sick body is open to the same objection as the presumed action of infinitesimal substances on the healthy body. Both are imaginary.

9. Any person of common observation can convince himself by experiment that medicinal substances in infinitesimal doses do not produce the effects attributed to them by the homœopaths.

10. Hahnemann's rejection of local or external diseases is not founded on facts; and his theory of so-called local diseases, all of which (except the syphilitic) including even disorders of the mind, he refers to hereditary itch, is a monstrous absurdity.

11. The alleged results of homœopathic treatment, paraded with the appearance of accurate statistics, have abundant internal evidence to prove that they cannot be relied on in the very slightest degree; and even on their own showing, and giving the homœopaths all the advantage of selected cases, they show an enormous amount of mortality."

It has always appeared to us to be as much a part of the duty of the educated medical man to seek to remove error as to advance science; and to endeavour, as far as in him lies, to open the eyes of the public to the impositions practised upon them by homœopaths and other charlatans, as it is to use his best exertions to improve the healing art, and to advance the knowledge of disease: and if he has the honour and dignity of the medical profession at heart, he will make as broad as possible the line of demarcation between the honest practitioners of the healing art and those spurious offshoots of it, who, whether entitled or not to write M.D. after their names, belong not to us, and are repudiated by us. This has been Dr. Bushnan's aim in the work under notice, and we wish it every success.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 9, 1852.

### ORGANIZATION OF LOCAL MEDICAL ASSOCIATIONS.

In our last number we printed a circular calling on the members of our profession to organize Local Associations with a view to full coöperation, and signified an intention to allude to the subject without delay; a promise which we have now to keep by a brief glance at the objects which such a measure may effect. It may, we believe, do much good by creating an executive to carry into operation such plans as the members of our body may consider necessary for their safety, making known to the constituted authorities their wants, and suggesting the methods by which defects might be remedied. Such associations may also be of use by pointing out the imperfections of laws affecting the medical profession generally, and the evils resulting from their imperfect execution or their perversion. By them also the oppressive acts of the local authorities can be resisted when individuals are disabled from defending themselves by peculiarity of circumstances; even to the extent of putting the law in motion for the protection of those who require it. These objects and much more may be accomplished by this means; but our belief is that the more limited the sphere of operation the more valuable will be the results. All speculative, controversial, or irrelevant questions must, we think, be resolutely eschewed,

and nothing entertained but that which has a direct bearing upon the present condition of men in practice. Even matters of importance will sometimes prove difficult of management when the handling of them involves conflicting interests. With such questions as Medical Reform, Educational Legislation, or redress of remote grievances, the less meddling the better; for they are cared for already: and with Loyal Addresses to official functionaries the less the better too; in fact *business*, and nothing else, should engage the attention of men who have little time to spare, and to transact that every arrangement should be made calculated to do so by the shortest and simplest means. If at any time a public expression of feeling or opinion becomes necessary, it should be elicited by the invitation of the bodies proposed to be formed, and not made directly by them: nothing so much interrupts the calm progress of business as the speaking and writing which successful agitation demands. These restrictions, we venture to suggest, although we are convinced they will appear to many superfluous and of too stringent a nature, but having had some experience in such matters we consider the warning they convey may prove valuable. It may, however, be objected to this proposal that it is unnecessary, and may prove mischievous by promoting discord in our body and hostility to constituted authority. The necessity, however, we are bound to admit when those who are most interested assert it, and the fear of discordant results and hostile demonstration seems not to be entertained by the originators of the plan. It is true that many prudent or cautious men are of opinion that the functions proposed to be discharged by these Local Associations may be more effectually discharged by existing bodies of more permanent character; but we feel inclined to agree with those who think that there are proceedings necessary for the safety of individuals which can be conducted by voluntary associations only, while there are others which none but chartered or official authorities can effectually advance. The College of Surgeons, for example, has done, and we hope will continue to do, a great deal for the promotion of professional objects, but from the nature of its construction it must necessarily refrain from acting on occasions when action is required: when its members are not agreed as to any particular line of policy affecting them personally, or when the performance of duties incompatible with the charter is demanded, how can a corporation proceed with safety? With respect to the apprehension that hostility to constituted authority, or a spirit of resistance to the execution of the law as it stands may be engendered by the proposed organization, we cannot believe that it is well founded. There is no reason in the world why men should not contribute to the harmonious working of a plan by a calm and candid contemplation of difficulties, rather than cause its defeat by rash assumptions. At the moment we write hundreds of our brethren are smarting under the effects of the sweeping changes which have just taken place, but it is a great mistake to suppose that the remedy for this lies in a hostile opposition; on the contrary, as it appears to us, the present policy should be to rely upon the law such as it is, and to trust to its faithful and impartial execution for a mitigation of its severity; for we are convinced that by a firm determination to enforce its provisions more can be done than by any effort to nullify them. Some may perhaps wonder that we should thus suggest a pacific policy, but there is a time for all things, and whenever the period arrives for a different course, we shall, we hope, be prepared to pursue it.



## MEDICAL REPRESENTATION IN PARLIAMENT

To prove to our readers that our conceptions respecting the possibility of securing a representative or representatives of the Medical Profession in Parliament were neither premature nor visionary, we copy for them a report of a speech of Lord DERBY, since delivered, which touches the subject. It is true that his Lordship does not speak in very encouraging terms of such representation, but he concedes the principle upon which a claim to it must rest, and that is enough for the present. We have the numbers; and whatever coxcombs of other pursuits may say to the contrary, we have the intelligence required. All we want is the spirit to enforce our claims, the self-respect which, strange to say, is deficient, but which, if cultivated, will open our eyes to the true nature of our position in the body politic. Knowledge, they say, is power, and the period has arrived for settling what that knowledge is which confers this power:

The Earl of Derby said that there could be no doubt that in consequence of the changes effected by the Reform Bill, and the abolition of rotten boroughs, there had arisen increased difficulties in the way of men of science and learning in various professions, who were not well known to the general public, and not possessed of that fluent oratory requisite for conciliating popular suffrages, making their way into parliament. Under the former system there was one way in which science and the colonial interests were indirectly represented in the House of Commons; and there were means by which young men disposed to avail themselves of seats in parliament, not for amusement, but for the service of their country, might make for themselves as laymen characters in that service. To a great extent those facilities were removed under the existing system. Moderate men—men of good sense and judgment—who were not of extreme opinions, might in these days find it much more difficult than it should be to get into parliament. He thought, also, it was not just or right, but was most inexpedient and impolitic, that everything should be referred in this country in the shape of representation to a mere question of numbers. If, however, it was necessary to enter upon an entirely new distribution of the constituencies, or merely to supply vacancies, or to make alterations which time and circumstances might require in the state of the representation, it would be exceedingly unwise to look to the single question of numbers without taking into consideration the question of property, and, as far as it could be made matter of legislation, the question of intelligence (hear). No doubt the numerical element commended itself most to the popular voice, and was most easily ascertained. The next in the scale of facility of ascertainment was that of property, but it would be most difficult to legislate in such a manner as to give a due fairness in constituencies to intelligence. If what his noble friend suggested produced a certain number of constituencies, they might assume that, exclusive of numbers or property, they would represent the intelligence of the nation. At the same time, although it was very difficult to introduce that element to any great extent, he was far from thinking it would be undesirable to introduce into our representation the question of intelligence and education as apart from that of mere numbers or property. To a certain extent it was adopted in our representative system by the introduction of members for the Universities of Oxford and Cambridge, and also of Dublin; and if there were other bodies sufficiently numerous—because he could not altogether overlook that point in dealing with a popular representation—and also sufficiently distinguished in point of science to be placed on the same footing with those universities, he thought such bodies would have a fair claim to be considered. That subject had not escaped the attention of the government, and even upon a recent occasion they had anxiously sought for the means of making some addition to the constituencies in that point of view. Take the Scotch universities. No doubt they were as desirous as the English of being represented in parliament; but there were three or four separate universities in Scotland, some of them exceedingly the reverse of numerous, and altogether not giving a very numerous constituency from those who graduated there; and he was not sure they would all receive such a proposition as a boon, as the smaller universities might think that in their representation the general interests of science might be over-

borne by the larger bodies. Then, again, there were the inns of court. They were bodies, no doubt, capable of furnishing most respectable and valuable constituencies, and probably would return to parliament very useful members; and he did not mean to say it would not be highly creditable to any lawyer to be returned, rather than by a general constituency, by those who belonged to the same profession as himself, to sit as the parliamentary representative of the lawyers of England. But of all classes of the community, the class that appeared to find the least difficulty in coming into parliament were lawyers (hear, and a laugh). The tendency of the existing system was that which in America and other countries was considered objectionable—the great influx of professional men into the House of Commons; because they were precisely the men who, from going circuit, had the means of making themselves known and gaining local influence. When, however, his noble friend went to learned societies, he would find greater difficulty than with regard to universities or courts of law, and he was not quite sure the introduction of the political element might tend in all cases to the harmony of different bodies. Take the College of Physicians and the College of Surgeons. If they combined the two he was not sure the element of discord would not be introduced among them (hear); and, as to each particular body, he did not know that it would be for the benefit of either, as such, that they should have the power of returning a representative to parliament. Nor could they combine a vast number of these societies and desire them all to return a representative: it would be impracticable. Still less possible would it be to give to each of those bodies their share of representation in parliament. Again, many of those societies, though learned, technically so-called, introduced members who had no claim to represent science, and who were admitted only for their rank and station as honorary members; but if they gave them the extra inducement of a share in the representation, they would run the great risk of endangering the primary object of them—namely, the advancement of science, and of converting them into political engines.

## CORRESPONDENCE.

## MEDICAL LIFE IN LONDON.

London, June 4, 1852.

A glance at the London hospitals and London men may interest the many readers of the MEDICAL PRESS; it will at least furnish an insight into the materials of which the vast medical community here is composed. Medicine in England, as compared to Ireland, as a general rule, is a most unhappy trade: money and a brougham the grand climax of every thing. The little peddling chemist prescribes over the counter—every thing is “doctor’s stuff,” and the little chemist if he only manages to sell tooth-brushes, soap, and “doctor’s stuff” enough, is soon recognized by the heads of the profession. One dash more, and he gets into parliament. In the meantime, the honest, well-educated physician or surgeon struggles on, a world of jealousies in the so-called weekly journals besetting him. In the London hospitals, and the more select practice of the west-end, one sees the practice of physic as it is in Ireland: not a trade, but a profession. We may do some good, then, by a few comparisons of medicine as it ought, and as it ought not, to be. We take the hospitals at random.

The *brusquerie* of Ramsbottom to the poor, and the lectures on “Fractures” of Luke at the London Hospital, are things to be amused with, not described; Cobb’s practical clinique, however, somehow makes amends, and the wholesome want of faith in all English physic of Pereira. You have some good men, of course, among these “wise men of the East;” among the foremost of whom I would place Dr. Carpenter, though not a happy lecturer, and Mr. Critchett, a young and active ophthalmic surgeon, also Mr. Ward. There is a fair share of humbug and nonsense in all the London hospitals; but our Mile-end allies, perhaps, bear off the palm. An excellent spirit exists between the students and teachers; white-bait dinners at Greenwich of every one in the hospital—surgeon and student—are quite the rage during the summer session. The London Hospital contains something like 400 beds; about two-thirds of which are allotted to surgical cases, the majority the graver sorts of accidents, explained by the vicinity of the London and East India Docks, and the tremendous Milesian rows among the Irish of Whitechapel. It is an hospital little visited by strangers to London, and as a general rule, has very little in the shape of novelty to recommend it.

The aristocratic school in London of course is Guy’s; and



we must do the pupils there only justice, from a long acquaintance with them, to say, that we have never met men so intent on study, or who so well combine correct and gentlemanlike deportment with hard work. The favourite (as he deserves to be) at this school is Bransby Cooper. With a peculiar twinkle of his very peculiar eye, and an inward little chuckle at saying something very good, Bransby Cooper lays down the simplest things in surgery in a way that attracts all the classes to his lectures. One regrets sometimes he says he does such and such a thing because "his uncle used to do so." Bransby has only to will it to be a very great man himself, not a copy, which is ever to be deprecated. His clinical lectures have much of the unctuous fun of Mr. Cusack or Bob Adams, once on a time, at the Richmond; his practice at the west-end is more like that of Sir Philip Crampton's; his manners are peculiarly kind and gentlemanlike; his observations going round the hospital show him to be a highly practical and very well read man; in advance, indeed, in histology and other matters, of his more ordinary contemporaries. Edward Cock, however, is the working man at Guy's, and if he did not take as much snuff as—whom shall I say?—William Stokes, he would be perhaps less of a character. He does not say much among the pupils; he is eminently near-sighted, and except one is right up to his spectacles you cannot converse with him. Cock, notwithstanding his *presbyopia*, is an admirable operator; he is in capacity of house-surgeon more than anything else, and does all the rough work. His opinion on any surgical matter is, perhaps, the most valuable and practical in London; indeed, with the more theoretic and often valuable opinions of Birkett and Golding Bird, Guy's may boast of the most advanced views on surgery in the three kingdoms. Syme, and his fellow micrologists, may perhaps be more original in Edinburgh, but the vast field of practice at Guy's must counterbalance everything else.

Of the third great surgeon at Guy's, Mr. Hilton, one of the most rising men in London, we need only say he is quite equal to the other two. He is a first-rate anatomist; and if it be any test of his popularity, the crowd of students who follow him is twice that of the other men. He is perhaps the best operator in England. Guy's has nearly 600 beds, besides an out-door attendance on many thousands every month. A very valuable subterranean dispensary, exclusively for children, is taken care of by Dr. Golding Bird, but we cannot say we have ever seen many novelties in this department. Dr. Lever's name is perhaps more generally known in connexion with diseases of females. Of the other physicians—first-rate in their way—Dr. Addison, Dr. Babington, and Dr. Barlow, we may take some other opportunity of speaking. Addison is, perhaps, the true ideal of the practising physician—the Corrigan or Marsh of this side of the channel; Babington is better read—the Graves of London; while Dr. Barlow, pursuing "the even tenor of his way," a very first-rate practical man, is like nobody else perhaps but Dr. Barlow. All work very harmoniously together; and if there is anything at Guy's superior to its surgery, I would say it is the practice of physic of Addison. Dr. Gull is a physician now spoken very highly of; indeed he and Birkett are among the best of the men at Guy's.

The practice of physic at either of these hospitals, or by any of the men at either the London Hospital or Guy's, is as much like the petty trading of the general practitioner and chemist, as the elegancies of the barber's pole and basin are like to the writings of John Bell or Hunter. Writers are ever confusing the two. As a profession, there is nothing more grand and beautiful than medicine: as a trade, nothing more horrifying. Forty thousand copies of a medical journal, it is said, are just sold this week to further this trading propensity. A dinner also held for the Medical Benevolent Fund, in which the horrors of the starving members of the profession are sufficient to freeze the blood, and this in England is called advance! Many hundred surgeons, members of the Colleges and Hall, emigrate and fix themselves in other occupations. The Lincoln's Inn folk punish quackery if a hundred miles off, and the Hall does the same; a sweltering mass of quackery all round them in London, due to their negligence and apathy, and the want of proper moral control all such bodies should possess.

(To be continued.)

#### TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—My attention was only yesterday directed, by a letter from my friend Dr. Whittaker of Ballina, to Dr. Lynn's case of retention of urine, reported in the PRESS of 19th inst.

As the very great majority of these cases, whether in or out

of the County Infirmary, pass through my hands, the question might suggest itself to others (as it did to my correspondent) "had I seen it, and coöperated in the treatment pursued?" I therefore beg leave to acquaint my friends among your readers, that the first I heard of the case was on the occasion of reading the report in the PRESS.

Published cases being of course open to criticism, I would wish, in all courtesy, to offer a very few observations on this one, and to enter my decided protest, *quantum valeat*, against the practice pursued.

The case was manifestly one of that very common form of senile retention from enlarged prostate; when the instrument passed the opening into the false passage (*situated very near the orifice*) "it passed on to the bladder with the greatest facility," and subsequently the operator "had not the slight difficulty in introducing the instrument twice and thrice daily." In fact, the excuse of impermeable or complicated stricture is never once pleaded for the subsequent very heroic operative practice adopted; and, in my mind, such alone could excuse such a procedure as forced catheterism, while very many most eminent surgical authorities maintain (and with undoubted propriety) that of all the means for the relief of retention it is the most hazardous. But in a case of retention from enlarged prostate, where, as described, the instrument had been many times introduced "with the greatest facility," and "without the least difficulty," I confidently submit it to the "conscript fathers" of Irish surgery, whether the *tunnelling* a route to the bladder through a false passage, commencing so near the orifice of the urethra, was not a measure not only unnecessary but to the last degree dangerous. That this *tunnelling* was the cause of the subsequently nearly fatal urethral or vesical hæmorrhage, is so evident as to require no argument; and that the patient survived is, I confess, very remarkable indeed. But I should be sorry to impress a young practitioner with the idea that he could with impunity follow a similar practice with every (or any) urethra, and expect a similar result.

If patient and skilful manipulation had really failed to pass the point of any sized catheter over the orifice of the false passage, I should, in such a case, with the sanction of my brethren in consultation, have practised the very proper deception of tapping the bladder from the rectum without consulting my patient's wishes, or at all informing him of what I was about to do. Life is not to be sacrificed, or a surgeon to be intimidated from pursuing the dictates of his judgment by the ignorant whim of a patient.—I am, dear sir, faithfully yours,

Wm. S. LITTLE, A.B., M.D.,  
Surgeon of Sligo County Infirmary.

Sligo, May 29, 1852.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

At the Annual Meeting held on Monday, the 7th inst., the following Officers were elected to serve for the ensuing year:—

President—EDWARD HUTTON.

Vice-President—WILLIAM HARGRAVE.

Secretary—ALEXANDER READ.

COUNCIL.—Sir Philip Crampton, Alexander Read, Arthur Jacob, William Tagert, Thomas E. Beatty, Andrew Ellis, Robert C. Williams, Robert Adams, James Barker, William Colles, John H. Power, Lewis E. Lipsett, John Macdonnell, Michael H. Stapleton, Philip Bevan, Hans Irvine, James S. Hughes, Robert Pentland, Samuel G. Wilmot.

#### MEDICAL BENEVOLENT FUND SOCIETY.

DR. J. F. DUNCAN, Treasurer *pro tem.*, acknowledges with thanks the receipt of the following sums since last report:—

Dr. Frith, Limerick	£1 0 0
Dr. O'Brien, Ennis	1 0 0
Dr. Donaldson, Crossmaglen	10 0
Dr. Thornhill, Fitzgibbon-street	1 0 0
Dr. A. Duncan, Finglas	1 0 0
Half-year's dividend on Dr. Hood's donation of four City of Dublin Steam Company's Shares (per Dr. Geoghegan, York street)	
Dr. Purdon, Killeshandra (per Dr. Roe)	1 0 0
Dr. Kenny, do. (per do.)	10 0
Dr. Horan, Cootehill (per do.)	1 0 0
Dr. Aikin, Merrion-square (per Mr. Black)	1 0 0
Dr. Jacob, Ely-place (per do.)	1 1 0
Dr. Mayne, Gloucester-street (per do.)	1 1 0

OBITUARY.—At Wazzeerabad, on the 5th of April, of the fever of the country, Assistant-Surgeon John J. E. Jacob, 10th Foot, eldest son of Dr. Jacob of Maryborough.



**COUNTY OF LIMERICK MEDICAL ASSOCIATION.**

At a Meeting of the above Association, held at the Court-house, Rathkeale, on Friday, the 4th of June,

JOHN PEIRCE, Esq., M.D., Chairman,

it was resolved—

That the Secretary having laid before us the communication from the "Chairman, Treasurer, and Hon. Secretary to the Association of Medical Officers of Dispensaries and Fever Hospitals of Ireland of the 18th of May, relative to the organization of County Associations," we are prepared to coöperate with our brethren throughout the kingdom in effecting the objects stated in that communication.

That the thanks of this Association be given to Doctors Kingsley, Morrison, and Waters for their untiring and valuable exertions to promote the welfare of our profession, and particularly for their present effort to organize County Associations, which we deem to be the most effectual means of "protecting ourselves" and raising the profession "to that high position in society to which it is so eminently entitled."

JOHN PEIRCE, M.D., Chairman.

CHARLES PATTERSON, M.D., Secretary.

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(NEAR MARYBOROUGH, ON THE GREAT SOUTHERN AND WESTERN RAILWAY.)

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Physician to the Maryborough District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c.

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**G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coweter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.**

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"Dr. Bellingham has ably advocated the cause of compression as a highly useful and successful mode of treating numerous cases of external aneurism."—*Lancet*.

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## PROCEEDINGS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON SOME OF THE PRINCIPAL EFFECTS RESULTING FROM THE DETACHMENT OF FIBRINOUS DEPOSITS FROM THE INTERIOR OF THE HEART, AND THEIR MIXTURE WITH THE CIRCULATING BLOOD.

By Wm. S. Kirkes, M.D.

As an introduction to the subject, the author observed that it was a clearly established fact that the fibrinous principle of the blood might, under certain circumstances, separate from the circulating fluid, and be deposited within the vascular system, especially on the valves of the heart. The forms of fibrinous concretions to which the following observations especially applied, were—1st, the masses usually described as Laennec's globular excrescences; and 2ndly, the granular or warty growths adhering to the valves, and presenting innumerable varieties, from mere granules to large irregular fungous or cauliflower excrescences, projecting into the cavities of the heart. These growths, when once formed, whatever might be their origin, were full of peril, and would often remain so, long after the circumstances which gave rise to them had passed away. When of large size, or loosely adherent, they might at any time be detached from the valves, and conveyed with the circulating blood, until arrested within some arterial canal, which might thus become completely plugged up, and the supply of blood to an important part be suddenly cut off, from which serious, if not fatal results would ensue; or smaller masses might be detached, and pass on into arteries of much less size, or even into the capillaries, whence congestion, followed by stagnation and coagulation of the blood, and all the consequent changes such coagulated blood is liable to undergo in the living body, would necessarily follow. Many singular morbid appearances observed in internal organs, and not well accounted for, were probably brought about in this manner. Again, the masses of fibrine might soften, break up, and discharge the finely granular material resulting from their disintegration into the circulating blood, and contaminating this fluid, might excite symptoms very similar to those observed in phlebitis, typhus, and other analogous blood diseases.

Thus the fibrinous material detached from the valves, or any other part of the interior of the heart, might be the cause of serious secondary mischief. The parts of the vascular system in which these transmitted masses of fibrine might be found, would in great measure depend upon whether they were detached from the right or left cavities of the heart. Thus, if from the left, they would pass into the aorta and its subdivisions, and would be arrested in any of the systemic arteries or their ramifications, and especially into those organs which receive large quantities of blood direct from the left side of the heart, as the brain, spleen, and kidneys; on the contrary, if escaping from the right cavities, the lungs would necessarily become the primary, if not the exclusive, seat of their ultimate deposition. A division of the subject being thus naturally formed, the author proposed to consider the subject, first, as to the remote effects resulting from the separation of fibrinous deposits from the valves or cavities of the left side; and secondly, as to the corresponding effects produced by the detachment of like deposits from the valves or cavities of the right side of the heart. The author then proceeded to elucidate the first branch of the subject, in which masses of some magnitude were detached from the left side, and arrested in an arterial channel of notable size. This pathological fact was illustrated by three cases, in many respects identical; for in each death appeared to ensue from softening of the brain consequent on obstruction in one of the principal cerebral arteries by a mass of fibrinous material, apparently detached from growths on the left valves. The first case was that of a female, aged 34, of pale and delicate aspect. She had suffered from rheumatic pains, and there was a loud systolic murmur heard over the entire cardiac region. While under treatment for these symptoms she suddenly fell back as if fainting. She was found speechless, with partial hemiplegia of the left side, but there was no loss of consciousness; the hemiplegia increased, involved the face and limbs, and gradually became complete in regard to motion; but sensation remained unimpaired. These symptoms lasted five days, when she quietly died. The post-mortem examination developed



much congestion of the pia mater, amounting, in some places, to ecchymosis. The right corpus striatum was softened to an extreme degree—being reduced to a dirty, grayish-white pulp. In the posterior lobe of the right cerebral hemisphere was a similar spot of pale softening. The right middle cerebral artery, just at its commencement, was plugged up by a small nodule of firm, whitish, fibrinous-looking substance, not adherent to the wall, but rendering the canal almost impervious. The vessels of the brain were generally healthy, except a yellow spot or two in the coats of those at the base of the brain. The heart was enlarged; several broad white patches externally. The right valves were healthy, so also were the aorta; but the mitral valve was much diseased, the auricular surface being beset with large warty excrescences of adherent blood-stained fibrine. The right common iliac artery, about an inch above the origin of its internal branch, was blocked up by a firm, pale, laminated coagulum, which extended into the internal iliac. The pleurae were adherent in places; liver and intestinal canal healthy; spleen large, pale, and soft, and contained a yellowish-white, cheesy substance. The kidneys were pale, rough, and granular; within the cortex of the right were several large masses of yellow deposit, surrounded by patches of redness. Death had resulted in this case from the softening of a large portion of the right side of the brain, which the author considered to have arisen from an imperfect supply of blood, consequent on the middle cerebral artery of the same side being obstructed by a plug of fibrine. The author then discussed the sufficiency of such an obstruction to produce the effects ascribed to it, and he brought forward many examples showing that atrophy and disorganization usually resulted from any circumstance which materially impeded, or entirely cut off, the supply of blood to a part. The author then directed attention to the probable source of the fibrinous plug found in the middle cerebral artery. The suddenness of the cerebral symptoms rendered it probable that the blocking up of the artery was equally sudden, and not the result of gradual coagulation of the blood within the vessel. The absence of all local mischief in the coats of the artery at the point of obstruction, as well as elsewhere, pointed to some other than local origin for the clot; and the author, at the time of the examination, formed the opinion, that a part of the fibrinous deposit on the mitral valve had become detached, and carried by the stream of blood, until arrested at the angle whence the middle cerebral proceeded. This explanation suited equally for the plug found in the common iliac; for it was quite conceivable that portions of the loosely adherent fibrine might be easily detached by the stream of blood washing over the mitral valve, and when once admitted into the circulating current, they would only be arrested by arriving at a vessel too small to allow their-transit along its canal. Two other cases were described by the author, possessing many interesting points of resemblance; one, a female, aged 24; the other, a male of the same age. Both were admitted into the hospital with hemiplegia of the left side: each had heart-disease, indicated by a loud systolic murmur. The post-mortem examinations revealed the following morbid appearances common to both:—Softening of a limited portion of the brain, producing death by hemiplegia: obliteration of the cerebral artery supplying the softened part; coagula in one of the iliac arteries; fibrinous deposits in the kidneys and spleen; and the presence of fibrinous warty excrescences on the valves of the left side of the heart. So many and such rare features of resemblance could not fail to demonstrate a very close connexion between the several morbid appearances so exactly reproduced in each case. The author believed that these three cases satisfactorily established the two following conclusions—1st, that softening of a portion of the brain, with attendant loss of function, might result from obstruction of a main cerebral artery by the lodgment of a plug of fibrine within its canal; 2ndly, that the foreign substance thus obstructing the vessel was probably not formed there, but was derived directly from warty growths situated on the

left valves of the heart. The author thought it not improbable, although in the absence of direct proof it was but supposition, till further investigation confirmed these facts, that many cases of partial and temporary paralysis suddenly ensuing in one or more limbs of young persons, especially if accompanied with signs of cardiac disease, might be due to interruption of a proper supply of nutriment to the brain by the temporary plugging up of a principal cerebral artery by fibrine, detached from a diseased valve on the left side of the heart. Other arterial branches, besides those of the base of the brain, might arrest these fibrinous deposits derived from the valves of the heart. In Cases 1 and 2, coagula were found in the iliac and femoral arteries; and in Case 3, in the renal. The author thought that many specimens found in museums, and supposed to illustrate the spontaneous coagulation of the blood, or the deposition of fibrine within a limited portion of an arterial trunk, were probably to be referred to the same cardiac origin, and he illustrated the point by reference to a preparation in the museum of St. Bartholomew's Hospital. The second subject of inquiry consisted of an examination into the effects produced by smaller portions of fibrine detached in a similar manner, but arrested in the minute arterial branches, or even in the capillaries. The author thought that the singular masses of yellow fibrinous substance found in the spleen and kidneys, and other organs, and hitherto described as "capillary phlebitis," "metastasis," or "fibrinous deposits," were derived from this cause. Out of twenty-one cases in which the author had observed these deposits in the spleen and kidneys, or other parts deriving blood directly from the left side of the heart, in nineteen there was disease of the valves, or of the interior of the left side of the heart. In fourteen of these there were fibrinous growths on the surface of the left valves; in the remaining five there was simple mention of valvular disease. The author thought that the mere fact of so large a number of cases of so-called "capillary phlebitis" being associated with the presence of fibrinous deposit on the valves of the heart, suggested a very close relation between the two morbid states. The author then entered upon the third branch of this part of the subject, concerning the series of effects which might result from the introduction of fibrinous particles into the circulating blood, manifesting phenomena indicative of the existence of a morbid poison in that fluid. A case was related of a youth, aged 14, admitted into the hospital with obscure typhoid symptoms, the surface of the body being covered with petechiæ. Delirium, with much febrile prostration, followed; he became subsequently comatose, and died. Upon examination of the body, the surface was found covered with petechiæ. The pia mater was infiltrated with what seemed recently effused blood. The surface of the brain thus presented a blotchy appearance, and amid these spots were yellow-coloured patches of various size; some were of a greenish-yellow hue, and had the appearance of being smeared over with pus. The brain was unduly congested, and some ecchymosis near the surface; the cerebral arteries and sinuses healthy; several petechial spots on the surface of the heart, as well as in the cavities; and on the auricular surface of the mitral valve some white fibrinous vegetations, very soft and friable; a like deposit on the aortic valves, with evidence of ulceration; several yellow masses of fibrinous deposit on surface of spleen; cortical part of the kidney covered with minute petechial spots, in the centre of which was a buff-coloured dot; several large yellowish blotches extended deep into the substance of the cortex. The intestinal mucous surface was covered with petechial spots, which were apparent also on the mucous membrane of the bladder, pharynx, œsophagus, stomach, larynx, and trachea. The author considered the mystery of this case cleared up by the post-mortem examination. The attack had been ushered in by a severe pain in the right groin, which was rheumatic; then ensued rheumatic inflammation of the mitral and aortic valves, with ulceration of the latter, and deposition of fibrine. From these deposits portions had probably separated during life, and were transmitted with the blood to all parts of the body,



and being arrested in the capillary networks and smaller arteries, produced the various petechial and buff-coloured spots above described.

The second part of the paper related to the effects which might result from the detachment of fibrinous deposits from the right valves of the heart. Reference was made by the author to a paper on the Formation of Coagula in the Pulmonary Artery, by Mr. Paget, published in the Transactions of the Society, as well as to a specimen in the museum of St. Bartholomew's Hospital, in which there was deposition of fibrine on each of the pulmonary valves, with old coagula filling many of the branches of the pulmonary artery. In this case several large, solid, fibrinous masses were found in the substance of the lungs, presenting appearances not unlike portions of old pulmonary apoplexy. Lastly, the author recapitulated the principal points which he was desirous of establishing, viz.,—1st. That fibrinous concretions in the valves of the heart admit of being readily detached during life. 2ndly. That if detached and transmitted in large masses, they may suddenly block up a large artery, and thus cut off the supply of blood to an important part; if in smaller masses, they might be arrested by vessels of smaller size, and give rise to various morbid appearances in internal organs; or the particles mingled with the blood might be but the *débris* of softened fibrine, yet with power to produce a poisoned state of the blood, and bring on typhoid or phlebitic symptoms. 3rdly. That the effects produced and the organs affected would be in great measure determined by the side of the heart from which the fibrinous material had been detached: if from the right side, the lungs would bear the brunt of the secondary mischief; but if, as was most commonly the case, the left valves were the source, the mischief would be more widely spread, and might fall on any part, but especially on those organs which were largely and directly supplied with blood from the left side of the heart, as the brain, spleen, or kidneys.

In the discussion which ensued on Dr. Kirkes' paper, and which was prolonged far beyond the usual hour of adjournment, several gentlemen addressed the Society. All the speakers, however, eulogized the paper as a very able and masterly production; but several of them took exception to the conclusions arrived at by the author respecting the last two series of cases. It was admitted by all that the researches of Dr. Kirkes opened a wide field of observation; and with reference to the first class of cases, that they threw light on the cause of many obscure instances of softening of the brain, respecting which we had hitherto been unable to form anything better than a conjecture.

#### MEDICAL SOCIETY OF LONDON.

MR. B. W. RICHARDSON exhibited to the Society a new form of stethoscope which he had recently invented. With reference to conveyance of sound, this stethoscope did not differ from other kinds, but it was much more portable and convenient. The improvement lay in the ear-piece, which was joined to the tube by means of a very simple hinge-joint, on the principle of the joint used in the enema syringe, so that the ear-piece could be folded down upon the tube when not in use (like the top of a round table), and could then be carried in the breast pocket without causing the slightest inconvenience. The joint was also so managed that the instrument could be used with the ear-piece standing at different angles, an advantage of some importance. Two other stethoscopes were likewise shown in which the ear-piece moved down upon the tube, but these, though simple in construction, were not so complete as the one above described. The stethoscope was made by Weiss and son, and was of moderate cost.

#### CASE OF GANGRENE OF THE LUNG.

Dr. HALLEY read an extract from a letter giving an account of an interesting case of gangrene of the left lung, which occurred at the Merchant Seamen's Hospital at

Hong Kong, under the care of Dr. W. Harland, of that hospital:—"An American sailor was brought up to the hospital in such a condition as almost to preclude all hope of his surviving beyond a few days. On the second day after his admission he fell out of bed, and on being raised up again he complained of severe pain under the left mamma. Dr. Harland immediately examined the part, and found a swelling of considerable size, and with distinct fluctuation. With some hesitation he made a small incision, and finding an escape of pus only, he enlarged the opening to about an inch and a half in length, when upwards of half a pint of extremely fetid pus, with small shreds of gangrened lung, were evacuated, the discharge being suddenly stopped by a mass of the dead lung itself protruding through the orifice. By gentle traction with the forceps he was enabled to withdraw this to the extent of nearly two inches; but finding it not yield any further, and afraid of hæmorrhage if he cut it, he applied a poultice, which was renewed every three or four hours, and at each dressing pulled out the lung a little more as the opening increased in size by ulcerative absorption. On the third day after the incision was made the protruding mass became so troublesome and offensive, besides exhibiting some appearance of spontaneous separation, that Dr. Harland removed it by the knife; no hæmorrhage occurred, and the opening appeared to be filled up by the pericardium (as by a valve), which gradually became thickened and adherent all round to the parietes of the chest. The detached piece of lung would scarcely go into a pint measure, and weighed nearly a pound. The man rapidly recovered, and about three months afterwards shipped again as a seaman, in a vessel bound to New York." Dr. Harland subsequently writes—"Last month (December, 1851), I was agreeably surprised by a visit from my old patient, who came to show me that he was alive, and quite strong and hearty again. It appears, that in consequence of the ulceration having exposed a part of one rib, some discharge continued to ooze from the wound for some months after he left me, and on which account he went into one of the hospitals on his arrival home in New York. Under medical treatment for a short time the wound soon healed, and his case excited considerable interest, almost all the principal medical men there having visited and examined him. From New York he went to sea again, and then to the mines in California, where he worked as a gold digger for above a year, and at last to Hong Kong, where he arrived last month. He told me he could work as well as ever, and had never been troubled with cough since he left me; the only difference he could perceive was, that he thought he was rather shorter-breathed than before, if he had to exert himself strongly for any length of time. A marked difference, too, is at once perceptible in the relative dimensions of the two sides of the chest. He went back to California a few days ago (Jan. 29, 1852)." Dr. Halley regretted that more particulars were not added in regard to the subsequent physical and auscultatory signs, but hoped at a future time to lay them before the Society; at the same time he thought the case so remarkable and unique as to be well worthy of their attention, even in its present form.

#### Mr. I. B. BROWN read a paper

##### ON A NEW MODE OF OPERATING FOR OVARIAN DROPSY,

consisting of the excision of a portion of the cyst, returning the remaining portion into the peritoneal cavity, and closing the wound by sutures, thus allowing any fresh fluid secreted by the remaining portion of the cyst to escape into the cavity of the abdomen, there to be taken up by absorption, and discharged by the kidneys. Mr. Brown said this method of treatment was suggested to his mind by reflecting upon the numerous cases on record, in which a spontaneous cure has occurred by an accidental rupture of the cyst, followed by a copious discharge of urine. This mode was not considered applicable to every case, nor was it the purpose of the author to lay down any absolute rules for its use, but simply to relate such facts as had come under his observation.



*Case 1.*—This case had been alluded to on a former occasion, and Mr. Brown now read the notes of the case as they were taken by Mr. Bullock, at St. Mary's Hospital, where the operation was performed. The woman, aged 47, was subject to prolapsus uteri, which Mr. Brown considered as presenting a sufficient objection to treating the case by pressure. The swelling first appeared rather on the left side, about nineteen years ago, but had increased rapidly during the last six months. The following was her condition on admission to St. Mary's Hospital, February 13, 1852:—Abdomen considerably enlarged, with shooting pains extending to the shoulders. Complete procidentia uteri, returned with difficulty. Percussion dull in front, resonant at the sides, less so on the left than the right; fluctuation very distinct, the integuments moving freely over the tumour.—Feb. 14th: Ordinary diet; porter, one pint; blue-pill, three grains; compound aloetic pill, four grains, every night, with saline diuretics.—March 6th: General health good; some fluid drawn from the cyst with a small trocar was quite clear, with only a trace of albumen and some chlorides.—10th: She was placed under the influence of chloroform, and an incision was made through the integuments, down to the linea alba, from an inch and a half below the umbilicus, extending four inches. The linea alba was then divided, afterwards the transversalis fascia, and finally the peritoneum; the cyst was then presented to view, and found to be free from adhesions. It was seized by a pair of forceps, a large trocar was introduced, drawing off about sixteen pints of fluid, leaving some fluid in the cyst, and then a piece of the cyst which appeared comparatively free from bloodvessels was excised. The external wound was closed by interrupted sutures, the ligatures including all the abdominal parietes except the peritoneum. She was ordered two grains of opium immediately, and one grain every three hours. A pad of wet lint was placed over the wound, and a broad bandage round the abdomen. Severe peritonitis ensued for the first five or six days, which was subdued completely by large and repeated bleedings from the arm, with calomel and opium. In eight days the abdominal tenderness had subsided, the abdomen became flaccid, and the urine passed exceeded in quantity the fluid swallowed.—By the 21st (eleven days after the operation), the remains of the cyst could be felt on the right side of the cicatrix, as a solid substance of an irregular form. On the 3rd of April, no increase of the abdomen could be discovered, and on the 6th she was discharged. Mr. Brown said he expected that the kidneys would continue to secrete more fluid than was drunk for some time, and that the cyst would ultimately become of an indurated, perhaps calcareous character, possessing less vitality, and incapable of secreting fluid. He should feel himself bound to report to the Society any return of the disease, although he did not anticipate a relapse.

*Case 2.*—In this case, which had been treated nine years ago by tapping, pressure, mercurials, and diuretics, so far successfully that no return of fluid took place for seven years, the abdomen had been gradually enlarging for the last two years, and the patient was anxious for a radical cure, and sanguine as to the result of the operation of excision of a portion of the cyst. She was previously prepared for the operation by a farinaceous and milk diet, avoiding stimulants, and keeping the bowels well open daily, under which treatment the size of the abdomen was materially reduced. The operation was performed on the 29th of March, 1852, in a manner similar to that related in Case 1. Nine pints of clear fluid were withdrawn, and a portion of the cyst excised. But it unfortunately happened that the peritoneal coat of the cyst was very vascular, and hæmorrhage ensued, which was not to be subdued by torsion of the vessels. As there were no adhesions, it was determined to remove the whole cyst. A double ligature having been tightly applied over the pedicle, which was attached to the left ovary, about an inch and a half broad, and containing one large bloodvessel, the pedicle was divided, the cyst removed, sutures applied, and over them a many-tailed bandage. The case did very well, no signs

of inflammation occurred, the ligature came away in four weeks, and on the day following the patient was in her drawing-room, convalescent. This case was related, as illustrating an important difficulty which might occur, rendering the removal of the whole cyst a safer practice than tying several bleeding vessels, and leaving the ligatures within the peritoneum, a source of much danger.

*Case 3.*—In this case the operation was performed in a similar manner to that detailed in Case 1. A portion of the cyst was excised, but a second large cyst was found, the fluid of which was evacuated, and the wound closed. An attack of inflammation ensued, which was successfully combated by bleeding, calomel, and opium, and the patient did well. The first cyst became collapsed, and could be easily felt beneath the walls of the abdomen; but the second cyst has frequently filled since; and now, sixteen months after the operation, it fills at a much slower rate, and the patient's health is much improved. Steady and firm pressure has been had recourse to after each tapping, to which Mr. Brown attributes mainly the slower filling of the cyst. This case was related to show another complication which might occur.

Mr. Brown concluded by expressing a hope that this operation may prove to be another successful method of treating this very troublesome disease.—*Lancet*.

#### ON PHAGEDÆNIC ULCERATIONS—RAPID RECOVERIES.

SARAH H—, aged 6, a strumous child of low powers, living in an unhealthy neighbourhood, near Newton Causeway, was admitted an out-patient on July 18th, with acute phagedænic ulceration of the side of the tongue, gums, and lips; it was of one week's duration, and was now spreading rapidly. Caustic was freely applied. Ten grains of chlorate of potash in water to be given three times a day, and the sore to be sponged frequently in the course of the day with a solution of nitrate of silver, three grains to the ounce. In a few days the phagedænic action was checked, and at the end of a fortnight healthy granulations were seen fast repairing the breach. Bark and soda were now substituted. On August 8th, the child was perfectly cured.

MARY C—, aged 3½, living at Bermondsey, was brought to the surgery on March 8th, with phagedænic ulceration of the gums and inner part of the lip. She had been ailing for nearly one week, but the ulceration commenced four days back, and was now extending very fast. Nitrate of silver freely applied. Ten grains of chlorate of potash in water three times daily. A solution of caustic (three grains to the ounce) to be used frequently, and a saline purge occasionally. March 20th. Quite well.

ELIZABETH C—, aged 3, a thin, spare child, living at Hackney, in a healthy neighbourhood, became an out-patient on January 24th, having extensive sloughing phagedænic ulceration of the bend of the thigh on the right side, which was of eight days' duration. She was also afflicted with worms. Ordered a stale-beer grounds poultice, ten grains of calomel and scammony powder immediately; also twelve grains of chlorate of potash in water three times a day, and to have some meat and porter daily. On the 26th, a great many ascarides had been expelled, the sore had improved in appearance, and the sloughs were separating. 31st. The phagedænic action was entirely checked, and the health much improved. To continue the medicine, and to have another dose of the powder; nitric acid lotion applied to the sore. Feb. 21st. Child presented perfectly well.

JANE J—, aged 20 months, a stout, healthy-looking child, brought up by hand, living in the Kent-road, in a tolerably healthy part. Had been ailing one week, was brought to the surgery with extensive, spreading, superficial ulceration of both labia and bend of the thigh on the right side, almost running into gangrene. This was accompanied with great œdema, and excessive pain and difficulty in micturition. Ordered stale-beer grounds poultice, nutritious diet, and ten grains of chlorate of potash in barley-water three times a day. This treatment



was pursued with speedy success, subduing the phagedænic tendency, and causing a healthy action to be set up in the ulcerating surface. In a few days a simple bread cataplasm was substituted, and at the end of three weeks the child was quite cured.

The above four cases fully prove the value of nitrate of silver in solution and stale-beer grounds as applications in phagedænic action; at the same time the effects of chlorate of potash must not be forgotten as an important agent in checking acute ulcerative spreading. — *Guy's Hospital Repts.*

#### REVIEWS AND NOTICES OF BOOKS.

**LECTURES ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.** By EDWARD WM. MURPHY, A.M., M.D., Professor of Midwifery, University College, London, &c. London. 1852. 8vo. pp. 616.

It is unnecessary to tell our readers who Dr. Murphy is; but they may not all, perhaps, be aware what he *was*, and we feel a pleasure in acquainting them that he was once an assistant in the Lying-in Hospital of this his native city; and there he acquired that fund of experience and of practical knowledge which has so materially contributed to his success as an accoucheur and as a teacher. We are told in the preface that these "lectures are published, in the hope of facilitating the task of the student, who is desirous of giving his attention to the principles and practice of midwifery." Now, we have no hesitation in saying that they contain a vast deal to recommend them to the practitioner, as well as to the student, of midwifery, and that the work will take rank amongst our best treatises upon the obstetric art. It consists of thirty-three lectures (each constituting a chapter) upon parturition and the diseases incidental to the state of childbed. We shall try and give, as far as our space will afford, a condensed analysis of the contents of these chapters, which, with occasional extracts, will enable our readers to form a tolerably correct opinion, both as to the matter and manner, of the merits of this volume. There may be some points of theory and practice on which we are opposed to Professor Murphy. These we shall freely comment on, and endeavour to imitate the excellent author in expressing our sentiments with a due regard to courtesy, no less than to candour.

In the first two lectures we have a minute and explicit account of the obstetric properties of the female pelvis, its measurements and those of the foetal head. Next follows a description of the varieties and deformities in the figure and capacity of the pelvis, together with the different instruments which have been ingeniously devised for ascertaining the dimensions of the pelvic cavity during life. Upon none of these does Dr. Murphy place any reliance, but he thinks that "the experienced accoucheur, from constant habit, when he passes the fingers or hand into the vagina, will form a very accurate estimate of the space in the pelvis;" and we believe that after all, such is the only trustworthy mode of obtaining this desirable information. If students and practitioners made it a rule to practise this trifling manipulation in every case, a great degree of tact would be acquired, and in any given example little difficulty or uncertainty would be felt in pronouncing upon the condition of the hard passages. In the division of labours, and of the stages of labour, Denman has been followed, and in our judgment deservedly so; as for all the purposes which a classification is intended to serve, we think his has never been surpassed, nor equalled. Upon the much disputed question of the muscularity of the os uteri, Dr. Murphy thus expresses himself:—

"The os uteri has been generally considered to possess

circular fibres, its action to resemble, in some degree, the sphincter muscles in other situations, and its dilatation to be the effect of their relaxation. The existence of these circular fibres at the os uteri has never been proved. Hunter could not demonstrate them; Sir C. Bell could not trace them out. If a sphincter muscle exist in that situation, why should not its fibres be as distinct and as easily made out as the sphincters of other hollow muscular viscera? Neither does the manner in which the os uteri dilate support this assertion. Its expansion is very gradual; it yields slowly to the power described, and does not resemble the comparatively sudden relaxation of a sphincter muscle. Were it similar, rapid labours (at least so far as the dilatation of the os uteri is concerned) would be the rule, not the exception. It would be incorrect, then, to attribute the resistance offered by the os uteri to muscular contraction. It seems more probable, that the firm, highly condensed tissue which forms the cervix of the virgin uterus, still retains, in its altered state, many of its original characters; that this tissue, although more unfolded, is still sufficiently compact and elastic to offer a great degree of resistance, and that its dilatation is effected by the incessantly repeated efforts of the uterus slowly overcoming and expanding it." (p. 48.)

This view of the structure of the os tincæ is as irreconcilable with some of the phenomena exhibited by the part, as the assumption of its being exclusively muscular is with others. For example, if the existence of muscular fibres be denied to the uterine orifice, how can we explain its sudden yielding after long-continued rigidity? or the still more common occurrence of its forcible contraction after complete dilatation, as in cases of encysted placenta, and of *inversio uteri* where powerful contraction of the cervix presents a most formidable barrier to the reposition of the organ? In fact, the functions of the cervix uteri can only be explained on the ground of its being composed of mixed contractile fibre and elastic tissue. That it possesses the latter, Dr. Murphy evidently proves; and that the former is also demonstrable in it, was affirmed by Jobert and other anatomists, and is plainly admitted by Hunter, when he says: "The cervix uteri, where the penniform rugæ are situated, had not such regular nor so large fasciculi as the rest of the uterus." But he, as well as Bell, sought for a *complete circular muscle*, and failed to find it. Indeed the reason why such a muscle should not exist is sufficiently obvious, and has been accurately pointed out by Dr. Tyler Smith: we shall quote his own words:—

"Before the commencement of labour in primiparæ, the os uteri is quite closed; while in parturition it is dilated to such an extent as to permit the passage of the foetal head—a mass whose shortest diameter is three inches and a half, making the line of the circle necessary for its passage nearly eleven inches. This is a dilatation far exceeding that required in the actions of any of the recognized sphincters, and we cannot but conceive that if completely circular fibres existed at the os uteri, rupture of the circle would be inevitable."

A knowledge of the direction which the peristaltic action of the uterus takes, is of considerable importance. Müller, Michaelis, and Wigand, all maintain that uterine contraction begins at the cervix, and extends upwards to the fundus and back again to the point of departure, and this theory has been very successfully applied by Michaelis to explain why prolapse of the cord and descent of the arms before the head of the child does not oftener occur. In opposition to these eminent authorities, Professor Murphy asserts that the contraction of the womb commences at the fundus, and in support of his opinion, states that if the hand be introduced into the uterus after delivery, the contraction of the organ may be felt beginning at the fundus and travelling downwards. The rest of his argument is given in the following passage:—

"Now, if we desired an additional evidence to prove that the fundus was the first part of the uterus to contract, and not the



os uteri, we could not have a stronger proof than that advanced by Wigand to support a contrary opinion—viz., the head, when the contractions commence, getting 'even out of reach of the fingers, whilst the os uteri is filled with the bladder of membranes.' In Wigand's explanation, the influence of fluid pressure seems to be altogether forgotten. The immediate effect of contraction commencing at the fundus would be to compress the liquor amnii which of necessity forces its way before the head, on to the mouth of the uterus. The fluid in this position reacts against the head with the same power that it is compressed, and therefore pushes it up until the increasing contraction of the fundus forces the head down again, so that you perceive that the phenomena quoted are quite consistent with the statement that uterine contraction begins at the fundus; in fact, it could not be otherwise, so long as the waters remain in the uterus. But if the contraction commenced from below, the fluid must be driven upwards towards the fundus, and that portion between the os uteri and head pressed aside, at least in the first instance, so that the head might be easily felt when the pain commences, although not so afterwards; but the reverse is the case, and you will find that in those cases where the liquor amnii is in large quantity, that it is difficult to feel the head at all, except in the interval of the pains." (p. 52.)

The arguments advanced in this passage do not affect the opinion of Wigand, as we decidedly think Dr. Murphy miscalculates the effect of fluid pressure. Dr. Tyler Smith has exposed this error in language so clear and convincing that we make no apology for transcribing his strictures upon it:—

"It is a well-known law in hydrostatics, that when fluid is subjected to compression, the effect is equally diffused through the whole mass, and is felt alike in all directions. Pressure upon the os uteri, in contractions of this part, does not affect that portion of fluid contained in the cervix more than that in the fundus. Pressure applied at any part of the uterus would as inevitably protrude, in the first instance, the membranes through the open os uteri, as that pressure on any part of a bladder of water with a hole in the neck would expel the fluid. It would not matter whether the pressure were exerted close to the aperture or at the fundus of the bladder. Thus, then, this part of the argument of Dr. Murphy falls to the ground. . . . Neither is it correct to say, that fluid pressure coming from the fundus would react against the head of the fœtus at the cervix. The recession, more apparent than real, of the head at the commencement of a pain, is undoubtedly in favour of the view of Wigand. A solid body, such as the fœtus, might be moved in a fluid medium by solid pressure applied at any particular part; and the contraction commencing at the cervix, the uterus comes into immediate contact with the head, and moves it in the fluid medium, as it is moved upwards in the ballottement; the fluid must present by just so much as the uterine cavity had been diminished by the contraction, and it would be only where the fundus contracted, so as to come in contact with the solid fœtus, that the head would descend and displace the waters."

For ourselves we must be permitted to say, that repeated observation has corroborated the facts described by Wigand, from which he has, correctly we think, deduced his view regarding the direction of the uterine contraction.

Lectures four, five, and six are occupied in describing the phenomena and management of natural labour. They are replete with sound practical instruction, and supply information of a kind peculiarly suited to the wants and difficulties of the accoucheur on his first entrance into private practice. The hints given by the author for regulating the attendant's conduct and deportment, towards the patient and her friends, are particularly just and applicable. Every one who has had much professional intercourse with the better classes of society will acknowledge the propriety and the excellence of the advice contained in the following remarks:—

"If it be a first pregnancy that you are summoned to, it is advisable that your introduction be not too abrupt: caution in this respect is of still greater importance if called to a patient to whom you had not previously been introduced; the mere

circumstance of a stranger entering the apartment of a parturient woman has caused a total suspension of her labour. Some preparation, in the way of announcement, is therefore necessary. For the same reason it would be prudent, when introduced, to direct your patient's attention as much as possible from contemplating the character in which you appear before her, to draw her away from the subject that brought you there, and to lead her to forget the part that you have to fulfil. You would not therefore catechise her too strictly about herself, or remind her of what is going to happen by too busy a display of preparation. A few minutes conversation with the nurse is generally sufficient to learn every particular of importance; but your patient should only receive from you the words of comfort and encouragement. The nurse, however, does not require the same forbearance. It will be your duty to ascertain from her every point upon which you desire to be satisfied. When the pains commenced? Their character? If accompanied by much, or by little excitement? The state of the bowels, and whether the bladder has been relieved? If your patient has any constitutional peculiarity? You should also examine the bandage, pins, ligature, and every trifling matter which might inconvenience you, if not prepared according to your views." (p. 80.)

This is all most excellent advice and well deserves to be attentively studied by the junior practitioner, for whose benefit we here introduce the passage. Part of it reminds us of Smellie's description of some of the qualifications which should go to form an accoucheur: "Over and above the advantages of education he ought to be endued with a natural sagacity, resolution, and prudence; together with that humanity which adorns the owner, and never fails of being agreeable to the distressed patient; in consequence of this virtue he will assist the poor as well as the rich, behaving always with charity and compassion. He ought to act and speak with the utmost delicacy of decorum, and never violate the trust reposed in him, so as to harbour the least immoral or indecent design; but demean himself in all respects suitable to the dignity of his profession."

The seventh lecture opens with the great subject of Difficult Labour, the consideration of which, with all the topics arising out of it, fills some 120 pages of the book. Of this numerous class, Dr. Murphy makes two divisions; the *first*, including cases in which labour is merely prolonged beyond the average period without being at any time unusually severe; this is called *tedious labour*: and the *second* comprehends those cases where, without reference to time, there is a powerful struggle carried on by the uterus to overcome some unusual resistance; and this is appropriately termed *laborious labour*. Although his definitions of these are in some respects faulty, still this general division is a useful and convenient one, and is nearly tantamount to arranging difficult labours under two heads, according as the delay takes place in the first or second stage of labour: a distinction of immense practical importance, and one to which Dr. Churchill was the first to draw particular attention. Still following our author, we find that *tedious* labour may depend on inefficient action of the uterus, or rigidity of the passages. For the production of the former, five causes are assigned—viz., over-distension of the uterus, extreme obliquity of the uterus, gradual escape of the liquor amnii, hysterical excitement, and mental despondency. Under each of these heads appropriate observations are given, especially with reference to the treatment. Denman, in his enumeration of the causes of inert uterine action, assigns "dribbling of the waters" as one; but, even though backed by so high an authority, we think our author might have omitted it. How the mere circumstance of the escape of the liquor amnii being gradual can produce uterine inertia, we never could comprehend; unless it be, that what is *retained* affects the uterus by dis-



tending it; in which case this cause might be included under the head of "over-distension of the uterus." "Dribbling of the waters" being thus disposed of, we would substitute in its room the eighth of Denman's ten causes—viz., "want of irritability in the constitution," as instances undoubtedly do occur where no other reason can possibly be discovered or assigned for the languid action of the womb. Of rigidity of the cervix uteri, four or five varieties are described, differing according to the sensible qualities of the part. These distinctions appear rather artificial, and do not afford sufficient or trustworthy indications of treatment. When there exists an inflammatory condition of the os uteri, Dr. Murphy says that "local depletion, either by leeches or by scarification, may be employed with advantage, and when the pains cease the head should be pressed back towards the brim, to relieve the constriction of the cervix uteri." The artificial abstraction of blood from the os uteri, or the pressing backwards of the fetal head, are two remedies for rigidity of this part that we have never seen put in practice. The latter is decidedly objectionable; and the cases must be very rare indeed where the former should be preferred to the established modes of treatment.

We are surprised to find no mention made of the use of the warm-bath in obstinate cases of undilatable os uteri. In several cases we have seen it act most happily and expeditiously in producing relaxation of this orifice; and, if we mistake not, Drs. Hardy and McClintock record in their "Midwifery" some cases of an equally satisfactory kind. The warm hip-bath is much employed on the Continent for the same purpose, and we feel convinced it would prove a valuable auxiliary, as it is free from some of the objections which apply to the general warm-bath. Our author has the boldness to avow that he should be disposed to incise the os uteri, and give the child a chance of escape, in cases of insuperable rigidity, and where there is only a choice between this alternative and perforation; but then he qualifies this statement by the candid admission that "this is but an individual opinion, and needs support." Now, we do not deny but that a practitioner might be called to a patient in whom, through previous mismanagement or neglect, this intractable state of the os tincæ has been induced, and at the same time symptoms are present which forbid delay, and the child is yet alive. Under such a combination of circumstances, the proposal might perhaps have some claim to consideration; but we confidently maintain that where a patient has been from the beginning of her labour under the direction of a prudent and judicious practitioner—one, for example, of Dr. Murphy's stamp or training—difficulties of so formidable and conflicting a nature will not arise once in two thousand cases; and still more rarely will the child be alive when such a critical moment has arrived.

The most common cases of the *laborious* class are those where the head, after entering the pelvis, is retarded in its progress through it. The cause of delay here may be from simple *arrest*, or from *impaction*, of the head. In a practical point of view, the distinction between these is of great consequence, and is clearly indicated by our author:—

"The term *arrest* is applied to those cases where, although the head ceases to advance, the cause either does not depend upon disproportion in the pelvis, or, when disproportion exists, it is not so great as to render the delivery of a living child impossible. . . . The term *impaction* is employed when the head not only ceases to advance, but when there is every evidence that its further progress is beyond the power of the uterus. The use of this term is therefore confined to

those cases in which there is great deformity in the pelvis, or to those in which a very large and ossified head is wedged in the deep narrow cavity of the masculine pelvis. When the head is *arrested* in the pelvic cavity, it may be readily distinguished from the *impacted* head. In the former case, if the head be slightly pushed back, the finger can be passed with facility between the head and the pelvis, the ear may be touched, the parietal bones do not overlap each other strongly, the scalp is only puckered, or, if a tumour be formed on the presenting part, it is diffused, increases slowly, and seldom attains any magnitude. In the latter instance, when the head is impacted, it cannot be so easily displaced; it is impossible without force to pass the finger between it and the symphysis pubis; the ear cannot be felt, and the urethra is compressed. The parietal bones are strongly overlapped, and cause the sensation to the finger that is expressed by the homely simile of 'the sow's back'; a tumour grows very rapidly, and to a great size, often completely obscuring the character of the presentation; the vagina is also swollen and congested. If, however, the death of the child takes place, it becomes less in size, softer and crepitant, and oedematous, while the serrated edge of the suture may be felt still more distinctly." (p. 133.)

The whole subject of *laborious* labours is discussed at considerable length, and with much minuteness, in this and the five following lectures. Indeed, upon their preparation, Dr. Murphy seems to have bestowed great pains and research; and deservedly so, as the matters to which they relate are of paramount importance. We were surprised at not being able to find here any allusion to the proposal of turning the child in cases of slight deformity of the pelvis: a practice which was long ago suggested by Sir Fielding Ould, and has since been recommended by several continental accoucheurs of great eminence, and more recently by Professor Simpson of Edinburgh. The description of the various instruments used and recommended, together with the different obstetric operations, are clear and comprehensive, and the principles enunciated must lead to sound practical deductions. The arguments for and against delay in cases of arrest of the head, or when it very slowly advances, are fully and honestly given; and the whole of this much controverted question is handled with judgment and ability. In the form of aphorisms (eighty-four in number), Dr. Murphy has embodied the practical rules and precepts of the lectures upon natural and difficult parturition. They are, to be sure, all excellent in themselves, and form a respectable code of maxims; but they would be of more utility if published separately, as no one would take the trouble of reading them when the same book contained the admirable observations of which they are only the dried concentrated extract.

In lectures 14 and 15, preternatural labours receive a proper share of attention, and with lecture 16 we enter upon complex labours, the first division of which that comes under notice is hæmorrhage. This leads him in the first instance to review the manner in which hæmorrhages takes place from other parts of the body, and to point out the principles upon which are founded the different means employed to arrest them. The vascular arrangement and physiology of the uterus and placenta are next examined, and the nature of the union between the two is very clearly described. The natural agents and therapeutic remedies for the arrest of hæmorrhage are then enumerated, and their respective influence and utility set forth. Amongst the latter group, opium very properly holds a place, and the remarks upon it are not only original, but they contain much point and application:—

"The paradox has been proposed: How can opium cause the uterus to contract in hæmorrhages, and to relax in other cases; for instance, when given for this purpose in arm-presentation? The same medicine cannot produce opposite



effects on the same structure. In this query, the condition of the nervous system, a most essential element, is totally overlooked, and the influence of opium, when nervous irritability is almost exhausted, is compared with its effects when the same power is excited to the greatest degree. It is assumed that the operation of opium must be the same when the uterus has lost all power to contract, and when it is contracted spasmodically. The question, therefore, might easily be answered, by stating that opium is both a stimulant and a sedative, and that one effect or the other is produced, according to the relation existing between the nervous energy of the uterus and the dose of the medicine given. If nervous irritability be not impaired, or if it be increased, a very small dose of opium would stimulate: a larger one would exhibit its sedative effects. But if, on the contrary, that irritability is destroyed and the uterus atonic, the same large dose would only act as a stimulant; nor will the sedative property of the medicine be observed until the nervous energy is restored." (p. 317.)

Every one is aware of the protracted controversy which, until very lately, was carried on touching the treatment of certain cases of placenta prævia; some men strictly adhering to the practice of Rigby, and others advocating a serious innovation upon it—namely, to destroy the connexion between the placenta and uterus, and leave the child to be expelled by Nature, or turned at a later period. In the consideration of this question our author displays much commendable anxiety to arrive at its true solution; and as it is really one of great practical importance, we just quote the general conclusions he comes to:—

"1st. In a case where no exhaustion has taken place, or where it is but commencing, to turn and deliver the child the moment the os uteri is sufficiently dilated. If it be dilatate (and this is generally the case), you may pass through it, although it be not larger than a crown-piece. If it be not so, by properly compressing the placenta, and using other means to support the circulation, you will prevent exhaustion increasing until you can deliver the patient.

2nd. In a case of extreme exhaustion, with frequent fainting, fluttering pulse, rapid, laboured, perhaps stertorous, respiration, blowing of the cheeks, jactitation, incoherent, and general pallor and coldness of the surface, do not attempt to turn the child; rather separate the placenta, and leave the child undisturbed until some decided reaction takes place. I am aware that this rule is a direct infringement on the principle of those who look with horror on the risk of allowing a woman to die undelivered. It appears to me to be the only chance of preventing her death.

3rd. When the os uteri is rigid, use every means to compress the placenta, and to increase the action of the uterus, so as to give it time to dilate, and to enable you to turn; but if hæmorrhage so increase as to cause a dangerous degree of exhaustion, separate the placenta, rather than force your hand and arm into the uterus." (p. 354)

With this extract we must reluctantly take leave of Professor Murphy. Already we have far exceeded our limits, and yet, more than one-third of the lectures have not been touched upon. But this, in itself, constitutes the strongest mark of our approval of their contents. By this work, Dr. Murphy has placed his reputation and his fame on a solid and durable foundation. It has, no doubt, some blemishes and a few defects, but these are but light when weighed in the same balance with the comprehensiveness, the candour, and the good sense which are everywhere conspicuous in its pages.

**CAUTERIZATION OF THE GLOTTIS IN WHOOPING COUGH.**—M. Jobert has published the results of his experience of this mode of treating whooping cough. He has treated in all 98 cases in this manner, but he excludes 30 of these as not being worthy of notice. The remaining 68 cases he divided into three series, according to the period at which the treatment was commenced. Of these, the general results were, that in 40 the cure was rapidly effected, in 21 a marked relief was experienced, and in seven cases only the treatment failed altogether.—*Lancet*, 1874.

## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE members of this Society held their tenth annual meeting on Monday, the 7th inst., in the Hall of the College of Physicians.

Dr. MONTGOMERY, President of the College, in the chair.

The CHAIRMAN said it appeared to him that the first subject on which he ought to enter, was congratulation that they should have present at the meeting so large a number of gentlemen who had come from great distances in the country to give their countenance and support to the society. As president of this meeting, he begged to tender them his warmest acknowledgments. The report of the previous year's proceedings would presently be read, from which the meeting would learn with satisfaction that the amount of subscriptions received during that period was greater than that contributed in any former year, with the exception of that immediately preceding, which it fully equalled in amount; while at the same time there had been considerable donations, which was a matter of great importance, inasmuch as those donations would remain funded capital to the society, and consequently ensure an annual increase of income, which nothing could diminish. With the subscriptions, of course the case was otherwise. The report would also give information to the meeting of the success of the branch associations throughout the country, which was also a matter to be rejoiced at. He very much regretted that those cheering considerations should be clouded by any one circumstance connected with the history of the past year; but it was well known to those present that their late excellent treasurer had been removed from amongst them, leaving them, he might say, one and all—whether as members of that society or as individuals—distressed and disheartened by his loss. He was certain that his highest eulogy was written in the hearts of those who knew him best during life: but after many years of close intimacy with that individual, in which he (the chairman) received many kindnesses at his hands, for his own part he felt that the "heart's abundance" ought to be uttered in words. The name of Maurice Collis was inseparably united with the institution of that society, and those who were earliest connected with it would remember the great efforts he made in the earliest struggles for its establishment (hear.) He (the chairman) had reason to know that the prosperity of their institution was a cherished hope with him to the latest hour of his life. Benevolence with him was not a passing sentiment, but an abiding, heartfelt principle of action, under whose influence his greatest pleasure lay in doing good to others. Hence it was that in the halloved circle of domestic life he was almost idolized, whilst amongst the public he was esteemed, respected, and honoured. The chairman then called upon the secretary to read the report.

The SECRETARY (Dr. Benson) read the following

### REPORT.

It is with mingled feelings of satisfaction and regret that the committee of the Medical Benevolent Society of Ireland now present to its friends and subscribers their tenth annual report. They are thankful that the hopes of its founders have been in a great measure realised, and their fears removed; but at the same time they have to lament the apathy with which some members of the profession still look on at the destitution of their brethren, and at the misery and distress of widows and orphans for whom they ought to feel deeply interested.

The subscriptions during the past year have equalled those of the preceding year, and exceeded those of any former one. The donations are not large, yet they are encouraging, as derived in part from non-professional men. From Arthur Guinness, Esq., the sum of £25 has been received, and from John Purser, Esq., £10, in addition to his former gift of £15. These donations, generously and without solicitation, bestowed by men of such known benevolence and judgment, may be considered a gratifying acknowledgment of the value of our society, and of the claims which our profession has upon the gratitude of the public, and ought to cheer us on in the good work in which we are engaged.



Dr. Macdonnell, on accepting the office of Poor-law Commissioner, not only doubled his annual subscription, but also gave a donation of £25; and some other donations of smaller amount have been received, as will be stated by the treasurer. These have been added to your funded capital, which now exceeds £3000. It is a rule of the society, as you are aware, that only the interest of these donations shall be distributed annually, along with the subscriptions; every such addition therefore increases the stability of our institution, and permanently enlarges its means of usefulness.

The subscriptions, as already stated, have equalled those of the preceding year, but they have differed from them in different places. Armagh, Belfast, Newry, and Waterford, have contributed more than formerly; Dublin something less, and Cork considerably less. The interest of the funded reserve has, of course, increased, and you are therefore in a position to give away about as much as last year, and much more than on any former occasion.

So much, in general terms, for the resources of the institution. The details will be shown in the treasurer's statement of accounts.

The claims on the society this year have been greater than at any former period. Forty-eight families have been considered fit objects for the exercise of your benevolence—the greatest number before was forty-five. These families consisted of three medical men with their wives and children, thirty-nine widows, and one hundred and fifty-two orphans, eighteen of whom have neither father nor mother. Twelve of the families had not received relief before. Of the medical men, one is a Fellow of the King and Queen's College of Physicians; one an M.D. of Glasgow, recommended by the Armagh Branch; and the third is a member of the London College of Surgeons. To this last gentleman's case the attention of the society was directed last year. He resides in a remote and impoverished part of the country, where his very limited income, greatly reduced by protracted illness, scarcely supplied with necessaries his large family, consisting of seven children, two grandchildren, and a widowed sister. He had effected an insurance on his life for £500 many years ago, but last year he was rendered, by continued ill-health, totally unable to pay the premium. The provision which he had prudently made for his family was therefore in danger of being lost, but was saved for that time by your generous interposition; the premium amounting to £13 18s. 9d. having been paid to the office on his behalf. This year the difficulties of his situation seemed aggravated. His health was unimproved, and his salary from a dispensary, almost his only means of subsistence, lost for several months by the changes in the medical charities, and then lowered. All hope of keeping up the insurance from his own resources was thus taken away for the present; and after minute inquiry into the facts of the case, from undoubted authority, the premium was paid for this year also.

Nothing can be more legitimate than such an expenditure of your money. The society was formed chiefly, as the third fundamental rule declares, "for the relief of medical men under severe and urgent distress, occasioned by sickness, accident, or any other calamity;" and perhaps no better proof could be given of the beneficial working of such a society as this, so much of permanent good having been effected by so small a sum. But, of course, there is need of caution in such cases, and close examination into particulars, lest any person should be induced to lean too much on extraneous aid, and lose his self-respect and self-reliance.

Most of the recipients of your bounty now are widows and orphans. This unfortunately has arisen from the occurrence of so many premature deaths among the members of our profession, and the absence of a proper spirit of economy and forethought. But every report of this society brings prominently forward the duty and the necessity of making some provision, and reiterates the recommendation to do so. Thus, it is hoped, that, by constant repetition, much good will be effected.

The case just mentioned, however, serves to answer an excuse sometimes made by persons when asked to subscribe to this society. They say that every man ought to insure his life if he have no certain income already secured, and if so, there would be no such destitution of widows and orphans as we see. But even if so desirable a thing were done, and that every man in the profession had his life insured, there would still, it is too plain, be ample room for the operations of this society, though the persons receiving your aid would oftener be the medical men themselves, not their bereaved families.

The aid afforded by this society is found to be of incalculable

importance. Although the sums granted are small, varying from £4 to £15, they bear, in all instances, a considerable proportion to the very limited incomes of those to whom they are given, and the most grateful expressions in return mark the feelings of the individuals who receive them. But in no case are they such as could justify a man in leaving his family dependent on them, or at all encourage him in the folly or wickedness of neglecting to make a proper provision, as far as in him lay, against the sad consequence of his illness or death.

Amongst the suppliants for your bounty this year, as on former occasions, are found the children and widows of men who held the highest rank in both branches of the profession, and often have members of the committee exclaimed with astonishment on seeing the names of men whose station, when alive, seemed high enough to place their surviving families beyond the reach of want. But such is the fact; and oh! that it would read a lesson to those who now enjoy a competency; that it would induce them to make a provision for their families by insurance, or otherwise, while they have the power, and also lead them to feel compassion for the misfortunes of others.

Regard for the feelings of individuals prevents the committee from naming those who received assistance, or even from specifying their residence; but a registry of every case is kept in the large book on the table, which is open to the inspection of every member. It will be there seen that a searching inquiry has been made into all the circumstances of the applicants—their names, ages, and residence; the name, age, and residence of the father or husband on whose account they found their claim; the degree or diploma which he held; the time and cause of his death, or the cause and nature of his distress if he be living; the appointments which he held; the sources of his income; whether he subscribed to this fund or not; the present condition of the applicant; the number, names, and ages of the children; the means of support which they possess; the assistance given by friends; the expectations from friends; and the references to members who can vouch for the statements. All these points are noted down after suitable investigation, and thus a most valuable statistical record is preserved, and means afforded for every member to judge of the merits of each case. It has been the earnest desire and endeavour of your committee to apportion the grants to the urgency of each case with all the impartiality of which they are capable. They have weighed the helplessness as well as the number in each family; they have searched into their expectations; the claims they had on others, and the reasonableness of such claims; and, after a long and patient consideration, they have come to the conclusions recorded in this registry, and which they confidently submit to your approval.

Your committee have to congratulate you on the efficient working of the branch associations during the past year, and on the formation of a new one—namely, at Waterford. The importance of such associations in collecting funds, in keeping up an interest in the prosperity of the parent society, in securing the faithful distribution of money in their localities, in procuring accurate information as to the real wants of the applicants, and in many other ways, is very considerable. Commenced, too, in the kindly feelings of charity, and of sympathy with the wants and sufferings of their professional brethren, they would prove a bond of union amongst the members of that profession, and conduce to that harmony and social intercourse, and good understanding, from which the best results might be expected. It is to be regretted that several large towns still remain without a branch, as Limerick, Galway, Sligo, Derry, Drogheda, Kilkenny, Clonmel, &c.

Two years ago the committee had to record the melancholy death of a most esteemed and generous benefactor, Mr. Carmichael, whose noble gift of £500, and his bequest of £4,500 in reversion, has contributed so largely to the stability and efficiency of the institution.

Last year the committee had to regret the loss of another valued friend, Dr. Kidd, who took an early interest in this charity, and advanced it much by his personal exertions and influence.

This year has brought with it another serious calamity in the lamented death of our late treasurer, Maurice Collis, Esq. This most estimable and benevolent man had been treasurer to this society since its foundation. He had devoted a great deal of time, and thought, and labour to the advancement of its interests; and while his uprightness added much to the respect and confidence which this society has acquired, his amiable and truly Christian spirit, espe-



cially towards the applicants for your assistance, greatly enhanced the benefits which it has been enabled to confer, or softened the disappointments which were sometimes unavoidable.

But while we mourn over the loss of these early, and generous, and powerful friends, let us not be discouraged; let us rather be stimulated to renewed exertion; let us rise with our responsibilities; let us imitate their noble example as far as in us lies, and endeavour, with God's blessing, to carry on this good work with unimpaired efficiency.

Dr. J. F. DUNCAN, as successor to the office of treasurer, in the room of the late Dr. Collis, thought it but due to his predecessor to say that, on his papers and accounts being handed over to him, he found that they had been kept with extreme simplicity and accuracy, and that the last entry in his book was a record of his subscription for the current year, under which he had drawn a line with his own hand, totted up the amount with scrupulous fidelity, and then handed a cheque for the balance due to the society. With such perfect composure and such complete self-possession did he arrange his affairs in the prospect of the great change which he felt to be approaching. He remarked upon the economy with which the objects of the society were carried out, nothing having been paid for rent of office, nothing for an assistant-secretary, or even a clerk; in fact, the only sum paid in the shape of recompense for services rendered was the trifling sum of £2 5s. charged as poundage to the collector. He stated that having had an intimate acquaintance with the working of various charitable institutions, he felt bound to state that in none of them was the same amount of work discharged at so little cost to the charity, and that the subscribers to the fund had the satisfaction of knowing that anything they did contribute to its funds was fully and accurately applied to the purpose for which it was intended. In conclusion, he remarked upon the fair and impartial manner in which the distribution of the funds was conducted by the committee, every member of which seemed to be actuated by the single sentiment of acting fairly by all the claimants, without reference to friendship, interest, or locality.

Sir HENRY MARSH, Bart., rose and said, he had the honour to propose the first resolution, to the effect—

That the report just read should be received and adopted, printed, and circulated (together with the treasurer's statement of accounts) amongst the members of the profession at large.

He said he had heard with much pleasure the subject-matter of the report. It was one of great interest, full in all its statements and details, and in every respect satisfactory. One of the facts therein stated he had heard with peculiar interest; he alluded to that which afforded to a medical practitioner, incapacitated by continued ill-health from the discharge of his professional duties, the means of maintaining and preserving the policy of insurance on which the future support of his family depended. But for the allocation of a portion of the funds of this society to this useful object, the family would be left in utter destitution. How much would this have aggravated the sufferings of a sick father, no longer able to work for the support of his children! Under ordinary circumstances, such a thing of course ought not to be done. Under the peculiar and distressing circumstances detailed in the report, must it not be most gratifying to every member of the society, to all who feel a deep interest in its prosperity, to know that when a brother practitioner is (not from any fault of his own) unable to support his family, unable to make any provision for those he may leave after him, that the power is vested in this society to stretch forth a friendly and fostering hand to rescue them from the depths and miseries of penury. In fact, he (Sir H. Marsh) did not know of any society in which the principles of kindness and humanity, without any, even the least admixture of selfishness, were more prominently and more characteristically exhibited than in the Medical Benevolent Fund Society; and he was glad to find that its supporters and contributors were not restricted to the members of the medical profession. Some of the kind hearted who move in another and different

sphere of life have generously enrolled their names. It is to be hoped that the practical utility of this society, when still more generally known, will lead others to follow their excellent example. Earnestly, too, it is to be hoped, that every member of the profession will join heart and hand in giving a cordial support to this valuable institution; and that after no long time the name of not one medical gentleman throughout the length and breadth of the land will be found wanting in the list of contributors. If every man will read this report, and reflect upon the good which has been done, and the still greater good which may yet be done, he will, it is ardently to be hoped, contribute even a small annual sum. Were the whole medical body thus to act unitedly and cordially, there is no doubt but that this society would take deep root, would spread its branches far and wide, and receive under its shelter many a destitute widow and many a destitute orphan. All are painfully aware of the havoc which during late years contagious disease has made amongst the members of a profession fearlessly and nobly devoted to the hazardous work of saving human life; many, very many, most deservedly esteemed and lamented, have fallen in the ranks, have died in the service of their country, and that too at so early a period of life that a provision for their families could not have been made. The late destructive epidemics have, indeed, swept away very many members of the medical profession who laboured day and night to stem the fatal torrent; and surely it is most gratifying to think that a society does exist, one of the objects of which is to afford aid and support to widows and orphans who had been otherwise left wholly unprovided for. These, and other considerations of a purely beneficent nature, will (one cannot doubt it) induce the whole body of the medical profession in Ireland to support this valuable, benevolent, and unselfish society.

Dr. BRUNKER of Dundalk said he had great pleasure in seconding the resolution, which passed unanimously.

Dr. STOKES proposed the second resolution:—

That the necessity for the existence of a society like ours becomes every year more apparent, and that therefore every member of the profession be earnestly requested to give it pecuniary assistance.

He said it was scarcely possible to frame a resolution of greater importance than the one he had just read. It called upon all their medical brethren to assist in the forwarding of the objects of their society, the nature of which had been fully set forth in the report, and commented upon in the eloquent observations of Sir Henry Marsh. There could be no question whatever that the circumstances which led to the necessity of the society implied that the profession in this country was not a very wealthy one, as had been previously observed. So many calamitous circumstances had occurred to reduce the means of the working members of the profession as to render it at first sight not at all wonderful that such should be the case; still he confessed it was his opinion that the profession in Ireland had not as yet responded to the call that had been made on them in a manner worthy of themselves. He said this with very great regret, but he felt it to be his deep conviction. It might be said that they had not been sufficiently pressed. Considering the great labours of their worthy secretary, he thought it would not be out of order to observe that, in his opinion, nothing would be more likely to increase the funds of the society than to appropriate a portion of these funds to the payment of an intelligent and active clerk, who would keep up a continuous correspondence, not only amongst the medical profession in Ireland, but also with their medical brethren in England, a great many of whom he was satisfied would not only subscribe themselves, but become the centres of branch associations in various parts of that country, for their assistance.

Dr. SHEKLETON seconded the resolution, and it was carried unanimously.

Dr. NELIGAN proposed the third resolution:—

That having before us the melancholy consequences which result from the premature deaths of medical men, we earnestly



entreat practitioners every where to insure their lives (if they have not otherwise made provision for their families) as a duty which they owe to themselves, to their profession, and to society.

He remarked that the principle contained in it—namely, the benefits derivable from life assurance, was admitted by all, and required no comment from him; examples of the incalculable advantages it so often conferred on the bereaved widow and orphan children were but too common, and many such must be within the experience of his hearers. He considered that the members of the society might well congratulate themselves on the report which had that day been read. In times of difficulty and distress, which especially bore heavily on the medical profession, and moreover during a year in which the country practitioners were exposed to all the difficulties, uncertainties, and in numerous instances, pecuniary losses, attendant on the changes incident to the alteration in the arrangements of the medical charities which had just taken place, it was gratifying to find that the total amount of money received in subscriptions had not fallen off; in some districts, it was true, there was a diminution, but in others there was sufficient increase to more than counterbalance this loss. It was objected by some, and the remark had been made to him (Dr. Neligan), that this society conferred no especial benefits on those contributors to its funds—that the subscribers and donors to it had no greater claim to receive relief for themselves or their families, should they require it, than those who never advanced it by either their money or their time. Now, this he regarded as perhaps the most valuable of its fundamental laws, embodying the true principle of benevolence and charity: in relieving others its members sought not aught for themselves. To such objectors he would say, if you will not aid us during your life, at least spare us the necessity of providing for your families after your death by complying with the entreaty contained in the resolution he had now the honour to propose.

Dr. BOXWELL of Wexford had great pleasure in seconding the resolution, which then passed unanimously.

Dr. ROE of Cavan proposed the fourth resolution:—

That the local committees in Belfast, Armagh, Cork, and Newry, and in particular the secretaries of these branches, deserve our warmest acknowledgments for the zeal and success with which they performed the duties that devolved upon them during the past year.

He observed, I do feel, Mr. President, that the local committees mentioned in this resolution deserve your warm thanks, because I am aware of the great difficulty, almost universally felt throughout this country, in collecting or obtaining any contributions for any society or institution however meritorious or deserving support. I feel in it also a certain degree of reproof to myself for not having carried out my promise to the society at its last anniversary meeting of rendering it more aid and assistance than I have been enabled to do; for notwithstanding my best efforts, I was enabled to add only six names to my own, making in all a sum not amounting to £6, while I find the generosity and liberality of your society has extended its nobly benevolent help to three applicants from my county. It gives me great pleasure to hear the cause of universal and general support so ably advocated by Dr. Stokes; for I well remember at your last anniversary meeting, when our late excellent and truly valuable treasurer, whom I feel proud in calling my old and early friend, and whose loss I am sure, in common with every member of this society, our profession has to deplore, I say I well remember the sharpness as well as the power with which he (Mr. Collis) rebuked the apathy of many members of the profession, even in this great city, who, while “rolling in wealth and affluence, many of them in their carriages, would not contribute to the relief of their distressed brethren, or their afflicted widows and orphans.” Dr. Stokes then observed it was useless to find fault, but let us all individually and collectively endeavour to do more, and better, in future; to promote and establish the excellent and benevolent cause we have in hand. I will again promise

to do my very best to forward the objects of your noble society, and although our contributions cannot be large or liberal, yet I will exert all my power to create an interest for the society, and I am sure you will take the will for the deed when you know what strugglers we poor country medical folk are. As I see beside me several of my respected country medical friends, I would take the liberty which this opportunity affords me of suggesting to them the formation of County Medical Associations for the protection of their own rights and privileges, and at the same time instituting small branch associations for the support of our good Medical Benevolent Fund Society.

Dr. MACDONNELL, Poor-law Commissioner, said he had great pleasure in seconding the resolution. The branch committees, he thought, had done their duty well, and were well deserving of the thanks of the society. The perfect confidence and good understanding that had been maintained between them and the central committee had contributed greatly to the prosperity and well-working of the society. He had only to regret that the branch associations were not more numerous. He thought it not creditable to the profession that there should be any large town in Ireland without one. He regretted much that the earnest efforts of their friend (Dr. Roe) to form such an association in Cavan had not been successful; but he thought that if Dr. Roe had endeavoured to lower the tone of professional pride in the matter of subscriptions, he would have had greater success. If every member of the profession gave, “not grudgingly or of necessity,” what he could give without the least inconvenience, the funds and usefulness of their excellent charity would be much more than doubled.

Dr. BENSON begged to remark, in connexion with the observations just made, that probably a very large sum might be collected throughout Ireland if the friends of the society would take *collecting cards*, and ask small sums from those who might be unable or unwilling to give larger contributions. He revived this suggestion in consequence of a correspondence which he lately had with Dr. Lynch of Loughrea. That gentleman, about three weeks ago, when sending his annual subscription, sent also a donation of £5, and further advised that cards should be used, as in many other societies, to get in small donations; at the same time promising to be himself a collector if furnished with one. He (Dr. Benson) immediately answered, that such cards had been formerly used, but with very little success; however, that he would be very glad if Dr. Lynch would try the plan again; and he sent him one of the old cards. In two days after, Dr. Lynch returned the card, filled with the names of half-crown and five shilling subscribers, and asked for another card, which was sent, and in a few days more returned, also filled, together with £3 2s. 6d. Dr. Lynch then asked for other cards, and said that nobody had refused him a small sum. Now, he (Dr. Benson) would be happy to supply the friends of this institution with such cards, and would recommend their use in collecting small sums from *medical men*, where larger sums were not likely to be obtained.

Dr. CHURCHILL proposed the fifth resolution:—

That the society announces with pleasure the formation of another branch—namely, in Waterford—during the past year, and would earnestly recommend the formation of branches in Limerick, Galway, Derry, Sligo, Drogheda, Kilkenny, Clonmel, &c., believing that such associations materially forward the interests of the society, and prove very beneficial to the localities themselves.

He said that this society carried with it a double blessing: blessing those who give and those who receive. All agree that to relieve the fatherless and widow, and to minister to the wants of the distressed of our profession, is our duty, and the report shows that it has been done successfully, and surely the very exercise of benevolence, the combining together to do good, is calculated to draw closer the bonds of affectionate brotherhood between members of the same profession: the kindly feelings which are conjointly exercised towards those who are suffering are necessarily reflected towards those who are sharers with us in the good work.

Dr. PATERSON said he had great satisfaction in seconding



the resolution, and fully coincided in the remarks made on the subject both by Dr. Macdonnell and Dr. Churchill. The resolution passed unanimously.

Dr. BEATTY said, I rise with feelings of no ordinary kind to propose the resolution with which the committee have honoured me. The resolutions that have been hitherto agreed to at this meeting have been of a cheering character; they spoke of present prosperity and of hope for the future. But if we have reason to congratulate ourselves on the success of our undertaking, we should recollect that it is to the untiring energy of a few we are indebted for that success, and that the zeal of the few who originated and carried on the institution in its infancy is the main cause of the prosperous condition in which we now find it. To the secretaries and the late lamented treasurer is to be ascribed all that has been achieved for the relief of our distressed brethren, and the annual vote of thanks so regularly given to those officers is evidence of the estimation in which their services are held. It is with sincere sorrow I ask you to place on record a vote of a very different kind. Since we last met, since we last cordially united in a vote of thanks to our then treasurer, it has pleased the Almighty to remove him from amongst us. We have lost one of the great supports of our institution, one who took an early and lively interest in its formation and undertook the laborious and important office of treasurer at the very commencement of our struggle for existence. His doing so was of immense importance, for his high character for moral excellence gave a weight and respectability to the office, and inspired confidence, which was most essential to the success of the establishment. How he discharged his duties, the accuracy of his accounts fully testify, and the manner in which the claims of applicants were considered, and the unflinching honesty of purpose with which his opinion and advice were given upon the several cases that came before the committee will be long remembered by those who were so happy as to serve with him. It may be well said that his services were of incalculable benefit, and his loss will be a serious blow to the Medical Benevolent Fund. But it was not alone in his connexion with this society that our late lamented friend was to be esteemed. In all the relations of life, private as well as public, Maurice Collis was preëminently distinguished for those qualities that constitute the highest character to which man can aspire, the qualities that make the benevolent Christian gentleman. Without entering into any particulars of his self-devotion to the interests of the many institutions of which he was an active member, or of his unostentatious charity, I think I may safely say, that by all who knew him he was esteemed and loved. Many a widow's tear has fallen and will fall for his loss, and many an orphan will miss the well-timed assistance which his liberality so freely bestowed. I will not delay further, though the subject is a tempting one, and hours might be spent upon it, but I will conclude by reading the resolution to which I anticipate the hearty concurrence of the meeting:

That it is with deep and sincere regret the society has to record the death of its esteemed treasurer, Maurice Collis, Esq., whose faithful and efficient services conferred incalculable benefits on this institution.

Dr. COLVAN of Armagh, in seconding the resolution said, that after the very eloquent observations of Dr. Beatty regarding the decease of their late highly respected and deeply lamented friend and fellow-labourer in the cause of benevolence, Maurice Collis, Esq., who so long and so efficiently filled the office of treasurer to this society, it would be presumption in him to attempt to detain this meeting with any lengthened remarks; yet when he considered the very laborious position he (Mr. Collis) occupied, and the ease, affability, and correctness with which he carried on his very extended correspondence, his no less numerous accounts, knowing, as every one must who has anything to do with such office, the trouble and anxiety unavoidably attending them, he must say he was lost in admiration of his zeal and talent, and no less impressed with the very great loss this society has sustained. It was a matter he thought of the utmost consequence to

the stability of such institutions as this, that the subscribers and the public shall have the greatest confidence in the character and ability of the officials; the esteem and confidence of all had been long and worthily bestowed upon Surgeon Collis for his kindness, discrimination, and Christian benevolence. Perhaps he (Dr. Colvan) might be permitted here, as not quite out of place, to state his opinion of the gentleman, Dr. Duncan, who has so worthily and so correctly managed the office of treasurer since the loss of their friend, and on whom a considerable portion of his mantle seems to have fallen; he appears, indeed, a truly worthy successor to such a man, and he hoped the society and this meeting would be able to prevail on him to continue to hold the office of treasurer, and thereby be enabled to carry on the good work without interruption. He trusted they would, one and all, in their respective spheres, endeavour to render themselves useful in carrying on this labour of Christian love and duty, which is alike honourable to the profession and to the country.

The seventh resolution as follows, was spoken to by Dr. LEES and Dr. DENHAM, and passed unanimously:—

That the thanks of this society are eminently due to our honorary secretaries, Dr. Kingsley and Dr. Benson, for the unwearied zeal and success with which they continue to discharge the duties of their office.

Dr. CORRIGAN said he believed it would not be easy to find a more efficient committee nor any which would more perfectly command the respect and confidence of the profession than that which he was about to name. He begged, however, to except from this praise one gentleman with whom he happened to be most intimately acquainted. He confessed he was a very bad attendant at the committee meetings; but the person really to blame for his neglect of duty was their secretary. Yes, it was Dr. Benson who was really to be blamed for his (Dr. Corrigan's) absence from those meetings. He had such entire confidence in the zeal, the judgment, and the impartiality of that gentleman, that he felt he could not better promote the interests of the society, and the benevolent objects it had in view, than by leaving as much as possible to their secretary. In conclusion, he proposed the eighth resolution, which is as follows:—

That the following be the committee, treasurer, secretaries, and trustees, for the ensuing year:—T. E. Beatty, M.D., T. Brady, M.D., R. Collins, M.D., D. J. Corrigan, M.D., Sir P. Crampton, Bart., C. P. Croker, M.D., J. W. Cusack, M.D., J. F. Duncan, M.D., R. J. Graves, M.D., W. Hargrave, M.D., J. Harvey, M.D., E. Hutton, M.D., A. Jacob, M.D., E. Kennedy, M.D., G. A. Kennedy, M.D., T. G. Geoghegan, M.D., J. Macdonnell, M.D., Sir H. Marsh, Bart., J. Mollan, M.D., Wm. F. Montgomery, M.D., J. O'Beirne, M.D., R. Shekleton, M.D., W. Stokes, M.D., R. C. Williams, M.D., Dr. Colvan, Armagh, R. Stewart, M.D., Belfast; D. K. Lloyd, M.D., Cork, A. Erskine, M.D., Newry, W. Carroll, M.D., Waterford—Dr. Duncan, 19, Gardiner's-place, Treasurer—Wm. Kingsley, M.D., Roscrea, and C. Benson, M.D., York-street, Dublin, Honorary Secretaries—Trustees: Dr. Macdonnell, Dr. Mollan, and Dr. Duncan.

Dr. NUGENT (Inspector of Lunatic Asylums) seconded the resolution, and said he felt so thoroughly convinced of the value of this institution that he was determined to lose no opportunity of recommending it wherever he went, and that he would urge the formation of branches in every large town that he visited, and encourage them in the most effectual way he could—namely, by becoming himself a member of each.

Dr. MONTGOMERY was then requested to leave the chair, and Dr. ROE of Cavan, having been called thereto, the marked thanks of the meeting were given to Dr. MONTGOMERY for his dignified conduct in the chair.

**CHOLERA.**—The troops in possession of the Great Pagoda, Rangoon, which was taken after a fearful slaughter, are suffering frightfully from fever and cholera, in consequence of the stench created by the heaps of dead bodies that were left by the enemy. Captain Hunt, 80th Regiment, has fallen a victim to cholera; and another officer was in a hopeless state at the time the dispatches left, which stated that an awful mortality prevailed among the troops.



## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 16, 1852.

## UNIVERSITY REFORM—REPORT ON OXFORD.

In our number of the 2nd inst., we made our readers acquainted with the nature of the Report to which we now again have to direct their attention, and to which we shall probably have to address ourselves on other occasions. Derived as the title of Doctor of Medicine is from Universities, those who possess it should know what a University is, which we believe many of them do not; for even the members of some Universities are misinformed on the subject: indeed we do not ourselves pretend to a perfect knowledge of the conditions which come within the term, seeing the variety of constitutions to which it is applied. In Oxford and Cambridge, there seem to be true Universities with Colleges under their control; in Dublin, Trinity College is entitled a University, although it evidently has not the usual ingredients of university government; the Queen's University in Ireland and the London University have their Chancellors, Vice-Chancellors, and Senate; and in Edinburgh, the Town Council appears to exercise supreme power. Be this, however, as it may, we find the Commissioners expressing very free opinions as to the exercise of the powers vested in the academic authorities at Oxford, and amongst other things very unceremoniously questioning the expediency or policy of manufacturing Medical Doctors, or indeed dabbling at all in special professional education. To those who, from ignorance of the true nature and original object of these institutions, have all this time been considering them establishments for instruction with a view to the practical application of knowledge, it will doubtless appear strange that their use in this way should be questioned, but their wonder will cease when they find such expression of dissent from the opinion by the Commissioners before us. We extract a few paragraphs from the Report:—

"We have no desire that professional education, in the strict sense of the word, should be given in Oxford." (p. 71.)

"It is not recommended that the university should be made a place of professional education, at least not for law and medicine." (p. 72.)

"It is not thought that a complete school of medicine could or ought to be established in Oxford." (p. 80.)

"We must here repeat, what we have more than once said before, that we cannot consider it desirable to establish in Oxford a strictly professional education." (p. 77.)

"We have come to the conclusion, that, so far at least as regards the degrees in theology, law, and medicine, it will be difficult to make them anything more than titles which designate the academical standing of those who obtain them." (p. 85.)

In the evidence of H. H. VAUGHAN, A.M., the same view is expressed:—

"There is much in medical and in legal studies which cannot be effectually taught in the university; so also of engineering, agriculture, politics."

The advocates, however, for the perversion of Universities to the purpose of providing certificates of proficiency in practical acquirements, however applicable to Oxford and Cambridge, are not so to Universities in metropolitan cities, where all the necessary means of practical education are at hand; but it is here especially that the duties of the institutions for preliminary education should be defined

and restricted so as to make them ancillary to professional education. On this point the Commissioners seem to agree with all persons who have considered the subject, except those who derive income from practices suggested by a different view. They evidently contemplate a coöperation between the Universities and the institutions for professional education, instead of the unseemly competition with them, which prevails in some cases for the purpose of eking out the inadequate stipends of superfluous professors. With respect to this, they observe in reference to preliminary or elementary instruction:—

"There is one practical use to which the school of physical science may be turned, so important as to claim especial notice. We are led to believe that, by means of this school, the university might be brought into alliance with the higher branches of the medical profession, in the same way that, by the school of jurisprudence, it might be associated with the profession of the law." (p. 80.)

And again, holding the same object in view, they add:—

"If the university were to give such lectures and such examinations as would satisfy the Colleges of Physicians and Surgeons, these learned bodies might perhaps be induced still further to coöperate with the university." (p. 82.)

Instead of this, however, we find some of these institutions abandoning their legitimate duties and assuming those which from their very nature they are utterly incapable of discharging. While the most reprehensible contrivances are resorted to for the purpose of facilitating the introduction of uneducated persons into our profession by a sham matriculation, the most stringent regulations are adopted to enforce attendance on the Lectures of the Medical Professors; thus converting the University into a school for the benefit of those who really do not form part of the institution at all. With respect to preliminary education for Medical Students, we have latterly heard a great deal, but we find that deficient as Dublin University is in this respect, Oxford is not much better, for here is what the Commissioners have to say respecting it:—

"The university is blameable for the little encouragement which, even considering all it has done by its recent improvements, it has yet given to those physical sciences which medical students ought to learn before they begin their strictly professional course." (p. 71.)

In fact, to the Universities our profession is very little indebted, indeed, for the general education of its members, however the recipients of academic honours may fondly flatter themselves to the contrary. Our brethren having sons now in Trinity College will find presently that the value received for their heavy disbursements is greatly disproportioned to the outlay; but the ARCHBISHOP OF DUBLIN, in his own peculiar way, handles this better than we can. Illustrating the merely titular character of the higher degrees, he says of examinations:—

"After a few terms, the whole will become an empty form; the exercises will be understood to be a mere form. I alluded to the story in the *Spectator* of the Indian, Maraton, who went to the Land of Shadows—the Indian Elysium—to visit his deceased wife, Yaratilda. He found it surrounded (instead of the river Styx) by a seemingly impenetrable thicket of thorn bushes, and for a time was at a loss; but he soon found that it was only the ghost of a departed thicket, the shadows of thorn bushes, and he walked through it without any difficulty. Even so, I said, this examination will have some effect till it is discovered—as it soon will be—that it is only a shadow. And thus it proved on the experiment being tried." (Evidence, p. 25.)

"At Trinity College, Dublin, there is not even any pretence of domestic control over those students who lodge in the town; their own friends are to see to that, as in the case of day boys at a school." (Archbishop Whately, p. 26.)



## PHARMACY REFORM.

TREATING of University Reform and Pharmacy Reform at the same time reminds us of the truth of the saying, that "there is but one step from the sublime to the ridiculous:" not, indeed, that we mean to insinuate that there is much sublimity in the one case, or much that is ridiculous in the other, except by contrast; but there is evidently a close relationship between diploma and pill-box, and so by the chapter of accidents we find ourselves handling both together. Of the two, however, we almost lean to the Pharmacy Reform, believing that our patients will suffer less from bog Latin than bad Drugs. This Pharmacy Bill improves as it "progresses," and all that we have to regret respecting it is the probability of its not passing, in consequence of the delirium which precedes parliamentary dissolution. We observe that a suggestion has been made to introduce a stringent and unequivocal clause to forbid the practice of medicine by Chemists, which we hope may be adopted. We know that such a clause may not effect its object completely, but it may partially:—

Whatever may be the fate of the Pharmacy Bill now before parliament, some progress has been made during the present session. Evidence has been taken by a select committee of the House of Commons respecting the state of pharmacy in Great Britain and in other countries, the exertions of the Pharmaceutical Society for the removal of existing abuses, and the plan proposed for that purpose, with the opinions of various authorities on the subject. This evidence is placed on record; and if the early dissolution of parliament, or any other circumstance, should prevent the passing of the bill during the present session, the recorded facts will be available on the reassembling of parliament. The evidence above referred to places the society in possession of information as to the grounds upon which the bill has been opposed, and the arguments adduced in support of the same. The only objections worthy of notice are, first, the impression that the bill will create a monopoly, and deprive the public of the convenience of purchasing common medicines of grocers and general dealers, in small villages or other neighbourhoods where there is no regular chemist and druggist; and secondly, the fear entertained by some medical practitioners that the chemists are following in the footsteps of the old apothecaries, and endeavouring to become medical men. The council believe both these objections to be altogether imaginary. The bill does not propose to interfere with the sale of common medicines by grocers and others, provided such persons do not pretend to be pharmaceutical chemists. The prohibition is not against the exceptional cases in which the necessities of the public may require that medicines should be obtainable from such persons, but it is against the fraudulent assumption of a pretended qualification. On the other hand, the entire medical profession being exempted from all interference, the bill confers no monopoly in that direction. The council are aware that some members of the society have considered the bill not sufficiently stringent in its provisions for the protection of pharmaceutical chemists, but it would have been impossible to carry out all that was desired in this respect, and the policy of the concession is demonstrated by the fact that the doubt whether this concession is sufficiently explicit has been a source of objection. In the opinion of the council, the bill will have an important influence in raising the character and position of the pharmaceutical chemists, although it will not effect all that some parties desire. The second objection above stated, is founded on the belief that the improved status and position will tend to convert chemists into medical practitioners, and those who entertain this opinion desire the introduction of a clause prohibiting chemists, under a heavy penalty, from prescribing either in their own shops or elsewhere. It would be inconsistent to enforce this provision against chemists for the protection of medical practitioners, and to deny to chemists a similar protection against unqualified vendors of medicines. The same principle is applicable to both cases, and the Pharmacy Bill avoids this inconsistency by granting on one side all that is claimed on the other. The council believe that the direct tendency of the bill will be the reverse of that which has been above stated, that it will tend to promote a better understanding between medical men and chemists with regard to their respective functions, and will ultimately lead to the separation of pharmacy from medical practice, by mutual

arrangement, to an extent which could never be carried out by party contentions and obnoxious penalties. It must be remembered, that whatever encroachment may be made by chemists on the province of the medical practitioner, the encroachment is mutual; and that so long as medical men keep shops and carry on trade as chemists, they are provoking retaliation, and fostering a kind of competition injurious to both parties and to the public. This evil is aggravated by the circumstance that the chemists, having no recognized status in their own province, are not restrained by the moral influence of professional ethics, but each individual acts according to his own caprice, and those who transgress beyond due bounds bring discredit on the entire body. The Pharmaceutical Society has always resisted the introduction of the system of persecution which has been attempted by some of the advocates of medical reform, but has, at the same time, carefully abstained from any assumption of medical functions, and has endeavoured to promote a reform of abuses by means of improved education, and the recognition of pharmacy as a distinct professional pursuit.—*Phar. Jour.*

## GLASGOW UNIVERSITY.

To the Chair of Practical Medicine, recently become vacant by the death of Dr. William Thomson, Mr. Secretary Walpole has nominated Dr. John Macfarlane. The candidates were very numerous, including, from the University, Rainy, Professor of Forensic Medicine; Pagan, Professor of Midwifery; and Mackenzie, Lecturer on the Eye. From Anderson's Institution, Anderson, Professor of Practical Medicine; and Watson, Professor of Physiology. From Edinburgh, Douglas, Lecturer on Clinical Medicine; Wood, author of "Homeopathy Unmasked," and Gairdner, Pathologist to the Royal Infirmary. None of these gentlemen could have much chance with the successful candidate, as he commanded great political influence. The annual emoluments, £600 or £700.

We give this news as we find it, not sympathising much with those who attribute the result to political interest. Be such appointments good or bad, they may, we believe, be as safely entrusted to a SECRETARY OF STATE as to the patronage of any University authorities.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May 30th,	59	42	29.850	
Monday,	31st,	61	42	29.870	
Tuesday,	June 1st,	64	46	29.900	.047
Wednesday,	2nd,	66.5	49	29.650	.175
Thursday,	3rd,	59	46	29.600	.520
Friday,	4th,	62	44	29.750	.010
Saturday,	5th,	67	48	29.900	
Sunday,	6th,	66	54	29.650	.390
Monday,	7th,	68	54	29.550	.440
Tuesday,	8th,	62.5	53	29.700	.867
Wednesday,	9th,	65	55	29.750	1.010
Thursday,	10th,	66	55	29.700	
Friday,	11th,	68	50	29.700	
Saturday,	12th,	63	50.5	29.820	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
May 30th,	57.5	37	29.595	53.4	46.5	38.7	.027	NNE
31st,	58	39	29.614	56.4	49.2	41.8		NW
June 1st,	60	44	29.580	54.1	48	41.6		NW
2nd,	61	44.5	29.448	56.7	51.5	46.7	.050	NW
3rd,	60	42.5	29.328	54.3	50.1	46.1	.170	NW
4th,	60.5	40	29.460	57.1	52	47.4	.084	WSW
5th,	61	41	29.580	59.3	54.1	49.7	.086	S
6th,	63.5	52	29.407	63	57.2	52.8	.314	SW
7th,	67	50	29.307	56.1	55	54.2	.320	ESF
8th,	64	53	29.405	60.4	58.1	56.4	.782	NE
9th,	65.5	54	29.448	58.5	57.1	56	.810	E
10th,	65.5	55	29.458	57.1	53.3	50.1	.002	N
11th,	62	48	29.447	56.8	51.7	47		NNE
12th,	59	46	29.550	56.1	50.5	45.1		N

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
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By H. FREKE, A.B., M.B., M.R.I.A.

(Continued from page 247.)

(*The Specific Physiological Function of Nerves generally.*)

In my last communication, I made an attempt, in a general way, to place concisely and clearly before the reader—1st, certain of what to me appear to be among the more important topics of consideration—in relation to organic or living creation—to which I have hitherto made an effort to direct his attention, and that for the following purpose—namely, in order to be thereby enabled the more clearly and concisely to lay before him; 2ndly, certain of what to me appear to be among the more important topics of consideration—in relation to organic or living creation—which, as I regard it, now demand investigation. Such, I say, was the design of my last communication, the leading points of which I shall for perspicuity here rapidly recapitulate, and having done so shall proceed to their application.

The special objects of consideration at present before us are those organic tissues or organized structures which have received their organization (or in other words, which have been *generated*) for the purpose of giving development to what are termed "*phenomena of animal life*;" the terms "*animal life*" being employed, as the reader is aware, in contradistinction to what is termed vegetative or *organic* life. In other words, the organized structures into whose physiological function we have now to inquire, are the several component constituents of the animal frame which have been respectively named nervous tissue, vascular structure, muscular fibre, and cerebral matter.

To *such* organized structures (namely, as are at present before us), in contradistinction to another class of organized structures, entirely distinct in their nature, and designed to develop another and an altogether distinct class of physiological phenomena (that is, in contradistinction to those organized structures whose function is to *confer* or *impart* organization: in a word, in contradistinction to such organ-

ized structures as those whose function was to *generate* structure): to such organized structures, I say, as are at present before us (in contradistinction to that other class referred to) I have, as the reader is already aware, applied the terms "*organized residual product*." I have done so (among other reasons with which the reader is already familiar) with the following motive—namely, with a hope that by the adoption of some such form of phraseology which involves in it nothing whatever of hypothesis, the reader might thereby be enabled, with facility and clearness, accurately to discriminate between the nature and function of such organized structures (namely, what I have termed *organizing agents*) as develop what are termed "*phenomena of organic life*;" and the nature and function of the organized structures (namely, *residual products*) at present before us which develop another and an altogether distinct class of physiological phenomena, named "*phenomena of animal life*."

Into the nature of the function of the former of these two classes of organized structure (namely, of the *organizing agents* which develop "*the phenomena of organic life*"), as also into the nature of the requirements which it has been made essential should be fulfilled so as to admit of that function's being discharged in a normal or natural manner, I have already endeavoured to inquire; consequently, our present inquiries have relation to the latter of those two classes of structure (namely, to the organized residual products which develop the phenomena of *animal life*), and the investigations about to be engaged in with regard to those products are of the following twofold description—namely, 1st, as to the nature of the function of each of those residual products individually; and 2nd, as to the nature of the requirements which it has been made essential should be fulfilled, so as to admit of that function's being discharged in a normal or natural manner. Such are, I say (as it strikes me) the two questions of leading importance which remain for us still to investigate.

To the organized residual products at present before us (namely, such as develop phenomena of *animal life*) I have, as the reader is further aware, in contradistinction to an-



other species of organized residual products, entirely distinct in the nature of their relations, and designed to perform another and an altogether distinct species of physiological function (in contradistinction, for example, to such organized residual products as the albumen and the fibrin employed in the generation of the residual products before us); to the organized residual products, I say, which develop the phenomena of *animal* life, I have further (in contradistinction to that other species of product referred to) applied the terms "final or ultimate results" (viz., products) of the regenerative process. I have been induced to make use of such terms with the hope that by the adoption of an expression which involves in it no hypothesis or theory, I might thereby enable the reader, with greater facility and clearness, accurately to recognize the nature of the relation (and consequently to discriminate between the distinction in function) which the organized residual products, such as nerves, muscles, &c., which develop "phenomena of *animal* life," bear towards those organized residual products, such as albumen, fibrin, &c., which are concerned merely in the generation of such products as the former. In a word, with the hope that he might thereby be enabled, with greater facility and clearness, accurately to discriminate between the nature of an organized residual product, whose specific physiological function is to stand in the relation of what has been termed "nutriment" to an organizing agent, and such organized residual products as have a specific physiological function of a very different nature to perform—namely, the development of the "phenomena of *animal* life." Into the questions of leading importance (namely, 1st, as to the process of generating; and 2nd, as to the nature of the physiological function), into the questions, I say, of leading importance with regard to the *former* of these two species of organized residual product, I have already endeavoured to inquire; consequently it is the latter of these two distinct species of residual product (namely, the *final* products or results of generation) to which I would now desire to solicit the reader's attention, and the investigations I am desirous of attempting with regard to those final results have relation to the functions they are respectively called upon to fulfil. I employ the term *function* in contradistinction to *construction*—that is, in contradistinction to the process of constructing or of generating those final results (which is, in other words, in contradistinction to the development of the phenomena of *organic* life), and that inasmuch as the latter (namely, the construction or generation of those final results, or which is the same thing, the development of the phenomena of *organic* life) has already engaged our attention. In other words, having already attempted to investigate both the process and the agency whereby the final results of the regenerative process have been constructed out of inorganic or mineral matter (during the progress of which construction we saw development given to the phenomena of *organic* life), the questions which remain for investigation with regard to those final results have relation to the functions for the discharge of which their construction has taken place (and during the progress of the discharge of which functions we shall see development given to "the phenomena of *animal* life").

With one fact in relation to the function of the several residual products before us, the reader is already familiar—namely, he is aware (from an analysis of urine, &c., before and after that function has been discharged), he is, I say, aware that in connexion with the discharge of its physiological function, each of those residual products undergoes what I have termed the process of *degeneration*—that is, undergoes such change or alteration in its own constitution as that which had hitherto constituted one of the component constituents of man becomes effete, and eventually (as a result of the discharge of its function) requires to be eliminated as of no further use in the system. He is aware that in connexion with the discharge of its physiological function each of those final results of the process of organization (viz., generation) undergoes the process of *disorganization*, whereby that which had hitherto existed in an highly organized condition is eventually reduced (as a re-

sult of the discharge of its function) to the condition of inorganic or mineral matter. He is aware, for example, that in connexion with the discharge of its physiological function, that highly organized structure named muscular fibre undergoes such change or alteration in its own constitution as to be eventually reduced (as a result of the discharge of its function) to the unorganized condition of carbonate of ammonia and water.\*

With such fact, I say (in relation to the function of those structures), the reader is already familiar. But there are two additional facts in relation to that function into which we have still to inquire—namely, we have to ascertain, 1st, what is the physiological function which each of the residual products referred to is specifically called upon to discharge? and 2nd, what is the *provision* which has been made for *effecting* the discharge of that function? The two questions, in other words, which I would now desire to propose for investigation are the following—viz., 1st, what is the specific function which Nature has specially assigned to each of those components of the animal frame which have been respectively named nervous tissue, vascular structure, muscular fibre, and cerebral matter? For the fulfilment of what specific physiological function has provision been made for the generation of *each* of those residual products individually? *Why*, or for the accomplishment of what special design, does each of those organized tissues exist? and 2nd, what is the special arrangement which has been adopted by Nature whereby each of those residual products individually shall be *caused* to discharge that specific physiological function at such time and with such degree of activity or intensity as may be required in the discharge of that function? Such are, I say, as it strikes me, the two questions of leading importance which suggest themselves for investigation in relation to the function of the residual products before us.

The latter of these two questions—namely, as to the

\* The reader will have the goodness to observe that these materials (viz., carbonate of ammonia and water) are exactly the very species of inorganic or mineral matter upon which (as I pointed out in one of my early communications) the simplest or lowest species of organizing agent has been adapted by Nature for *conferring organization*. These *inorganic* materials (namely, carbonate of ammonia and water) we saw converted by the lowest or simplest species of organizing agent into an *organized* residual product, possessed of but the lowest or simplest degree of organization. This organized residual product (namely, possessed of but the lowest or simplest degree of organization) we subsequently saw pushed progressively forward by gradually ascending organizing agents till (having passed through the conditions respectively of albumen and of fibrin) we at length beheld those materials which we had first seen in the unorganized condition of carbonate of ammonia and water; converted, by successive repetitions of the process of generation, into that highly organized structure to which we give the name muscular fibre. (During the entire passage of those materials from the unorganized condition to the condition of muscular fibre, &c., we saw development given to the phenomena of *organic* life.) That muscular fibre we now see (by an *opposite* process to that of its *generation*, and consequently by the process of *de-generation*—by an *opposite* process to that of its organization, and consequently by the process of *disorganization*), that muscular fibre, I say, we now see, as a result of the discharge of its function, reconverted into carbonate of ammonia and water; that is, again reduced (as a result of the discharge of its function) to that condition in which alone its components have been adapted by Nature for standing in the relation of what is termed "nutriment" to the lowest or simplest species of organizing agent. (During the process of this degeneration we shall see development given to the phenomena of *animal* life.) By this lowest or simplest species of organizing agent, these inorganic materials are a second time organized; they are again pushed progressively forward to the condition of muscular fibre, &c.; and again, during that progressive *ascent*, are developed the phenomena of *organic* life. They, then, a second time, undergo the process of *de-generation*; and again, during their *de-scent*, are developed the phenomena of *animal* life. Such is the nature of the circle of changes which is in perpetual rotation to constitute *all* to which we give the name "life."



provision or arrangement adopted by Nature for causing the discharge of that function (or in other words, for causing what I have termed the degeneration and eventual disorganization of the organized structures in question), the latter of these two questions, I say, engaged our attention to a partial extent in my last communication, and in relation thereto I endeavoured to direct the reader's attention to the following fact—namely, that the cause of the degeneration and ultimate disorganization of each of the organized structures referred to may be said to comprise under it *two distinct elements*—that is, that each of those organized structures which develop what have been termed “phenomena of animal life,” and which, during the development of such phenomena, undergo a process (namely, what I have termed the process of degeneration) which eventuates in the complete disorganization of that hitherto organized structure; that each, I say, of those organized structures (in order that it may undergo the process referred to in a normal or natural manner) requires the presence and operation of the following two distinct causes of its degeneration and ultimate reduction to the condition of inorganic or mineral matter—namely, 1st, what I have termed a *specific stimulus*; and 2nd, what I have termed an *incidental stimulus*. The joint operation of these two distinct species of what I have termed *stimuli*, appears to me to have been made requisite or essential to the *normal* development of the function of those structures.

By the latter of these two expressions—namely, by the terms “incidental stimulus,” I desire (as I have already endeavoured to convey to the reader) to express, in other words, this—namely, some *chemical* agent through whose instrumentality the *chemical* force which already exists in the elementary components of that organized structure (but mark distinctly, exists in those components without producing therein its normal or ordinary *chemical* effects), some chemical agency, I say, through whose instrumentality the chemical force existing in those components may be so called into operative action, or if the term be allowed, so *augmented*, as to be enabled (when that organized structure has been so acted upon—by some specific cause to be presently referred to—as to admit of such result taking place), as, I say, to be enabled to produce in those components the ordinary or normal effects of *chemical* force.\*

\* Lest there might possibly be any of my readers to whom, from a want of familiarity with such forms of expression, the terms “chemical force” may not convey any very definite meaning, I shall, in order to be clearly intelligible to such, endeavour to explain somewhat more distinctly what it is desired should be conveyed by those terms. By the expression “chemical force,” as applied, for instance, to carbon and to oxygen, nothing more or less is meant to be expressed than simply this—namely, *that* (whatever it may happen to be, and upon this subject no opinion whatever is expressed), *that*, I say, whatever it be, which *forces* carbon and oxygen (when unrestrained by some opposing cause) into that species of combination or union to which has been given the name “chemical compound;” into that form of combination, for example, which has received the name “carbonic acid.” As applied to nitrogen and hydrogen (and to all mineral elements universally) the same is the meaning—namely, simply that (whatever it be) which causes nitrogen and hydrogen to enter into *chemical* combination; into such combination, for example, as that in which they exist in what we call “ammonia.” And as applied to carbonic acid and to ammonia (and to all chemical compounds universally), the same is exactly the meaning—namely, *that*, whatever it may happen to be, which *forces* these two compounds (when unrestrained by some opposing cause) into that form of union which has received the name “carbonate of ammonia.” That such forms of union *do* take place between the elements referred to, when unrestrained, the reader is aware. That *something* must have caused that union is obvious; and it is that something (whatever it may happen to be) to which is given the name “chemical force.” When I state that chemical force must of *necessity* exist in mineral matter, and that it is inseparable therefrom, I mean by such terms simply to express this—namely, that the tendency on the part of oxygen to unite (when unrestrained by some opposing cause) in chemical combination with carbon, *essentially* belongs to that element, and cannot be dissociated therefrom. In other words,

Some chemical agency by whose instrumentality the chemical force existing in the components of that structure may be so called into operative action or augmented as to be enabled to force those components (in opposition to their organized condition) under the complete control of their chemical laws, whereby those components eventually become reduced from the condition of an *organized* structure to that of a *chemical* compound. Let me not be misunderstood. When I state that the presence and operation of what I have termed an incidental stimulus appear to me to have been made essential to the normal discharge of the function of the structures before us, I mean by such terms to express this—namely, that (in addition to the operation of some specific cause to be presently referred to) it appears to me that Nature has made the normal discharge of the physiological function of the several organized structures before us dependent upon the presence and operation of the following *chemical* cause of its disturbance and functional action—namely, some agency through whose instrumentality or means may be called into normal operation, or (if such term be permitted) may be augmented, that chemical force which must of necessity exist in the chemical (viz., mineral) elements of which that organized structure is composed. I say must of necessity exist in those elements, inasmuch as chemical force is inseparably associated with mineral matter. Some agency through whose instrumentality or means such chemical force may be compelled (in opposition to the cause, whatever it be, of the *organized* condition of that structure) to produce the *normal* effects of chemical force (that is, cause a union in the form of *chemical* and not of *organic* compounds), by whose means, I say, such chemical force may be compelled to produce the normal effects of chemical force in those inorganic, inanimate, or mineral elements which we have already seen compelled (by an organizing agent, and in direct opposition to that chemical force) to assume the condition of an *organized* structure; or in other words, which we have seen forced by such agent, in opposition to their chemical force, to leave the inorganic or *chemical* condition of carbonate of ammonia and water, and assume the condition of an organized residual product. In a word, some agency or operative cause by whose instrumentality or means the chemical force inseparable from the mineral elements of

an element in which there existed *no* tendency to enter into chemical combination with carbon (when free and uncontrolled) would not be what chemists call oxygen. We cannot, then, dissociate the idea of chemical force from the idea we attach to the term “oxygen.” The same is obviously also the case with regard to other mineral elements, such, for example, as carbon, nitrogen, and hydrogen.

Now, the reader is aware, that in muscular fibre the four elements just referred to (namely, carbon, oxygen, hydrogen, and nitrogen), exist in combination; but he is further aware that those elements *do not* exist in that muscular fibre in *chemical* combination, or in the form of carbonate of ammonia, although chemical force is inseparable from those elements. Hence it is obvious that the chemical force in the elements of muscular fibre is restrained by some opposing cause (whatever it may happen to be) from forcing those elements into *chemical* combination.

There are none of my readers who are not aware of the fact, that meat cooked in Great Britain is frequently sent out in hermetically sealed cases to the East Indies, and to other remote countries; they are aware that even in a tropical climate such meat will resist decomposition for any indefinitely prolonged period, provided the access thereto of atmospheric oxygen be carefully excluded; and they are further aware that if the atmosphere be allowed to have access to that meat, the result is that it does undergo decomposition. Why is this latter fact so? It is for this reason—namely, that the oxygen of the atmosphere so augments or calls into operative action the chemical force existing in the elements of that meat, as that that force thereby obtains the mastery over the cause (whatever it be) which hitherto resisted its action; and now augmented or called into action by oxygen gas, that chemical force *forces* those elements to unite in the form of what are termed chemical compounds. The effect here produced upon that meat by the action of oxygen, appears to me to be the same as that produced by the same oxygen upon the muscular fibre, &c., of man, when so circumstanced as to admit of such result taking place.



which that organized structure (in direct opposition to that force) has been, if I might so term it, *built up*; by whose instrumentality, I say, or means such chemical force may be so called into operative action, or if the term be allowed, so augmented, as that the mineral element thus built up in opposition to that force may, as the result of such augmentation or action, be, if I might so term it, *pulled down*, and consequently that those mineral elements which had hitherto existed in the condition of what we term an *organized* compound may (as a result of the augmentation or action of that chemical force) be compelled to assume the opposite or *unorganized* condition to which has been given the name *chemical* compound. Such is what I would desire to convey by the terms "incidental stimulus."

The reader will now have the goodness to reflect for a moment on the three following facts, the truth of which no one will question—viz.:

1st. A chemical agent possessed of the properties here referred to *has been* supplied by Nature in the oxygen of the atmosphere which surrounds us.

2nd. The action of that oxygen upon organized structures *has been* made essential to the development of vital phenomena.

3rd. The component constituents of the organized structures which develop those vital phenomena *are found* (when the function of such structures has been completed) in combination with the oxygen of the atmosphere.

Hence to me it would appear to be obvious that the action here attributed to oxygen gas belongs or appertains (to say the least) to its *physiological* function. I say "belongs or appertains" to that function, meaning thereby to express this—namely, that whatever additional functions, whether imaginary or real, may be attributed to that chemical agent, in its relation to the development of vital phenomena, the disorganizing action attributed to it here must, as it appears to me, form of necessity (to say the least) an important portion of its physiological function.\*

\* A *secondary* function, if I might so term it, concomitant with the development of vital phenomena, must be the development of temperature. For during the disorganization of an organized structure (such as muscular fibre, &c.), by the combination of its components with oxygen gas, extrication must be given to caloric; and that to an extent bearing a constant proportion to the degree of activity or energy with which the process of disorganization takes place. For every condensation of oxygen (which takes place during its chemical combination) must of necessity be accompanied, to a proportional extent, with an extrication of caloric. Hence an augmentation of temperature during the development of vital phenomena; hence the reader can understand *why*, if cold, he runs to make himself warm. I would beg of the reader to reflect for a moment himself upon the *nature* of the action of oxygen gas.

He is aware of the energetic chemical properties of that agent; he is aware that the action of that chemical agent is essential to the manifestation of vital phenomena. Has he ever asked himself *why*? He is aware that he has himself been furnished with what is termed "a respiratory apparatus," and that the continuance of the respiratory process is absolutely essential during the continuance of the development of vital phenomena. Has he ever inquired what is the *necessity* for the provision of a respiratory apparatus? and *why* it is that the process of respiration must be constant? Has he, in a word, ever asked himself *what* is the action of oxygen during the manifestation of vital phenomena, and wherefore is it that such action is essential? Should he have never reflected upon so important a question, I would beg of him, while considering it, to bear in mind the three following facts—namely:

1st. The elementary constituents of which muscular fibre, &c., is composed, exist *before* that muscular fibre commences the discharge of its function in the condition of an *highly organized* structure.

2nd. *During* the discharge of the function of that muscular fibre, &c., the action of oxygen gas is indispensable.

3rd. When the function of that muscular fibre has been *completely* discharged, its elements exist in combination with oxygen gas, and in what I have termed a degenerated condition.

In connexion with these three facts, I would beg of him to reflect upon the following considerations—namely, if, from

If, then, in its physiological relations (that is, in its relation to the development of vital phenomena) such be in reality the function of that active chemical agent by which we have been surrounded, and upon the operation of which *in some way* every one is aware the development of vital phenomena *has been made in some way* dependent; if, I say, such be in reality its function, we may for perspicuity term that chemical agent (namely, oxygen gas) the *incidental stimulus* of an organized structure to the discharge of its physiological function—namely, to the development of vital phenomena. I employ the term *incidental stimulus*, as I have already acquainted the reader, in contradistinction to the term *specific stimulus*, and that for the following reason—namely, the *same* chemical agent (viz., oxygen gas) has been (as it were *incidentally*) the element selected by Nature to stand in exactly the same physiological relation to *all* such organized structures in existence (viz., organizing agents as well as residual products), to *all* such organized structures, I say, as are called upon to give development to vital phenomena: each and all require the presence and operation of *one* and the *same* chemical agent—viz., oxygen gas. Each distinct species of *simple* organizing agent (namely, each distinct link in the chain of progressively ascending organizing *atoms*), each and all, I say, require the presence and operation of the *same* chemical agent to enable them to develop (in a normal or natural manner) the phenomena of organic life. The same is the case also with regard to residual products. Each organized residual product which develops a phenomenon of animal life: each and all, I say, require the presence and operation of the *very same* chemical agent—namely, oxygen gas, to enable them (in a normal or natural manner) to develop their physiological functions. But such we have seen is not *all* that is required by those organized structures for the normal development of their functions. Each and every structure throughout organic creation whose function is to develop a vital phenomenon (including both organizing agents and residual products); each and every such organized structure, I say, in order that it may develop that function in a normal or natural manner, requires (in addition to the chemical agent or oxygen to which we have just been referring) the operation of another and an altogether distinct species of stimulus—requires, in a word, the operation of a stimulus *peculiar* to its own *species* of structure, and consequently, as I regard it, with propriety termed the *specific stimulus* of that structure to the discharge of its physiological function. Each distinct species of *simple* organizing agent (namely, each distinct link in the chain of progressively ascending organizing *atoms*), each such distinct species, I say, we have already seen required (in addition to the presence of the chemical agent, oxygen gas) presence of a species of stimulus (viz., "nutriment") *peculiar* to itself (and consequently a *specific stimulus*) to enable it to discharge its physiological function of conferring or imparting organization. The same—identically the same, I say, is also the case with regard to each of those organized residual products which is called upon to develop phenomena of animal life.

The precise nature of the relation in which, as it appears to me, these two species of stimuli (namely, specific and incidental) stand towards each other and towards the struc-

having been in a state of rest, he run with rapidity for a quarter of an hour, the following phenomena will occur, and mark particularly the *correspondence* in the occurrence of these phenomena—namely, he will find, 1st, an augmentation in the activity of the development of the phenomena of animal life (viz., increased action of nerves, muscles, &c.); 2nd, a strictly proportional augmentation in the activity of the respiratory process—viz., in other words, an inhalation, to a proportional extent, of an increased quantity of oxygen; 3rd, a strictly proportional augmentation of the animal temperature; and, finally (and the reader will please to mark this distinctly), and 4th, a *strictly proportional disorganization of organized structures* (as demonstrated by an analysis of the excretions). In other words, in proportion as inspired oxygen causes the disorganization of organized structure, in the same proportion is development given to—1st, vital phenomena, and 2nd, temperature.



ture upon which they act, while conjointly causing an organized structure to give manifestation to its physiological functions; the exact nature, as I regard it, of that relationship will, I say, more easily be made apparent to the general reader when I have attempted to lay before him the various *specific* stimuli which have been provided by Nature for the various organized residual products in question. The questions, then, which I would now desire to attempt to investigate, resolve themselves into the following two—namely, 1st, what is the specific physiological function of each of the organized residual products before us? and 2nd (*viz.*, the question proposed at the close of my last communication), and I say, 2nd, what is the *specific* stimulus of each of those residual products to the discharge of that physiological function?

The first question which naturally suggests itself on entering upon an investigation of the former of the two foregoing inquiries (*viz.*, what is the physiological function of the several structures before us?) is the following—namely, to which of the four orders of structure referred to—that is, whether to nervous tissue, to vascular structure, to muscular fibre, or to cerebral matter; to which, I say, of these four orders of structure should our attention, in the first place, be directed?

An answer to this question appears to me to be suggested in the *anatomic arrangement* of those four orders of residual product in man.

In contemplating the anatomic arrangement of the various organized structures which enter into the constitution of man, one of the facts which, as it strikes me, most forcibly arrests the attention, is the following—namely, that of the four orders of structure at present before us, the first named, or *nervous tissue*, has by Nature been placed in intimate and close anatomic connexion with *each* of the other three orders of structure referred to. In other words, an acquaintance with the anatomy of the human organization informs us that *that* organized structure, or residual product, to which anatomists have given the name *nerves*, has been placed by Nature in *direct physiological contact* with *each* of the three structures, or residual products, which have been respectively named muscular fibre, vascular structure, and cerebral matter. We see such arrangement has been adopted by Nature—we well know it cannot have been adopted without design; we are consequently led to inquire into that design. Why, we ask, is it *thus* that these tissues have been disposed? Wherefore is it that *this* has been their arrangement? In the recognition of the fact, that nervous tissue has been so placed with regard to the other three orders of structure, we recognize the fact of the *dependence* for something upon nerves of *each* of those other three orders of structures, and are led to inquire, *What is that dependence? what is that something?* Seeing, I say, that nervous tissue has been placed in close and intimate physiological connexion with vascular structure, with muscular fibre, and with cerebral matter, the questions are irresistibly forced upon the mind: *Why* has nervous tissue been associated with *vascular structure*? *why* has it been connected with muscular fibre? and *why* with cerebral matter? What, in a word, is the end or design to be accomplished by thus associating *each* of those structures with nerves? The primary answer to such questions must, as it appears to me, be this—namely, that the function of nerves (whatever it be) must be in some way connected (whatever that connexion may be) with the function to be discharged by *each* of those other three orders of structure respectively. The general answer, I say, to that question must, as I regard it, be obviously this—namely, that in the discharge of its specific physiological function (whatever be the nature of that function) nervous tissue must stand in some relation, be the nature of that relation what it may, to the functions respectively discharged by vascular structure, by muscular fibre, and by cerebral matter, whatever be the nature of the function which those structures are respectively designed to discharge. If such be the primary or general reply to that question, the next inquiry which suggests itself is this—namely, *what is that relation?* What, in a word, is the specific physiological function of nerves? Such, I say, is the question which, as it strikes me, anatomy

suggests as the one (in relation to the general inquiry at present before us) which might advantageously be the first to engage our attention. To an attempt at an investigation of that question, I shall consequently devote the remainder of my present communication.

The question before us is this: What is the nature of the relation which subsists between nervous tissue *generally* and the several other orders of structure with which nerves, in the discharge of their specific physiological function (whatever that be), have been placed by Nature in *direct physiological contact*? In other words, what is the specific physiological function of *that* final result of the regenerative process which, in the discharge of that function (whatever it be), has some *common* connexion with the function to be discharged by *each* of the other three final results of the regenerative process referred to? Such being the question before us, the two following inquiries at once suggest themselves to the mind—namely, 1st, is there *anything* (in relation to the discharge of their respective physiological functions) which is *common* alike to *each* and to *all* of those other three orders of structure with which we find nerves have been thus placed in connexion? and 2nd, if such be the case, is it in connexion with *that*—(namely, which is *common* to the discharge of their functions respectively), that nervous tissue is physiologically related to *each* of those tissues? Let me be distinctly understood. The two questions which, I say, naturally suggest themselves are these—namely, 1st, is there any circumstance or occurrence in connexion with the discharge of their respective physiological functions which is *common* (that is, which is the *same* for *all*), which, I say, is common alike to vascular structure, to muscular fibre, and to cerebral matter; inasmuch as we find that each of these structures has been associated with one common order of structure—namely, nerves? and 2nd, if there be any such circumstance or occurrence in relation to the discharge of their functions which is *common* to each and to all of those structures, is it in connexion with this common circumstance or occurrence that nervous tissue has been associated with those structures? To the former of these two questions, we are already in a position to reply in the affirmative. There is a circumstance or occurrence, in connexion with the discharge of their respective physiological functions (whatever those functions may be), which we have already, even antecedently to inquiring into the nature of those functions; which, I say, we have already ascertained to be *common* alike to each and to all of those structures. Each of those structures, we are aware, is called upon to develop what is termed “a phenomenon of animal life,” and we are further aware that in the development of such phenomenon, be its nature what it may, that structure must itself undergo the process of *degeneration*. Here, then, we recognize a circumstance or occurrence which (in connexion with the discharge of their respective physiological functions) is *common* to each and to all of those other three orders of organized structure with which we have just seen nerves have been placed by Nature in direct physiological contact—namely, each of those structures has to undergo the process of degeneration. The following question is then, I say, irresistibly forced upon the mind—namely, is it in relation to the process of their degeneration that nervous tissue has been associated with each of those other three orders of structure? I shall make an attempt to investigate this question.

In one of my former communications, I made an effort to *contrast* the nature of the organic functions performed respectively in the two departments of organic creation—namely, in the vegetable and in the animal kingdom, and that for the following purpose—*viz.*, in order to attempt to ascertain what it is, *organically* speaking, which constitutes the fundamental and characteristic distinction in *function* (mark particularly *distinction in function* in contradistinction to *distinction in structure*), what it is, I say, which, *organically* speaking, constitutes the fundamental and characteristic distinction in *function* between the vegetable and the animal world. That distinction in *function* I endeavoured to make it apparent to the reader is this—namely, that the *degeneration* of those organized residual



products, which I have termed the final results of the regenerative process, constitutes an *essential part* of the organic functions to be performed by the *animal*; whereas the *de-generation* of such organized residual products constitutes *no part* of the organic functions to be performed by the vegetable. In a word, the distinction in *function* between the animal and the vegetable is this—namely, the animal *de-generates* its finally or ultimately formed organized residual products; the vegetable *does not*. If, then, such be the distinction in function between the objects respectively of the two divisions of organic creation, *how* is the accomplishment of this distinction in function effected? *How*—that is, by what agency or means, is the degeneration of muscular fibre, for example, caused to take place in the animal, when we see that no such degeneration of woody fibre takes place in the vegetable, although that woody fibre be exposed, like muscular fibre, to the action of oxygen gas.\*

\* I trust that none of my readers will misunderstand my meaning in the above paragraph, or confound two considerations which are altogether distinct. It is, doubtless, a fact, that the *animal* tissues, such as muscular fibre, &c., have a tendency (resulting *exclusively* from the nature of *their own constitution*, and in no way dependent upon their association with any other structure whatever), it is, I say, a fact, that they have a tendency to undergo the process of disorganization when placed in circumstances under which the *vegetable* tissues, such as woody fibre, &c., may evince no such tendency whatever. The reader will bear in mind that it was with the *special design* of *their undergoing the process of degeneration within the animal frame*, that the *animal* tissues referred to have been constructed; consequently care has been taken by Nature that their constitution should be such as will admit of that process with *facility* taking place *so soon* as those structures shall be placed in the circumstances requiring their degeneration. No such degeneration of woody fibre, &c., is required to take place within the vegetable frame; consequently no such care has been taken with regard to its constitution. It is thus that from the fact of muscular fibre, &c., containing a large amount of the element *nitrogen*, as also from other constitutional peculiarities, to which it is unnecessary at present to refer; from the simple fact, I say, of its constitutional peculiarity (and depending upon no other distinction whatever) muscular fibre, &c., will doubtless undergo the process of disorganization (viz., run into decomposition) under circumstances under which the vegetable tissues (in the absence of this peculiarity of constitution) may retain their *organic* condition. If, for example, I remove a muscular fibre from an animal and at the same time a woody fibre from a vegetable, and expose both to the influence of oxygen gas, the former (from the peculiarities of its own constitution) will soon be reduced to the condition of mineral matter; whereas the latter (from a want of that constitutional peculiarity) may for an indefinite period retain the *organized* form. What I desire to impress upon the reader is this—namely, that the fact here referred to is entirely distinct from, and in no way interferes with that to which I have attempted to draw his attention in the above paragraph. I there refer exclusively to muscular fibre, &c., while constituting a portion of *living* man. That muscular fibre *does* undergo the process of degeneration *while* within the *living* man, is a fact that admits of no question; and the consideration which, in connexion with that fact, I have been above desirous of impressing on the reader is this—namely, that so long as his voluntary muscles, for example, constitute a portion of a *living* man, those muscles *do not begin* to undergo the process of degeneration (notwithstanding their constitutional peculiarity referred to) *until they commence the discharge of their function*; in a word, until they have been acted upon by *voluntary nerves*. *Until* those voluntary muscles have been acted upon by voluntary nerves, they retain the condition of muscular fibre possessed of *quiescent* vitality. When they are acted upon by voluntary nerves, they commence the discharge of their function; when their function has been *completely* discharged (namely, when they have lost all muscular contractility), they exist in a *degenerated* state; and in such state can with facility be reduced to the condition of *mineral matter*. The *complete and total* disorganization, however, of muscular fibre (that is, the reduction of *all* its components to the condition of *mineral matter*) does not (for important reasons) take place *within* the animal frame. How far *involuntary* muscles and vascular structure have or have not been placed under the control of *nervous influence* as their specific stimulus, I shall presently attempt to investigate.

How is this so? Upon what does it depend? It *must*, as I regard it, depend upon some distinction in *structure* between the vegetable and the animal. What, then, is that distinction in structure? There *must*, I say, as it appears to me, have been some *structural* distinction made between the vegetable and the animal kingdoms in general to provide for the accomplishment of this requisite or essential distinction in function. Let us then inquire *what it is*, physiologically speaking, which constitutes the fundamental and characteristic distinction in *structure* between the vegetable and the animal; and depend upon it if such distinction be truly ascertained, we shall not be far from a knowledge of the *specific* agency provided by Nature for causing the *de-generation* of muscular fibre, &c. It is needless for me to acquaint my readers that the distinction in structure referred to is this—namely, that to the *animal*, exclusively and alone, belongs what is termed “*a system of nerves*.” Here, then, we learn *why* it is that nervous tissue has been appended to the *other* organized structures referred to—here we have disclosed to us the nature of the *specific physiological function of nerves*. That function, as I regard it, is this—namely, to stimulate to the discharge of its specific physiological function each of those other orders of structures respectively with which such nerves have been placed by Nature in direct physiological contact. In a word, to be the *specific* stimulus of those other structures to the discharge of their function.

I shall for perspicuity recapitulate the foregoing observations. We see, 1st, that the organized residual products, named vascular structure, muscular fibre, and cerebral matter, *do* undergo the process of degeneration in the *animal* as a *necessary part* of that animal's function; and that the organized residual product, named woody fibre, &c., *does not* undergo the process of de-generation in the vegetable, but that the degeneration of such woody fibre, &c., forms *no part* of that vegetable's function. We see, 2nd, that the organized residual products, named vascular structure, muscular fibre, and cerebral matter (which *do* undergo the process of degeneration in the animal), *have been* respectively placed in close and intimate physiological connexion with *nerves*; and that the organized residual product, named woody fibre, &c. (which *does not* undergo the process of degeneration in the vegetable), *has not* been placed in physiological connexion with *nerves*. We see, 3rd, that the fundamental and characteristic distinction in *function* between the animal and the vegetable is this—namely, that in the *animal* (and *not* in the vegetable) the degeneration of organized residual products must of necessity take place; and that the fundamental and characteristic distinction in *structure* between the animal and the vegetable is this—namely, that the *animal* (and *not* the vegetable) has been provided by Nature with *nerves*. From these facts, I feel warranted in deducing the following conclusion—namely, that nerves (whatever additional function, whether imaginary or real, may be attributed to their agency) take some part in *causing the degeneration* of those organized structures with which they have been placed in physiological contact.

In one of my early communications (MEDICAL PRESS, Vol. xxvi., p. 149), I ventured to solicit the reader's attention to the following words, and to urge upon him to make himself fully convinced of their truth—viz., “The function of the vegetable is *single*—namely, the generation of structure; and the *specific stimulus* to the discharge of that function is *nutrient matter*.” My motive for then urging these words upon his attention was this—namely, that he might *now* be enabled, with greater facility and clearness, accurately to recognize (what to me appears to be) the true nature of the *specific* physiological function of nerves, and to comprehend the full force of the following statements—viz., the function of the *vegetable* is *single*—namely, the *generation* of structure; and the *specific stimulus* to the discharge of that function is *nutrient matter*. The function of the *animal* is *twofold*—namely, 1st, the *generation* of structure; and the *specific stimulus* to the discharge of that function is “*nutrient matter*,” and 2nd, the *de-generation* of the structures *last* formed, or *finally*



generated; and the specific stimulus to the discharge of that function is (for those structures which have been physiologically associated with nerves) the influence shed upon such structures by nerves.

I shall postpone any further observations upon this subject till my next communication. In the meantime, I would beg of the reader to reflect upon the nature of the *physiological relations* (viz., to the structures with which they are *anatomically connected*) of those nerves with the functions of which he is familiar.

(To be continued.)

## ON SYPHILITIC IRITIS IN INFANTS.

By JAMES DIXON, Esq., F.R.C.S.,

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INFLAMMATION of the iris, although an extremely rare form of infantile syphilis, has occasionally come under the notice of those who have had extensive opportunities for observing ophthalmic disease among the poor; and accordingly we find it alluded to in the works of Lawrence, Jacob, and Walker.

The first mentioned of these writers gives only slight details of his cases. One patient was nearly a year and a half old when the iritis came on, which was of a very "mild form; . . . the iris lost its brilliancy, and assumed a dark tint; the pupil was a little contracted; there was some redness of the sclerotica, and of the upper lid, and slight intolerance of light." The tendency to effusion of fibrin—the peculiar mark of syphilitic iritis in the adult—appears to have been altogether wanting. In the other patient an eruption showed itself a few weeks after birth, and a few weeks later severe inflammation of the eyes came on. Mercury arrested this, as it had arrested the eruption. Some weeks afterwards, "both pupils were fixed, and moderately contracted. An opaque body—not a cataract—was seen behind one; the other was clear. Both eyes were blind." Walker, in his "*Oculist's Vade Mecum*," briefly mentions the occasional occurrence of syphilitic iritis in infants; but in the *Provincial Medical and Surgical Journal* says he had seen about six cases of iritis in infants within as many years; he does not, however, expressly state that any of them had a venereal origin. Two of these cases of iritis he relates at length, and I shall have occasion more particularly to refer to them when speaking of the treatment of the disease. Evanson and Maunsell, with their very large experience of infantile complaints, saw but one case of syphilitic iritis—namely, in a child a year old. The father was the subject of syphilis, but the mother was not known to have been similarly affected. Dr. Taylor has lately seen iritis in an infant, but he considers the disease to have originated from the irritation of teething.

A well-marked case of syphilitic iritis, occurring in a child only four months old, has lately presented itself at the London Ophthalmic Hospital, and another came under my notice, four years ago, where nothing but the mother's own testimony was wanting to establish positively the specific origin of the disease.

Case 1.—Wm. T. J.—, aged four months, was brought to the hospital February 19, 1852. He was a well-grown child, lively, and taking the breast well, and this had been his character, his mother said, from his birth. A week before coming to the hospital the mother noticed that the sclerotic of the right eye looked "pinkish," and the child seemed rather to shun the light. Both of these symptoms, however, had passed off when I saw him, and the absence of sclerotic redness was remarkable, when compared with the large amount of fibrinous effusion in the anterior chamber. The cornea was clear; the upper half of the iris (of a gray colour) not perceptibly altered in structure; the lower half was completely hidden by a nodular mass of deposit, of a pale, Naples-yellow tint, which came in contact with the cornea, and completely filled the anterior chamber as high up as the middle of the pupil; the latter was rather dilated

than contracted, misshapen, uninfluenced by light, and rendered indistinct in its outline by a film of half fluid deposit, which encroached on the capsule.

At this time nothing was known about either the child or mother having had syphilitic symptoms; and the absence of sclerotic or conjunctival redness led me to regard the deposit in the anterior chamber as most probably of serofulous nature. As the child's bowels were in good order, nothing more was ordered on this first visit but five minims of Battley's liquor cinchonæ twice a day, and fomentation locally in the event of the eye becoming red or irritable.

23rd: The eye to-day looked much worse; the upper part of the iris, previously healthy in appearance, had assumed a dirty tint, and was seen through a turbid aqueous humour, looking as if recent fibrin were diffused through it, and rendering the form of the pupil almost indistinguishable; the left pupil had also become slightly irregular, and the aqueous humour had assumed, though in a less degree, the turbid appearance so remarkable in the other eye; still there was hardly any redness of either sclerotic.

I now obtained the following account from the mother, at present a remarkably healthy-looking young woman. She said that about six weeks before she became pregnant of this child, her husband communicated to her the venereal disease. She had sores and enlarged inguinal glands, and was under treatment as an hospital out-patient for five weeks, towards the end of which time "pimples" appeared on her face and arms. Both sores and eruption yielded to a moderate course of mercury. She said she had no sore-throat, and there are no scars to be seen about the palate or tonsils. When the child was about a month old, he was attacked with a moist, dusky-red eruption over the greater part of the body. A medical man, to whom the child was taken, administered powders (probably mercury-with-chalk,) and in about five weeks the eruption disappeared, with considerable desquamation of cuticle.

The increased tendency to deposit in the child's right eye, and the extension of disease to the left one, together with the history which had been obtained from the mother, showed that no time was to be lost in administering mercury; and accordingly a grain of mercury-with-chalk was ordered to be given night and morning, the liquor cinchonæ being continued as before.

26th: No extension of disease in the left eye; indeed the aqueous humour seems, if anything, rather less turbid; in the right eye the yellow deposit is no longer aggregated together in a mass at the lower part of the anterior chamber, but seems as if softened and undergoing solution in the aqueous humour, so that the position of the pupil can hardly be traced through the cloudy medium. The child's health continues good, his bowels are moderately open, and he takes the breast well.

March 1st: Less deposit in the right anterior chamber; the outer circumference of the iris is more distinctly seen, the fibrin having collected in a denser mass about the pupil, which is even more obscured than on the last visit; the left pupil is rapidly clearing, and becoming more regular in its outline. 4th: Things have gone on improving during the last three days; more and more of the outer part of the right iris is coming into view, and the denser portion of the fibrin is seen lying in the pupil; the left eye is almost well. 11th: The iris has regained its natural colour and texture, except near the upper and outer edge of the pupil, where some enlarged veins are visible, and a minute patch of blood is seen extravasated among the fibres of the iris; the pupillary margin is jagged, and adherent throughout to the capsule of the lens, which is overspread with an opaque layer of pale yellow fibrin, in the centre of which is a raised nodule of the same deposit; the left eye is well; the pupil round and clear; and the child enjoys good sight with it. 25th: The left eye remains perfectly healthy. A considerable change has taken place in the right; much of the fibrin which was filling the pupil has been absorbed, and only a very thin, smooth layer overspreads the capsule; the edge of the pupil has lost its jagged outline; the lens comes a good deal forwards, so as very much to diminish



the anterior chamber; the veins of the iris are still here and there visible; the child's general health is very good, and his skin is losing a certain dusky tinge which it had when he was first put under treatment. He still continues to take a grain of mercury-with-chalk twice a day.

*Case 2.*—*Mary Ann W.*—, aged three months, was brought to me from Croydon, November 13, 1848. The child was strong and healthy-looking at birth; but when about seven weeks old, a brownish-red, scaly eruption appeared over the greater part of the body, which the medical man to whom the mother applied considered to be syphilitic, and for which he prescribed some mercury-with-chalk and one-tenth of a grain of iodide of potassium twice a day.

About a fortnight after the eruption broke out, the mother noticed that the child, who hitherto had seen quite well, had “a pearly appearance” in each pupil, and seemed to be nearly blind. I found the eyes in the following condition:—Both globes rather unsteady, rolling a little from side to side. There was no redness of either sclerótica. All the eye-lashes had fallen off. The left iris (gray) was dotted over, throughout its lower half, with little grayish-white masses, almost like grains of coarse sand, and the inner portion of the iris was streaked with lines of a similar tint, passing vertically, as if fibrin had trickled over the part, and left a track behind. The pupil was contracted, and fringed with the same kind of grayish-white deposit as appeared on the surface of the iris; adhesion of the pupillary edge to the capsule of the lens seemed to have taken place, inasmuch as atropine, which dilated the right pupil, had no effect on the left one. The body of the lens was a little cloudy.

The right iris looked healthy throughout, and the body of the lens clear; but on the capsule, just skirting the outer edge of the pupil, was a chalky-white, crescentic patch; there was, however, no adhesion of the iris at this point, for when atropine was used, the patch became separated to some distance from the pupillary edge.

The child's mouth was affected with aphthæ, and a scaly eruption covered the face. On the lower limbs were patches of a coppery tinge, extending upwards to the belly and downwards below the knees, with desquamation of the cuticle.

Although both parents denied having had venereal disease, the condition of the child convinced me that its symptoms were of syphilitic origin, and accordingly I ordered two grains of mercury-with-chalk, to be taken night and morning.

November 20th: The eruption has nearly faded away, and the mouth is free from aphthæ; the dots on the left iris, and the crescentic patch on the left capsule, look smaller. Ordered mercury-with-chalk two grains every night, liquor cinchonæ five minims twice a day, in milk. 27th: All eruption gone; the child takes the breast well, and is improved in general appearance; the grayish dots and streaks on the left iris have entirely disappeared, and the whitish line of adhesion between the pupillary edge and the capsule exists only towards the upper and outer part; in the right eye, the chalky-looking patch on the capsule is reduced to two small dots, marking the horns of the crescent.

December 4th: The child's health is excellent; the pupil of the right eye, when dilated with atropine, is very slightly irregular, owing apparently to some little adhesion of its outer edge to the capsule. Every trace of the white patch on the latter is gone, and the pupil is quite black and clear; the left iris now looks healthy in its texture, but there is irregularity and immobility of the pupil, which has not expanded under the use of atropine, and a slight milkiness of the lens remains. The child seems to have regained good sight in right eye, and follows white objects, such as a pen or piece of paper, moved to and fro before it.

January 1, 1849: Two grains of mercury-with-chalk have been taken every day up to the present time. The left pupil is still rather smaller than the right, but no synechia can be detected. The child is in good health, and notices objects well. It seems to see the right eye more than the left. The eye-lashes have grown again, and are thicker than

ever. The medicines were continued in diminished doses for about three weeks after this date.

March 25, 1850: The child is well-grown and healthy; there is no synechia to be seen in either eye; the only morbid appearance is a slight cloudiness of the left lens. The steady improvement, under the use of mercury, without any local depletion or counter-irritation, seems to confirm the belief that both of these cases were really of venereal origin. In Case 2, one link in the chain of evidence is wanting—namely, the mother's admission that she had suffered from venereal disease; but no one who has had much experience in treating syphilitic patients will allow the absence of this testimony entirely to set aside the positive proof afforded by well-marked morbid phenomena.

At the beginning of this paper I spoke of the rarity of iritis as a form of infantile syphilis. Mr. Lawrence, writing in 1841, says—“Numerous children labouring under this disease (syphilis) have come under my observation, but iritis has occurred in two instances only.”

In the nine years during which I have been attached to the London Ophthalmic Hospital, the annual number of out-patients has progressively increased from 6000 to 11,000, and yet the two cases above related are the only instances in which syphilitic iritis in infants has come under my own notice. The very slight degree of redness in the sclerotic of infants attacked with this form of inflammation is a fact which did not escape the notice of Dr. Jacob. In Case 1, above related, there appears to have been some little redness of the eyeball at the first onset of the inflammation; but, during the time when effusion of fibrin was going on, the sclerotic was, as nearly as possible, of healthy appearance; and, in Case 2, it was cloudiness of one of the child's lenses, and its impaired sight, not any redness of the eyeball, which drew the mother's attention to the disease. Yet, notwithstanding this seemingly low stage of the inflammatory process, organization of fibrin was rapidly proceeding to the formation of opaque adhesions between the iris and capsule of the lens.

Walker, on the contrary, asserts, that iritis in infants is usually accompanied with “considerable intolerance of light and lachrymation.” There are several points in this treatment which call for remark. He advises leeches to the palpebræ as “useful in most cases—in such numbers as are suitable to the age and constitution of the child.” The “constitution” of the children brought as patients to the eye-hospitals of our great towns, is seldom so robust as to allow of their losing blood without injury; and the occasional application of two or three leeches to the lids, as Walker advises, could influence but little the deep-seated tissues of the iris, choroid, and retina, so as to lessen the disposition of their vessels to exude fibrin.

He goes on to say, that “purgatives, and in some instances even nauseants, should be freely administered in the first instance.” Now, that the contents of the child's bowels should not be allowed unduly to accumulate is self-evident; but the use of any medicines likely to nauseate, and unfit the stomach for retaining food, I cannot but regard as mischievous. In no patients do we find fibrinous effusions on the iris and in the anterior chamber more abundant than in those whose vital energy has been depressed below the natural standard.

Walker next adverts to the use of mercury:—“Small doses of calomel, or of mercury-with-chalk, should be administered without delay, and continued until the progress of the disease has been arrested, or the system has been brought under the influence of this powerful agent.” With this opinion I entirely agree; but let us see what he considers to be “small” doses. In Case 1, an infant seven months old, two grains of calomel were given twice a day during five weeks; then once a day for two months longer; at the end of that time the dose is resumed night and morning. And what is the result? The last report says: “No alteration of the eye was observed after this time, the pupil remaining permanently contracted, and the capsule opaque.” The eye, in other words, was useless. This patient had had no eruptions, nor was there any suspicion, apparently, that the iritis was of syphilitic origin, and yet



this enormous quantity of calomel was administered; while in Case 2, where eruptions, of supposed venereal origin, had attacked a child six months old, the accompanying iritis, although attended with as great a tendency to fibrinous effusion as in Case 1, was treated with moderate doses of mercury-with-chalk—two grains night and morning. After less than three weeks of this treatment, “the inflammatory action had entirely ceased; the pupil was moderately dilated, and apparently fixed; the iris appeared dull, but the tubercles (fibrin) had disappeared from its surface . . . the blotches on the forehead were much diminished, the bowels more regular, and the general health better.” So that (other things being to all appearance equal) the case treated with moderate doses did better than that where such large quantities of calomel had been given.

A few words in conclusion, on the use of belladonna. Walker says—and similar advice is given by most ophthalmic writers when treating of iritis—“Belladonna should be applied freely around the orbital region, so as, if possible, to keep the pupil in a state of expansion.” And again,—“Belladonna must be regarded as the paramount local remedy.” I have elsewhere drawn attention to the inutility of belladonna when the iris is in a state of active inflammation. Such an iris does not move when belladonna is applied to the eye. The natural movements of the healthy iris are extremely delicate, and cannot be properly performed unless there exists a certain balance of pressure in the fluids of the globe. Over-distension of the anterior chamber with aqueous fluid, extensive loss of vitreous humour, undue pressing forwards of the lens, are all causes which will arrest the proper movements of the iris, even when its structure is not appreciably altered; but when this is in a state of inflammation, its veins distended, and fibrin infiltrated into its tissues, no application of belladonna will alter the dimensions of the pupil to any considerable extent. This is a fact which any one treating a case of active iritis can verify for himself; and when once the pupil is filled with effused fibrin, dilatation, even if “possible,” will avail nothing, unless such a change in the patient's blood be effected as will check the pouring out of fibrin, and promote the absorption of that already effused. Iritis (apart from the concomitant inflammation of choroid and retina) destroys sight—not because the edge of the pupil becomes here and there united to the capsule of the lens, or because the pupil is rendered smaller; such adhesions would affect only the proper adjusting changes in the size of the pupil: what we fear in iritis is, that the area of the pupil should get filled with fibrin, which, becoming a firm, opaque membrane, would entirely shut up the aperture.

Now let us see whether my assertions are borne out by the result of Walker's cases. In the first, belladonna appears to have been constantly used during more than four months, and yet the conclusion of the report describes the pupil as “remaining permanently contracted, and the capsule opaque.” In the second case, when the eye was first seen, the pupil was “circular, and not much contracted.” Belladonna was constantly used for more than a month, and yet at the end of this period the pupil is stated to have been “moderately dilated” (nearly equivalent to “not much contracted”), “and apparently fixed.”

The inefficacy of belladonna in acute iritis was forced upon my notice by the fact that whenever I saw a patient, who, any considerable time previously, had been the subject of that disease, I never found a pupil fixed by synechia in a condition of permanent dilatation; and yet this ought sometimes to happen if belladonna acted in the manner its advocates allege. Indispensable as this substance is for attaining a correct diagnosis of morbid changes posterior to the iris, I look upon its employment when that structure is inflamed, not only as ineffectual towards attaining the end proposed, but as likely, in some measure, to draw off the surgeon's attention from that all-important agent, mercury, which alone, as far as we yet know, has the power of checking those inflammatory changes in the eyeball comprehended under the single term, iritis.—*Lancet*.

#### CASE ILLUSTRATING THE PATHOLOGY OF SECRETION OF PUS IN THE LIVER—SUPPURATIVE PORTAL PHLEBITIS.

By Dr. SWETT, Physician to the New York Hospital.

THE following paper presents the history of a case of a rare form of disease, the diagnosis of which must be attended frequently, if not generally, with considerable difficulty. The case is also interesting as illustrative of the general symptoms associated with suppurative phlebitis:—

A gentleman, aged 58, had generally enjoyed good health, except that fifteen years ago he had an affection of his stomach, which was suspected at the time to be of a cancerous nature, but from which he perfectly recovered by visiting the Sulphur Springs of Virginia. During the eighteen months also, preceding the fatal sickness, he had noticed occasionally a slight tendency to diarrhoea, which did not interrupt, however, his usual good health. Indeed, his friends, just before his last sickness, regarded his health as unusually good. During the early part of the autumn, he had been somewhat exposed for two or three weeks to the malarious influence. On the 10th of October, he attended to his business as usual during the morning, but in the afternoon he returned home feeling unwell. In the evening he sent for his physician, who found him complaining of a muddy feeling across the forehead, of nausea with slight vomiting of bilious matter, and of slight colic-like pain in the abdomen; his skin was rather feverish, and his pulse about 100. He took some purgative medicine containing blue-pill, which operated well, producing healthy, natural stools, and affording relief. On the next day he continued to be slightly feverish; his pulse was still accelerated, and his skin began to assume a yellowish tinge. He complained of a sensation of inward fever, as he called it, which he referred to the epigastric region. About this time also he began to experience chills.

The jaundice continued to increase, and the chills returned irregularly, sometimes three or four times in a day, followed by increased heat, which soon terminated in profuse perspiration. There was no complaint of pain, nor of tenderness on pressure anywhere, and especially over the region of the liver, which was carefully examined. The cerebral functions, as well as those of the chest, were quite undisturbed; the pulse was generally below 100; there was some appetite; the patient enjoying a little chicken soup, and tea with cracker. The bowels were kept regular by simple purgatives and by injections.

About the 22nd of October, two weeks after his illness commenced, the chills assuming more regularity, and the remission of the fever seeming to be more distinct, and there being no local pain or uneasiness—indeed, no evidence of any local affection except the jaundice, and with this the stools were quite natural in appearance, ten grains of the sulphate of quinine were administered, and afterwards five grains every four hours, until three doses had been taken. This treatment was at first followed by marked relief; the next day he took five grains every four hours, until he had taken three doses; the third day he took but two doses, as the improvement first experienced from the use of the remedy did not continue, and the chills had returned. He also complained of deafness and of ringing in the ears.

A temporising plan of treatment was now pursued again. The patient used effervescent draughts, and took with some relief a bowl of chicken soup. The bowels were regulated by simple means; a little sulphuric acid, and afterwards the nitro-muriatic acid, which the patient enjoyed very much, was prescribed, and a foot-bath of the same was used at night. There was still no complaint of pain in the region of the liver, and firm pressure, especially upward under the ribs, in the right hypochondriac region, and percussion in the same region, discovered no tenderness. The pulse continued to range at about 100, but the chills returned irregularly, followed by increased fever, and rapidly by profuse perspiration. The yellowness of the skin was diminishing. About the 28th of October,



the febrile symptoms having again assumed a more regular type, quinine was again prescribed, but with no benefit. It was therefore omitted, and the expectant plan of treatment again adopted.

This plan of treatment was continued until the 3rd of November. The patient when asked how he felt, invariably answered "perfectly comfortable." There was still no pain or tenderness on pressure over the region of the liver; the jaundice was diminishing; the pulse was about 100, soft and regular; the patient slept tolerably at night; his tongue was slightly coated, but he took nourishment with a certain relish; his intellect was perfectly clear, and he was now quiet and composed. The chills had again assumed more regularity. Every afternoon, at about half-past three, a chill would occur, followed by fever, and rapidly by profuse perspiration; but during night the face was flushed, and the skin hot and dry. Towards the morning the excitement seemed to abate, and the pulse became less frequent, and from this time until three or four o'clock in the afternoon, the patient was more comfortable. Still a slight degree of chilliness would recur, irregularly, at different periods of the day. It was determined to try again the effect of quinine. A grain every hour for three successive hours was prescribed, when the chill recurred at the usual hour, three p.m. It was administered again in the same doses, commencing at two p.m. of the 4th of November, when the paroxysm of the preceding afternoon had subsided. It was continued through the day, and at three p.m. a full dose of laudanum was administered. The chill did not recur, nor ever afterward.

The quinine was omitted as soon as the chill had ceased, on the morning of the 6th of November; and the case was again treated by the expectant plan. A little brandy was allowed, and beef-tea was directed to be given. On the evening of the 6th of November, there was some vomiting; the abdomen was becoming tympanitic, and then the prostration, which had been great, became more decided. Still there was no abdominal pain or tenderness, and there were two natural stools following a simple injection. The tendency to sinking continued during the night, and on the morning of the 7th of November, the patient was decidedly worse. His pulse was feeble and irregular, the skin was inclined to be cold, his features were altered, and he vomited at times. Still his intellect was perfectly clear, his manner composed and tranquil, and he experienced no abdominal pain or tenderness, although the tympanitis continued. During the day, with the use of moderate stimulation, he rallied gradually. His pulse became regular and improved in strength, and had fallen to 104; the temperature of the skin was quite natural; there was no tendency to chill or perspiration. Once, during the afternoon, he complained of pain in the right side of the abdomen, which was relieved by pressure. The succeeding night was passed comfortably; the patient slept a good deal, awaking at intervals; and on the morning of the 9th of November, he was apparently more comfortable than the day before; his pulse had fallen to 96, and was regular, but rather feeble; there was no febrile excitement; the tongue was moist, and but slightly coated; the stomach was tranquil, and there was no complaint of pain. The patient gave his oft-repeated answer:—"I am perfectly comfortable." But about the middle of the day, the mind began to wander a little, and a tendency to restlessness ensued, with hicough. A severe attack of abdominal pain ensued, which was relieved by a mustard plaster. The abdomen was still distended, and it felt very hard on pressure, which, however, produced no decided pain. During the evening the patient gradually sank, and died during the night.

*Autopsy.*—The evidences of general peritonitis existed. Lymph and sero-purulent matter were effused in the peritoneal cavity; there was but little lymph effused on the surface of the liver or of the spleen, and none upon the surface of the stomach; the liver was not enlarged; it was of a dark and rather greenish hue, and somewhat flabby; the portal vein was hard and firm, and when examined was found filled with lymph, partly firm, partly

broken down into a grumous detritus. The branches of this vein, as they ramified through the liver, were filled with healthy pus. The hepatic veins were not affected; the substance of the liver was also quite healthy; the mesenteric vein supplying the small intestines was also filled with pus, and the mesentery itself was much thickened, and its cellular tissue contained numerous collections of pus. The stomach and the intestinal canal, examined as low as the rectum, were quite healthy, except that the coats were somewhat thickened. The other abdominal organs were also healthy. The lungs contained a few cretaceous tubercles. The brain was not examined.—*New York Medical Times.*

#### SPONTANEOUS CURE OF OVARIAN TUMOURS BY DISCHARGE OF THEIR CONTENTS THROUGH THE FALLOPIAN TUBES.

By Dr. ROBERTSON.

THE following case occurred to Dr. Robertson, Physician to the Hitchin Infirmary, and to the notes of which he had an opportunity of adding the post-mortem appearances:—Mrs. —, a delicate, strumous, married young woman, consulted me in June, 1847, regarding her enlarged abdomen. She said that now her abdomen had enlarged gradually for some months, but more rapidly within the last two months; it was as large as, and of similar appearance to, that of a pregnant woman at her full time. She had menstruated regularly; did not think she had ever been pregnant; passed but a small quantity of milky-looking urine. A fluctuating tumour filled the pelvis, pressing on the rectum and vagina; the uterus was distinguishable, high up, but small. A catheter was passed: the bladder was empty. She told me she had a similar swelling about a year before this time, which ended by an immense discharge from the vagina. She attributed this first attack to over-exertion in walking. Her health had been very delicate for some years; she suffered much from dysmenorrhœa. A few days after this, whilst in bed, suddenly a great discharge of most abominably stinking, white, slimy fluid, with a quantity of white and greenish flakes and pieces of bladder-like substance floating in it, enough to fill two full-sized chamber-pots, took place per vaginam. The abdomen resumed its natural size; the discharge in four months diminished to a mere weeping. She now had symptoms of phthisis, and died in September, 1848. On making examination after death, we found old adhesions plentiful about the lower abdominal and pelvic regions, attaching the various viscera together. In the right ovary was a cyst as large as a medium-sized orange, with a very ragged interior, containing some fluid like that discharged; it was much corrugated and collapsed, and communicated with the Fallopian tube, on which were two other cysts of the same appearance as the other, but about one-fourth the size; there was also one cyst, unruptured, as big as a small orange, filled with glairy fluid, in the same ovary. In the left ovary was a cyst of precisely the same appearance as that first described, but empty, communicating with the left Fallopian tube. The Fallopian tubes were dilated; the uterus was sound, but harder than usual throughout.

The following is somewhat similar, but not so complete:—Mrs. G—, a cachectic, strumous married woman, aged 36, not having been pregnant, and who menstruated regularly, observed about sixteen years ago (this was in December, 1848) a fulness in the right iliac region, which had since gradually become greater, and which on examination presented the usual signs of an ovarian tumour, she being at this time as big as if about seven months gone with child. In February, 1849, she found herself one morning, on waking, in a pool of "blood and matter" up to her shoulders, which had escaped per vaginam. A considerable discharge continued for some time, but in six months had nearly ceased; her general health had improved, and the abdomen resumed its natural size. She is now (September, 1851) in pretty good health, and the contents of the pelvis appear healthy.—*Lancet.*



## CONTAGION OF SECONDARY SYPHILIS.

THE idea, which now appears to be gaining ground, that secondary syphilis is communicable, has been recently taken up by Dr. Waller, of Prague, in an elaborate memoir. The author herein expresses his conviction, that this form of the disease is contagious, upon the following grounds:—

1. That it is not uncommon to meet with mucous tubercles in persons who have neither had chancre nor gonorrhœa, in whom, in fact, these flat tubercles were the first manifestation of syphilis. 2. That other forms of syphilis, usually denominated secondary, may be the first symptom of the disease. 3. That secondary syphilis may be perpetuated by the agency of the blood.

Several clinical facts are adduced which bear upon these propositions, but we shall pass on to the actual experiment by inoculation, as affording the most conclusive evidence in favour of the author's assumptions. These experiments were of two kinds; in one series the inoculation was from the secretions of the mucous tubercles, in the other the blood itself was the medium of inoculation.

The first kind of inoculation was performed upon a young man who had never been the subject of chancre or gonorrhœa, by means of punctures on the thigh, to which lint, dipped in the secretion, from a patient labouring under condylomata, was applied; the result was, the production of numerous tubercles upon the site of the punctures. Twenty-seven days after the first appearance of these, syphilitic maculæ began to show themselves on the abdomen, and in a few days more the whole body was covered.

The second kind of inoculation was made upon a lad, aged 15, the subject of lupus, who had never had syphilis. On the 27th of July some blood was drawn, by cupping, from a female who was labouring under syphilitic maculæ and tubercles, and was immediately applied by means of lint to some scarifications on the thigh of the boy. Neither inflammation nor suppuration ensued, and in three days the incisions were completely healed. On the 31st of August—i.e., twenty-four days after inoculation, two tubercles, the size of a pea, were observed upon the site of the punctures; these increased in size, coalesced, and became covered with thin scales. Eventually ulceration took place. On the 1st of October, sixty-five days after inoculation, and thirty days after the appearance of the tubercles, an eruption, of a distinctly syphilitic tint, came out upon belly, back, and chest, and speedily became general.

From these experiments the author deduces the following propositions:—1. Both primary and secondary syphilis are inoculable. 2. Contrary to the doctrine of M. Ricord, that secondary phenomena are always preceded by chancre, it is established, that in certain cases the symptoms usually considered as secondary, may be the first manifestation of the disease. 3. Neither can we receive, as strictly true, the maxim propounded by M. Ricord, that inoculation furnishes a means of diagnosing primary from secondary syphilis.—*Prov. Jour.*

## HÆMORRHAGE FROM TOOTH-DRAWING.

READING in your valuable journal of April 24th, a case in which an infant died from hæmorrhage of the gums after scarification, I am induced to relate a case which occurred in my own practice, with a gentleman, for whom I extracted the fangs of a first molar, some three or four months since, when profuse bleeding ensued; and although all the styptics were used, and plugs of lint forced into the cavities, yet it continued for seven hours. I now thought it quite time to devise some means, if possible, to arrest it, particularly as my patient was becoming weak; and it struck me that gutta percha would be just the thing. It scarcely required or had a minute's consideration before I had a piece well softened in hot water, which I moulded over the wound, down on either side of the alveolar ridge, leaving it high enough for the upper teeth to press firmly on it; this had the desired effect. The hæmorrhage was immediately arrested, and my patient retired to rest to be annoyed no more with it. My impression is, that the same means may be used in numberless instances for the same purpose, requiring only a little ingenuity to adapt it to the particular case.—*Mr. Rowney, Dentist, of Lynn, in Lancet.*

## REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By J. MOORE NELIGAN, M.D., &c. &c. Dublin. 1852. pp. 439.

As Irish journalists it gives us much pleasure to bring under the notice of our readers another practical work in addition to the many which of late years have issued from the Dublin School. Some of our contemporaries are pleased to refer to certain deficiencies on this side of the water, and to congratulate themselves on what an American would call their "go-a-headativeness," but we defy them to produce an equally numerous list of equally valuable works in all the practical departments of medicine.

Dr. Neligan is already well known to the profession by his excellent work on *Materia Medica*, and we have great pleasure in saying that the present volume will add to his reputation as a practical physician. It is very well written, and gotten up in a style that will not lose by comparison with books published in England or Scotland.

Fully agreeing with Dr. Neligan in his objections to all the natural classifications that have been attempted, we think also that his artificial one is the most simple and comprehensive we have seen. It is as follows:—

## Order.

## Genera.

1. Exanthemata.... Erythema, erysipelas, urticaria, roseola.
2. Vesiculæ, ..... { Eczema, herpes, pemphigus, rupia, scabies.
3. Pustulæ ..... Acne, impetigo, ecthyma.
4. Papulæ..... Lichen, prurigo.
5. Squamæ ..... Psoriasis, pityriasis.
6. Hypertrophia, { Ichthyosis, molluscum, stearrhœa, elephantiasis, verruca, clavus, callositates, condylomata, nævus.
7. Hæmorrhagiæ... Purpura.
8. Maculæ..... Vitiligo, epiphis.
9. Caneroides..... Lupus, kelois.
10. Dermatophyta... Porrigo, sycosis.

With two supplementary groups—the syphilides and the diseases of the hair and nails.

The descriptions of the different diseases are carefully and graphically written, evidently from the author's own observation; but whilst this is the foundation, we do not find that he has been negligent in doing full justice to other observers. We are glad to see also that the differential diagnosis is well brought out. Few things puzzle a beginner more than the exact distinction between similar diseases of the skin, and mistakes by even advanced practitioners are not very uncommon. As an illustration, we will quote the diagnosis of eczema:—

"The diagnosis of eczema in its advanced stages, and in some of its local forms, is not unattended with difficulty. Eczema simplex may, at its origin, be mistaken for herpes, but the vesicles in the latter are larger, more distinct from each other, and occur in patches, always well-defined, and often of small extent. When it appears on the fingers, the serious mistake of confounding it with scabies is not unfrequently made, and thus much mental annoyance may be caused, not alone to individuals, but to families, owing to the dread and anxiety with which that eruption is viewed by all. Even at their commencement, they are, however, readily to be distinguished, the vesicles in itch being solitary, large, and conical, and becoming rapidly purulent. The tingling burning heat of eczema is also very different from the intense itching of scabies; and by careful examination, the itch-insect, the existence of which is an unfailing diagnostic sign, may be discerned in the latter. In fevers and other diseases in which profuse sweating occurs, a vesicular eruption, which, from the cause by which it is produced, is termed *sudamina*, appears not unfrequently on the cutaneous surface, and might be mistaken for eczema simplex; but in it the vesicles, though



of small size, are few in number, perfectly distinct and separated from each other, and drying up in a few days, disappear without any serous exudation or local irritation.

Eczema impetiginodes, as its name indicates, very closely resembles impetigo; in both there is a purulent discharge, but the crusts or scabs which form on the affected part are always of a greenish hue, and the discharge purulent in the latter; while they are yellowish, or yellowish-brown, and the discharge sero-purulent, in the former. The chronic forms of the disease are liable to be mistaken for chronic lichen, especially for lichen agrius, when seated on the hands, a serous exudation being then usually present, but the latter eruption never loses its papular character, the portion of the integuments which is affected being raised unevenly, rough, and not marked by the cracks and fissures so characteristic of chronic eczema; and the serous exudation is small in quantity, is evidently caused by the local irritation to which the eruption gives rise, and only occurs occasionally. With psoriasis, too, chronic eczema may be confounded, by the superficial observer, in consequence of the epidermic desquamation by which it is attended, but the formation of true scabs never takes place in the latter, nor the copious serous exudation in the former. The diagnostic marks between impetigo and eczema have been noticed when describing that eruption. Eczema faciei is distinguished from herpes, in addition to the difference in the character of the eruption already mentioned, by the latter affecting the mouth or lips alone, while the former is not confined to any special locality.

Eczema capitis may be confounded with impetigo or herpes of the scalp; it is diagnosed from either by the copious serous exudation, which dries rapidly into yellowish, not greenish, crusts, by the rapid and excessive formation of soft furfuraceous scales, and by the hair not being affected. For porrigo capitis it can scarcely be mistaken, but the characteristic differences between the two eruptions will be more easily understood by deferring the mention of them until describing that disease." (p. 80.)

This extract will at once exhibit the style of the author, and the care that he has taken to render an accurate diagnosis easy. But we should be doing him great injustice did we not point out the eminently practical character of the work. As regards treatment, not only is the treatment of each disease elaborately detailed when treating of it, with all the modern improvements and additions to our remedial means, but he has added a most valuable chapter on the therapeutics of diseases of the skin, in which he gives a *resumé* of all the means at our command, enriched by extensive reading and his own personal experience. Our limits do not permit us to enter into a fuller analysis of the volume, but we strongly recommend it to our readers. It is less bulky, cheaper, and contains all that is valuable of the larger modern treatises, and we need not add that it contains much important matter not dreamt of by the older writers.

We repeat, that it is throughout essentially a practical treatise—practical in its descriptions, in its diagnosis, and in its treatment. It bears the marks of great care, and of extensive observation, and its style is simple, clear, and condensed. We anticipate for it a success equal, if not superior, to Dr. Neligan's former work, and for this it has our sincere good wishes.

**LIGATURE OF THE ABDOMINAL AORTA.**—This unwarrantable operation has been lately performed by a Portuguese surgeon, who has published the particulars of the case in the *Revue Medico-Chirurgicale* for March, 1852. The disease for which it was undertaken was supposed to be aneurism of the common iliac; the result, as may be readily imagined, was death. A post-mortem examination showed that the tumour was, in reality, an aneurism of the external iliac, and that ligature of the upper part of that vessel might have been accomplished.—*Prov. Jour.*

#### ADDRESS AND PRESENTATION OF PLATE TO DR. WILLIAM MCGEE OF BELFAST.

On the 14th inst., a number of the friends of Dr. McGee met in Belfast for the purpose of presenting that gentleman with an address and a piece of plate, as a testimony of the respect and esteem in which they regard his exertions in his profession, and his character as a gentleman. Dr. R. Bryce occupied the chair on the occasion, and Dr. Dill the vice-chair. A handsome collation was provided on the occasion, Drs. Patterson and Pirrie acting as stewards. There were present a large proportion of the medical practitioners of Belfast and its vicinity, and among the guests were the medical officers of the regiment at present in garrison here.

The usual loyal and routine toasts having been drank, "The health of Dr. McGee" was given from the chair.

Dr. McGEE, after reading his reply to the address, spoke as follows:—Mr. Chairman and gentlemen, I feel this to be a proud moment of my life, and my heart would be cold; indeed, if insensible to the honours conferred on me. The approval of a body of men such as I now see around me is well worth striving for, but I dare not flatter myself that your praise has been fully merited; for I am very sensible of my short-comings on many occasions. If I have been of service in warding the just claims of our juniors, or have in any way promoted their interests, I feel proud to be ranked as a worker in the field in which Dr. Samuel S. Thomson so long and so untriflingly laboured (hear). He lived to see, after many struggles, the principle admitted of remuneration for medical attendance on the poor. Who can tell if any of us shall live to see the question settled, by the awarding, not only to the medical officers of dispensaries, but to those of hospitals and other public institutions, adequate remuneration for their services. More we should not seek; with less we should not be satisfied. Each of us should so exert himself, and so use his opportunities, as though success depended on his individual efforts. If thus sought for, success must follow (applause.) That our profession is eminently entitled to the respect and gratitude of the community must be admitted. Let it not be said, for no man can with truth say, that ours is a mercenary profession. Let the public look around, and then tell what men or what class of men have so freely, so cheerfully given their time and their purse, alas! too often but scantily supplied, and have perilled health and life itself in what is called the service of the poor, but what is, truly, the service of the rich. When death comes knocking to the poor man's cabin, it is but a short step to the palace of the peer. It seems to have been forgotten that doctors require food and raiment like other people; indeed, the public so long found their calls for gratuitous service freely responded to, that they, at length, viewed your time and your services as public property, to which they had acquired a title by prescription, and they deemed the even mooted the question of remuneration to be an encroachment on their vested rights. As it is an honourable, so also is it an arduous, profession—a profession in which the prizes are few and the risks many. This will be manifest if it be remembered how very busy death has been among us. We see our friends and brothers taken from around us, and yet do not the less expose ourselves to the risk of contagion. During the last few years, many of our brethren have been summoned away; some in the fulness of time, others just entering on their career. The severing of such links are sad breakings from the chain of our friendships. This evening, again, we cannot but note and lament the absence from our board of two of our most esteemed and valued members—men who might reasonably have hoped for many years continuance here on earth; but it was ordered otherwise, and they, too, are gone. It may be said that such topics should not be introduced on festive occasions; but, surely, we can spare a minute from our rejoicing to show that our brothers, now no more, are not forgotten—that "their memories still live though their spirits are fled." I request permission to give "The memory of our departed brethren."

The toast was drunk in solemn silence, and the company shortly after separated.



## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 23, 1852.

We know not how it may be elsewhere, but in Ireland, at all events, there seems to be a tacit understanding that the prime object of all public institutions is the advancement of persons holding office in them, and the distribution of pecuniary benefits amongst those connected with them. And yet, again, perhaps we do know how it is elsewhere; for, to say the truth, the same laudable principle seems to prevail pretty generally. It is true that in England the practical application of the assumption is conducted more decorously, and in Scotland more cannily than in Ireland; but in one way or another it is allowed to operate. Even the Frenchman will say *c'est vrai*, and admit with a shrug that *c'est partout comme chez nous*: and so perhaps of all the world. And wherefore should it not, for such is the bent of the human mind? That self-preservation is the first law of Nature, has passed into a proverb; and what is turning circumstances to account but self-preservation. In fact, the sooner men come to comprehend this the better, and the sooner they act in conformity with such conviction the better still; but not as some men act, sacrificing the institution to selfishness or cupidity, and killing the goose with the golden eggs; or yet, again, consulting their own interests, regardless of all others. Far better to have this "understanding" clearly recognized and openly adopted, than as now, repudiated, while covertly tolerated. Restricting our observations to institutions belonging to or connected with our profession, such as Colleges, Schools, Hospitals, Societies, or Academies, we would suggest that, so far from rejecting the notion that the officers or members of them should have no personal interest in their welfare, the very reverse should be admitted. Every member of a public body should be taught to feel that, be his position in it what it may, he, sooner or later, in a greater or less degree, will be benefited by his connexion with it, and all he has in addition to learn will be, that he is not to seek to be prematurely or disproportionately benefited by it to the injury of its character or the interruption of its operations. This moderate estimate of a man's interest in the progress of an institution is not, however, the one universally adopted: as we have above hinted, a much more exaggerated one is often formed. Many, with great composure, assume that the prime object to be achieved is personal aggrandizement, the second being the success of the establishment; while some go even further, and assume that personal interests are to be consulted regardless of all other considerations. One says, I must first take care of myself and then of the College; the other, I must take care of myself, and as for the College, let it take care of itself. Nay, some will go so far as to avow a determination to turn circumstances to account, like the Irish patriot at the Union, who, when asked whether he, too, was about to sell his country, candidly replied "that he was, and right glad to have a country to sell." Beyond this extreme others blush not to go: as where one entrusted with the care of an institution deliberately conspires with others equally bound to uphold it, to defeat its objects. In fact, in one shape or another, the principle to which we allude prevails, and all that is wanted is a check to prevent its mischievous application.

Each man has his own way of discharging his functions, from the exercise of the elective franchise to presiding over the executive government; and each should, if possible, be bound to act, if not with integrity, at least with decency. But here is the difficulty. How are men to be brought to act disinterestedly, honestly, and wisely, even when motives are not pressing. In the exercise of the elective franchise in institutions to which such a share in their government has been conceded, we see men every day displaying a total disregard of the trust reposed in them; while at the same time we see others still more bound to act with firmness equally negligent. The consequence is, that selfish men achieve their objects with impunity, and that all who have to discharge the duties which are thus betrayed are suspected of similar delinquencies. Hence the universal belief that conductors of public institutions undertake their offices with a view to some pecuniary advantage; or, as it is in bitterness said, with a view to what is called jobbing: yet if men would think for a moment, they must see that such practices cannot be very general, seeing the impossibility of rendering them effectual. Indeed this rather stale cry, often raised against individuals, becomes every day less potent, in consequence of its misapplication, the real "jobber" seldom being the object of it, and the cry being often raised for the purpose of diverting attention, as the flying pickpocket cries stop thief to baffle his pursuers. We do not mean to say that no "jobbing" or perversion of public objects to private ends prevails; what we aim at is to remove an impression that such is general. We know well that where no popular element enters into the composition of a public body, and no publicity operates as a check on its proceedings, great abuses necessarily are tolerated, but where representation and freedom of approach exist it is otherwise. An institution governed by a few easy and unsuspecting men at the mercy of a knot of greedy, needy, and unscrupulous placeholders is, perhaps of all others, the most liable to the consequences at which we have been glancing.

## SURGICAL COLLEGES.

WHILE the Universities and Medical Colleges fall back on the legislation of a barbarous period to sustain them, the Colleges of Surgeons adjust their regulations to the progress of society. The following are the Bye-laws of the College of Surgeons of England, made in conformity with a charter lately obtained, in addition to one not ten years old. The provisions of these laws do not much affect the Surgeons of Ireland, but we publish them to remind our readers that they must keep pace with such changes:—

*Bye-laws of the Royal College of Surgeons of England, relating to the Election and Admission of Members of Council.*

1. The place and time appointed for every meeting of the fellows for the election of members or a member of the council shall be announced in the *London Gazette*, and in two London daily newspapers, not less than thirty days, and not more than forty, before the day of meeting.

2. Every fellow desirous of a seat in the council shall, within ten days from the publication of the *London Gazette* in which the day of meeting for the election shall be announced, transmit or deliver to the secretary of the college or person acting for him, a notice and declaration signed by himself in the following terms:—

"I, A B of C, Fellow of the Royal College of Surgeons of England, do hereby declare that I am a candidate for a seat in the council of the said college; that I am in the *bona fide* practice of the profession of a surgeon, and that I do not practise as an apothecary."

Together with a nomination signed by six fellows of the college in the following terms—viz.,

"We, the undersigned Fellows of the Royal College of



Surgeons of England, do hereby certify that *A B* of *C*, is, in our estimation, a fit and proper person to be a member of the council of the said college; and we do hereby nominate him a candidate for a seat in the said council."

And also a certificate, signed by three fellows, in the following terms—viz.,

"We, the undersigned Fellows of the Royal College of Surgeons of England, do hereby certify, on our own personal knowledge, that *A B* of *C*, is in the *bona fide* practice of the profession of a surgeon, and that he does not practise as an apothecary."

3. The names of the eligible fellows (who shall have been nominated as candidates for the council in the manner required, and who shall have complied with the provisions and conditions respecting the said notice and declaration, nomination, and certificate), together with the names of the six fellows by whom they shall respectively have been nominated, shall be published in the *London Gazette* and in two London daily newspapers not less than ten days before the day appointed for the election.

4. Members of the council retiring from office by rotation and desirous of re-election, shall intimate such their desire in writing, addressed to the secretary or person acting for him, within ten days from the publication of the *London Gazette* in which the day of meeting for the election shall be announced; and the names of such members shall be published in the *London Gazette* and in two London daily newspapers, at the head of the list of the names of the several other candidates to be published as aforesaid.

5. At every meeting for election into the council, not less than fifteen fellows being present, the chairman having declared the business of the day, the secretary or person acting for him shall proceed to announce to the meeting the names of the several candidates so published as aforesaid, in the order in which such names were so published, except the names of such of the said candidates as shall previously have signified to the secretary in writing, his or their desire not to proceed to the election; whereupon a ballot shall be forthwith taken for the election of such number of members as shall be required to fill up the vacancies in the council; and such ballot shall be kept open for three hours, unless for the space of ten minutes after notice from the chairman of his intention to close such ballot, no fellow shall actually ballot, in which case the chairman shall declare such ballot to be closed, although the three hours may not have expired; and at the expiration of such three hours, or upon such previous closing of the ballot, as the case may be, the balloting-box shall be opened by the chairman, who shall ascertain the result of such ballot, and shall forthwith declare the names of the fellows elected into such vacancies, and thereupon the election of such fellows to be members of the council shall be deemed complete. But if, after the result of such ballot shall have been so ascertained, and the names of the fellows elected shall have been declared, it shall appear that the number of fellows so elected shall from any cause not be sufficient to fill up all the vacancies, the proceedings of the meeting shall be continued, and the ballot taken again until all the said vacancies shall have been filled up by the election of sufficient fellows for that purpose.

6. When there shall be any vacancy in the council by the death or resignation of an elective member, the fellow of those elected who shall have been so elected by the smallest number of votes, shall be the substitute member of council in the room of such elective member; and when more than one such vacancy shall be required to be so filled up, the fellow elected by the smallest number of votes shall be the substitute in the room of that member whose period of office would have first terminated, and so in regard to each of such vacancies respectively. And if it shall at any time happen that more than one member shall be elected by the same number of votes, being with reference to the other fellows elected the smallest number of votes, the youngest in standing as a fellow of the persons so elected by such equal number of votes shall be the substitute member; and so in regard to each of such vacancies respectively.

7. Every member of the council shall, prior to his admission, subscribe his name to a copy of the bye-laws, in testimony of having engaged himself to the observance thereof; and upon his refusal or neglect so to do, within the period of three months from the date of his election, his election shall be void.

8. Every member of the council shall, prior to his admission, pay twenty guineas; but which sum shall be paid on his first admission only.

## CASE OF POISONING BY SULPHURIC ACID.

By Dr. J. SEWELL, Physician to the Hôtel Dieu, Quebec.

A SAD case, possessing more than usual interest, both from the poison selected and the quantity swallowed, having recently occurred in my practice, I think it my duty to submit its history to the profession.

Mrs. E., aged 23, the mother of two children, had about three weeks since suffered a miscarriage, which left her feeble and nervous. In this state, more easily acted upon by depressing causes, she heard a sermon, the effects of which on her mind (according to her own statement to me) she could not throw off; she fancied herself without the pale of salvation—her soul condemned and lost; in fact, she became insane with this predominant idea. In this state she remained, with some shades of variation, until the 16th of February last; her husband had been repeatedly warned that she would probably attempt to commit suicide, and he fortunately arrived in time to prevent her committing it by suspension a few days previous to the fatal accomplishment of her purpose. Her husband's business led him to the employment of tincture of bromine, iodine, and other poisonous materials; these he had carefully disposed of beyond her reach. A day or two before the sad affair, he bought at a druggist's one pound by weight of concentrated sulphuric acid, which shows about five fluid drachms to the ounce; he poured the whole of this into two large tumblers, dividing the quantity equally to form what these artists call a "battery," by which they galvanize the silvered plates previous to submitting them to the vapour of iodine in the production of daguerreotype likenesses. He had placed, as I have said, the bromine and iodine, &c., under lock, but never suspecting the probability of her using this powerful acid for the purpose of self-destruction, he took no precaution with it. She was absent from her usual sitting apartment about three p.m. of the 16th of February, for somewhat less than two minutes, but she had time to effect her purpose, as she told him on returning to the room. On instant examination, he found that she had emptied one of the tumblers of its contents, except about half a fluid ounce, and the already excoriated state of her mouth and chin fearfully corroborated her story.

Assistance was quickly sought, and, on my arrival, finding that the stomach-pump had been imperfectly used, I reintroduced it. At this time about forty minutes had elapsed since the acid had been swallowed. I found her pale, and perfectly collapsed, cold skin, no pulse at the wrists, and the action of the heart feeble and indistinct. The first effect of the poison had been to prostrate all the powers of life nearly to extinction. Milk and oil were first injected into the stomach and quickly withdrawn, but the appearance presented destroyed all hope; it was dark, grumous-looking blood, mixed with a shred-like filamentous substance. Oil, chalk, and carbonate of magnesia were freely used, with a view to neutralize the acid or blunt its action. Some reaction came on in about an hour, when her sufferings became dreadful to witness; she could scarcely be held in bed, her mind had cleared at once, and she "wondered what could have made her do it," and then she was "burning alive," were expressions incessantly uttered. She could, and did, swallow everything that was offered to her, till delirium and coma closed the scene.

The body was carefully examined the next day, about twenty hours after death, and it is quite a hopeless task to give an adequate idea, by any description, of what we saw. The whole of the forepart of the stomach, that is, its greater curvature, was destroyed, and fluid of the same appearance as that drawn up by the first action of the stomach-pump, was on the surface of the intestines, and welled up from amongst their convolutions. The omentum was to a great extent in shreds, the back part of the stomach was likewise injured, and looked charred, but in a less degree; the food (and she had dined heartily at noon) was pushed towards, and lay at and near the pylorus. I apprehend that the mass of food prevented the immediate contact of



the acid, and thus accounted for its different state of disorganization; the great arch of the colon, where in contact with the stomach and omentum, was in some trifling degree affected. The stomach was literally dissolved in sulphuric acid; one or two drops from the scalpel fell upon some linen, and a hole through which the finger could be thrust was quickly made, showing how active this powerful acid still was. Doubtless, the acid had continued to destroy the texture of all parts it came in contact with even after death, but much of the disorganization that we witnessed had been effected by this destructive agent in the three hours that intervened between the time of her swallowing it (three to six p.m.) and the hour she died.

It is pretty evident that no plan of treatment could have been adopted in this sad case with any chance of success, either with a view to withdraw the acid before it had time to work irreparable injury or to neutralize it. There was a well marked excoriation at each angle of the mouth and beneath the chin, much more apparent after death; the inside of the mouth and lips were of a dead white, as if burned by a hot iron. It would have been interesting to have examined the fauces, œsophagus, &c., but it could not be done.—*Canada Med. Jour.*

### INJURIOUS EFFECTS OF TARTAR EMETIC.

By Dr. BOLING.

THESE are thus described:—The patient may be seen to be doing very well under the antimony, the dulness on percussion and rapidity of pulse diminishing, the skin moistening, and the respiration improving; when suddenly in some cases, more gradually in others, he becomes restless, thirsty, and somewhat purged, the belly becoming tympanitic, and sometimes tender. He vomits, or tries to do so; the tongue is dry and pointed; jactitation and anxiety of countenance appear, together with delirium, and perhaps shortly before death, stupor. Occasionally jaundice supervenes; and in a few cases the matter ejected closely resembles that of yellow fever. During these occurrences the pulse becomes frequent, hard, small, and thready. Death may take place within six hours after the first appearance of these unfavourable symptoms, more frequently it is delayed for ten or twelve hours, and in some cases yet longer.

Simultaneously with the advent of the above symptoms, or just preceding them, there is a more or less rapid disappearance of the symptoms of the original disease. A lung which seemed almost completely solidified, in four or five hours becomes permeable, and yields a healthy respiratory murmur, all the symptoms of the pneumonia undergoing a similar improvement. The violence and rapidity of the abdominal disease are in direct ratio to the suddenness of the improvement in the disease of the lung. In any case of pneumonia treated by antimony, the supervention of the least tympanitis, thirst, and diarrhœa, must be looked upon with suspicion, as the probable precursor of this serious condition; and Dr. Boling regards the patient's doom as almost decided, when, in addition to these symptoms, there is a *rapid*, in place of a *gradual*, diminution of dulness on percussion, *unattended with the crepitant râle of resolution*. The observance of this peculiarity in the physical signs has enabled him to announce portending mischief in patients apparently convalescent.

This cannot be a rare occurrence in the Southern States of America, as the author has seen almost as many die of the induced as of the primary disease. He suspects that some of the cases described as loss of tolerance of antimony by the Italian practitioners, are of this nature, although, if so, their delineation is very incomplete. Göllis gives a graphic account of a similar train of phenomena produced by large doses of calomel in hydrocephalus and cramp.

Dr. Boling is disposed to attribute this effect of antimony to its direct action on the intestinal canal, by reason of a portion of the quantity administered not becoming absorbed; and believes that our object, in attempting its prevention, should be, to administer the drug in such divided doses as to secure its complete absorption. Although not in the habit

of giving large doses, he has diminished these; and finds the remedy just as efficacious now that he gives only from three to six grains in the twenty-four hours, as when he gave double the quantity, while the mischievous effects have been of much less frequent occurrence. He dissolves the above quantity in six ounces of water, and gives a teaspoonful every half hour in the day, and two teaspoonfuls every hour at night. He prefers water as a vehicle, as mucilaginous fluids delay the absorption of the medicine.—*Amer. Jour. of Med. Sci.*

### LARGE INFANTS.

IN a recent paper in the *Zeitschrift für Geburtsh.*, Dr. Siebold observes that when new-born infants are not actually weighed, the most ridiculous exaggerations prevail in respect to the estimates of the weight of the larger ones. Since 1825, he has had all the children weighed at the Berlin, Marburg, and Gottingen Institutions, with which he has been successively connected, and the heaviest he has met with only reached 11½ pounds, notwithstanding we peruse fabulous statements of 20 pounds being attained. That such statements, however, are not always fabulous, is seen from the fact of a recent instance recorded in an American journal by Dr. Johnston, in which the child weighed exactly 20 pounds, and the placenta 3 pounds. Its length was 25¼ inches, the breadth of the shoulders 8½, and of the hips 7¾ inches. The occipito-mental diameter was 6¾ inches; the occipito-frontal 5¾, and the biparietal 4¾ inches. The labour was accomplished in eight hours, but owing to the great delay which the passage of the shoulders and hips entailed, the child was still-born. In another case, recently observed by M. Depaul, the child, which was born dead with the epidermis detached, after version, weighed nearly 14½ pounds, and measured about 21 inches.—*American Jour. of Med. Science.*

A LONG FAST.—On the 29th of April, a negro woman belonging to Mr. J. Harpending of this county, got lost in the woods. Mr. H. thinking she had been stolen offered a reward for her. He heard nothing of her until the 11th of May, when some boys who were hunting found her apparently dead. They returned home, and informed some gentlemen of the fact. The Messrs. Harpending, George, and one or two others, went in search of, and found her almost covered with snow; and supposing, as a matter of course, that she was dead, one of the party started to get a slide, while the others struck up a fire and awaited his return. One of them, wishing to see if decomposition had taken place, touched her with his cane, when to his astonishment, she slightly moved her head. After applying the usual remedies she recovered sufficiently to converse with them. She stated that she had not eaten or drank anything but snow since she left home, and had been out in the weather all the time—fourteen days.—*Phil. Medical Examiner.*

ETHERIZATION IN PARTURITION NINETEEN YEARS AGO. Dr. W. Channing reports in the *Boston Medical and Surgical Journal* for March 10, 1852, the following interesting details on this point:—Dr. Channing was recently attending a case, in which he administered ether with "excellent effects." In his visit following the delivery, he asked his patient "how many times she had used ether?" She named them, and added "that there was one other time in which she used it with great advantage." I asked when. "Nineteen years ago, she said, she gave birth to her eldest son. Her labour lasted more than a fortnight. In the absence of her physician, her husband tried to find something which had given some relief in her former and first labour. He failed; but being engaged in preparing a chemical lecture, and making experiments with sulphuric ether, he thought he would try that. It was wiped freely over her face, and forehead, and *breathed*. To his surprise all her distress passed away—the spasmodic twitchings disappeared—violent voluntary effort, which constituted so much of her misery then, and has in all subsequent labours, ceased to annoy her. Her physician arrived, and was so much pleased with the effects of the ether that it was employed during the rest of the labour. Her labour was now easy, was soon completed, and a stout living boy born." Such was her account of her first use of sulphuric ether to diminish or to abolish pain.—*Med. Ex.*



## EFFECTS OF EASTERLY WINDS.

In reply to a letter on this subject, perhaps you will permit me to say that we have very strong reasons for believing that the distressing influence of the east wind depends upon its peculiar electrical condition. That its effects are produced by the abstraction from the body of a large amount of vital force, in the state of electricity, seems highly probable. In confirmation of this view, I may mention that some years ago, when the gigantic hydro-electric machine was first exhibited at the Royal Polytechnic Institution, the men whose duty it was to assist in the peculiar department to which it belonged, were almost constantly complaining of rheumatic pains, and of affections of the mucous membranes of the nose, &c., such as we frequently notice among invalids who are sensitive to the influence of an east wind. Suspecting from preliminary inquiries that the cause was the abstraction of electric force by the enormous boiler-machine, I was induced to watch the cases more carefully, and thus was enabled to determine satisfactorily that at those seasons when the apparatus was exhibited daily, the symptoms were persistent; that when it was exhibited merely on alternate days, they were intermittent; and that when weeks or months elapsed without any experiment, the distressing effects upon the body and mind entirely disappeared, but only to be again renewed with the revival of the cause. I may be allowed to remind you that the great peculiarity of the hydro-electric machine is its negative condition. The steam, in its rapid escape, abstracts so much electricity that the mass of insulated metal, in obedience to a natural law, seeks to recover its equilibrium by robbing surrounding bodies of their electric force; and hence the loss of vital power. So rapid, also, have its effects sometimes been, that I have known invalid visitors suffer severely after having been in the room only a few minutes. I may mention, in conclusion, that the unpleasant effects to which I have referred were perceptible during the working of the machine, whatever might have been the condition of the external atmosphere.—*Letter in Lancet.*

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June 13th,	63	51	29.550	
Monday,	14th,	64	52	29.300	.125
Tuesday,	15th,	64	50	29.524	.260
Wednesday,	16th,	64.5	52	29.000	1.100
Thursday,	17th,	61	51	29.100	.160
Friday,	18th,	67	53	29.460	.276
Saturday,	19th,	72	53	29.800	

## PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Dry T.	Wet Dew T.	Point	Rain.	Wind.
June 13th,	60.5	47	29.335	54.2	52.1	50.3	.014 SW
14th,	61	49	29.047	56.5	52.3	48.6	.240 NW
15th,	61	45	29.204	58.1	54.2	51	.229 WSW
16th,	64	50.5	28.705	57.1	55.3	53.9	.800 SW
17th,	60	48.5	28.728	57.4	53.5	50.2	.871 SW
18th,	61	50	29.106	58	56.8	55.9	.342 NE
19th,	64	48.5	29.471	61.4	57.7	55	.085 NW

M. W. HANLON, M.B.

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JAMES T. MAGUIRE, M.D., Secretary pro tem.

Palmerston, June 21, 1852.

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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—MAY 1.

Mr. TRANT, President of the College, in the chair.

ON THE OIL OF THE *GADUS CARBONARIUS*,  
OR BLACK POLLACK.

By Dr. BAGOT.

ON a former occasion I had the pleasure to bring before the Surgical Society of Ireland the subject of cheap Newfoundland cod-liver oil, and strongly advocated its use as a medicinal agent. Since that time I have had no reason to change the opinion I then entertained as to the benefit likely to be derived from its administration; but as I was then unable to point out the manner in which a sufficiently large supply might be procured, and as the medicine vendors refused to coöperate with those who were anxious for its importation, I regret it has never come into general consumption, and the great majority of the population of this country is excluded the use of a medicinal agent of the highest importance, from want of means to procure an article which, if genuine, carries a very high price in the market. Some months since, William Sinclair, Esq., of Drumbeg, Mountcharles, county Donegal (a gentleman with whom I have not the pleasure to be acquainted), transmitted to me a small quantity of the oil of the *gadus carbonarius*, or *black pollack*, to be exhibited at one of the evening scientific meetings of the Royal Dublin Society, and being struck with its resemblance to the oil of the *gadus morrhue* or common cod, I administered the sample to a patient in phthisis, with whom it agreed remarkably well, and wrote to Mr. Sinclair to the effect, that I believed the oil to be almost identical with that procured from the cod, and might probably be exhibited as a medicine with the same results. In answer, he said he would have much pleasure in sending me a larger quantity for medicinal purposes if I wished to test its efficacy, which offer I at once accepted, announcing to him that I would bring the matter before the profession, if there were sufficient grounds for so doing in the experiment I was about to make. The oil not having reached me as soon as I had expected, I have

not given it so extended a trial as is desirable, and from other unavoidable circumstances, I have been unable until within the last ten days to have it tried by other medical men, whose testimony in its favour would have been of the greatest importance; yet having administered it to some patients in phthisis, and found my hopes fully realised, I was anxious to bring the subject before this Society, and through this Society to the profession at large, before the termination of the session, preferring even an imperfect communication of imperfectly ascertained results, to allowing so important a matter to lie another year in abeyance; and the more so, as the fishing season is at hand, and I hoped that even this notice of the oil might induce some of the profession connected with hospitals and dispensaries to enter into correspondence with the manufacturer, procure some of the oil, and try it for their own satisfaction. By comparing the sample of pure cod-liver oil from Austin's Medical Hall in Camden-street, with that of the black pollack, which I now submit, the Society will perceive it is impossible to distinguish one from the other by the appearance, taste, or odour, although the latter has been prepared in the roughest manner, and I believe not cold-drawn, and both yield the same pink colour with sulphuric acid. Mr. Sinclair informed me that he could this year supply as many as 500 gallons of the oil of the black pollack, if they were required, and could sell it at a remunerative profit for 5s. per gallon, and I trust it will yet prove the means of lowering the present exorbitant price of cod-liver oil, and of introducing this valuable remedy to the thousands at present precluded its use; and I would suggest that any gentleman who may be led to its administration should publish the result in the columns of the *MEDICAL PRESS*, which are ever open to any communication that may advance professional science or benefit the public.

Within the last fortnight, Dr. Benson, at my request, has, in the kindest manner, been trying the oil in the City of Dublin Hospital, though I regret I was unable to send him more than a small quantity for that purpose, and I trust he will mention to the Society the results, as far as they can be gleaned, though I know that experiments of



this kind must be carried out on a large scale before we can arrive at satisfactory conclusions. I believe we are as yet in our infancy with regard to the number of those oils which may be used with advantage, and the administration of even the cod-liver oil requires more attention than is generally supposed, and its effects should be closely watched by the physician, who should give it in small doses, with occasional intermissions, to prevent that derangement of the digestive functions which so frequently follows its exhibition. In conclusion, I may remark, that some intelligent patients of mine said that the oil of the *gadus carbonarius* was less disagreeable to the stomach than some of the oils procured at the best establishments in Dublin; and a young medical friend of mine who had tried it with two patients, had heard from them the same observation.

Dr. BENSON said, that so far as he had had an opportunity of testing the medicinal value of this oil, he could speak favourably of it. Having received a quart of it from Dr. Bagot, he selected three of the most intelligent of his patients who were then using the cod-liver oil, and gave them this new oil instead, directing them to take it at the same times and in the same quantity as the other. These all expressed themselves well pleased with it. They scarcely perceived any difference either in its immediate effects on the stomach, or on the progress of their diseases, which were different forms of phthisis pulmonalis. Dr. Benson said that of course this quantity was too little to enable him to speak decidedly about it. It ought to be tried with a greater number of patients, and for a much longer time than this lasted. But when he gave to the same patients, by way of experiment, similar doses of sweet oil and very nice linseed oil, their stomachs soon rebelled, and their progressive improvement was checked. Good trotter oil, however, was borne by the stomach pretty well, though not quite so easily as the oil now presented. He therefore considered that Dr. Bagot deserved well of the profession and the public in introducing this oil to the notice of the Society.

Dr. JACOB observed, that there was no reason in the world why this species of cod might not afford the oil of the requisite quality as well as any other; indeed, the probability was that many, if not all, oils obtained from the livers of fish, possessed medicinal qualities. Even the sun-fish oil, as it is called in commerce, obtained from the liver of the basking shark, might be valuable in this respect. Dr. Bagot's announcement he considered very important and well deserving of attention.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON THE PROTECTION AGAINST SMALL-POX AFFORDED BY VACCINATION, ILLUSTRATED BY THE RETURNS OF THE ARMY, NAVY, AND THE ROYAL MILITARY ASYLUM.

By T. G. BALFOUR, M.D.,  
Surgeon to the Royal Military Asylum.

ONE of the principal difficulties in the investigation of this subject, the author thought, arose from the impossibility of ascertaining what proportion of the general population was unprotected by vaccination. Accurate deductions could, however, be founded on the returns of the army, navy, and Royal Military Asylum. Although the returns of the first department did not show the actual number of soldiers who had been vaccinated or had the small-pox, yet a tolerably accurate approximation might be obtained. From returns forwarded to the Army Medical Board, it appeared that out of 90,092 recruits medically inspected and found fit for service, 20,132 bore marks of small-pox, 64,096 had marks of vaccination, and 5864 bore no distinct traces of either. By the rules of the service, the latter would be immediately vaccinated; added to the second class, a total of 69,960, or 78 per cent. of the whole, would be protected by vaccination; 22 per cent. representing the proportion of those protected by previous small-pox. The question next arising was, what number of admissions into hospital and deaths by small-pox had occurred in this num-

ber? Abstract No. 1 in the Appendix furnished this information, and it showed the proportion of cases of small-pox to have been 66, and the deaths 8, in every 100,000 men serving throughout the army. But the prevalence and mortality varied in different portions of the force. Thus the deaths had been four times as numerous among the troops in the united kingdom as in temperate colonies, and eight times as numerous as in tropical colonies; while a still greater disproportion was found to exist in the admissions into hospital. A comparative statement of the proportion of small-pox among the black troops and Europeans serving in tropical colonies during several epidemics, was furnished, by which it appeared that the disease literally decimated the black troops, while not a single death occurred among the European soldiers serving in the same garrisons. The author observed, that if the hypothesis be correct, that the protective power of vaccination became gradually weaker, and at length died out, the mortality from small-pox should be greatest among the old soldiers. The following return illustrated this point:—

Ages.	Aggregate strength at each age.	Died by small-pox.	Ratio of deaths per 1000 of strength.
Under 20 .....	43,833	15	0.342
20 to 25 ..	90,041	28	0.311
25 to 30 .....	49,285	3	0.061
30 to 35 .....	37,151	8	0.216
35 to 40 .....	25,017	1	0.040
40 and upwards...	9,270	0	...
Not known.....	...	1	...
	254,957	56	220.0

Returns from the navy exhibited the same satisfactory evidence of the protective power of vaccination. The vaccination register of the Royal Military Asylum had been kept with great care, and reliable evidence could be obtained from it. During a period of forty-eight years, 31,705 represented the aggregate strength of the boys, and among these only 39 cases of small-pox occurred, of whom 4 died. It must be borne in mind that every child bore marks of cow-pox or small-pox, or had been subsequently vaccinated; so that, in a population completely protected, the average was but 123 cases, and the deaths but 12, in every 100,000, being a still lower ratio than in the army serving in the united kingdom. Another return displayed the comparative amount of protection afforded by vaccination and previous small-pox. The ratio of cases per 1000 of the latter was 6.15, and the deaths 2.05; while of those previously vaccinated, the ratio of cases was 7.06, and the deaths 0. All the deaths were thus from secondary small-pox. The author thought the preceding facts afforded most conclusive evidence of the protective value of vaccination, while the extensive numbers, and the period of time over which the observations extended, justified a very firm reliance on such evidence. He thought this evidence had an important bearing on the proposition recently made to legalize inoculation. While so large a proportion of the community remained unprotected by vaccination, he thought such a course most unjustifiable. Absolute immunity from small-pox was not to be expected, but the foregoing returns showed the great exemption obtained by vaccination. Vaccination should be made compulsory. It had been said that this would interfere too much with the liberty of the subject; but so to a certain extent did all measures relating to the public health. The prejudices of the few must be made to give way before the interests and safety of the many. In factory acts, parliament recognized the principle of protecting the young against an amount of labour calculated to be injurious, and this in spite, not of the prejudices, but of the so-called rights of parents; and it would be but an extension of this humane principle to make vaccination compulsory, and thus afford protection against a malady of so fatal a character as small-pox.



ON THE DIMINUTION OF THE CHLORIDES IN THE URINE, OR THEIR ABSENCE FROM THAT FLUID, IN CASES OF PNEUMONIA; AND ON THE CHEMICAL COMPOSITION OF THE SPUTA IN THAT DISEASE.

By L. S. BEALE, M.B. Lond.

The author's attention had been first drawn to this subject by some observations of Dr. Redtenbacher, who had noticed the absence of chloride of sodium from the urine in pneumonia, and who, in 1850, had published the fact that the chloride gradually diminished until the period of hepatization had occurred, when it disappeared altogether from the urine, and gradually reappeared as resolution progressed. A diminution of the quantity of chloride in a variety of diseases of the inflammatory type had been noticed by Franz Simon; but in these diseases they appeared only to suffer diminution, and not to be invariably absent from this fluid, at the period of inflammatory condensation, as Dr. Redtenbacher had shown to be the condition in pneumonia. The author, with a view, if possible, of making out the channel through which the chloride of sodium was eliminated from the system in this disease, or of determining the locality in which it was stored up, and desirous also to trace the connexion between the absence of the salt from the urine and the occurrence of hepatization, had instituted the observations which formed the subject of the paper. The observations were made on cases in King's College Hospital, and were taken indiscriminately from amongst the mild and severe. The mode adopted by Dr. Redtenbacher, to estimate the quantity of chloride present, appeared to be simply approximative. The author desired to obtain quantitative results, and pursued a closer and more accurate method of analysis. He showed that if the chloride was estimated merely by nitrate of silver and nitric acid, volatile chlorides would be thrown down, as well as the fixed chloride of sodium, and he had not overlooked the fact of the presence of hydrochlorate of ammonia as one of the ordinary constituents of urine. By the rude method just mentioned, chloride of sodium might be entirely absent from the urine, and yet an abundant precipitate be furnished by nitrate of silver, insoluble in nitric acid. The following was the method pursued: The reaction and specific gravity were first observed; 1000 grains were then evaporated to dryness over a water-bath, and subsequently at 200 deg. in a water-oven, and the dry residue weighed for the amount of water. A weighed portion of the solid residue was incinerated, and carefully decarbonized at a dull-red heat; and the weighed residue, by calculation, gave the amount of salts present in 1000 parts. The soluble portion of this saline residue was taken up by distilled water, acidulated with nitric acid; nitrate of silver being then added, the presence of fixed chloride was at once detected. The precipitate, if any, was washed, dried, ignited in a porcelain crucible, and weighed, and the chloride of sodium calculated from the chloride of silver obtained. This method gave in each analysis the quantities of water, solid matter, fixed salts, and chloride of sodium, in 1000 grains of urine. A similar method was pursued in estimating the amount of chloride existing in the sputa, blood, and urine. The necessity for correct diagnosis, and the selection of well-marked cases of the particular morbid condition under consideration, was of the utmost importance in all chemico-pathological investigations. The notes of the cases which formed the subject of these analyses were kept by the clinical clerks of the physician under whose care the patient had been placed. The variable quantities of chloride of sodium, its deficiency or absence, was not peculiar to pneumonia, but might sometimes depend upon the proportion taken in with the food. It might, however, be considered that healthy urine contained 3.5 per 1000 or five per cent. of the solid matter. The absence of chloride of sodium from the urine indicated generally a deficiency, or at least no excess, of that salt in the blood; but the interesting fact in regard to pneumonia was, the total absence of this salt from the urine at a particular phase of the disease, and its excess in other secretions, or in the inflammatory product itself; and this fact

might be viewed as one of a series of phenomena, which, when more fully investigated, was calculated to shed some light on the hidden processes of pathological metamorphoses. Then followed a full record of nine cases of pneumonia, with the analysis of the urine. The sputa were analyzed in the third, seventh, and eighth cases. The hepatized portion of the lung in one fatal case was also analyzed, and the results compared with equal weights of healthy lung. The deductions which the author sought to establish were: 1. That in pneumonia there is a total absence of chloride of sodium from the urine, at or about the period of pulmonary hepatization. 2. That as resolution of the inflammation proceeds, the chloride becomes restored to the urine. 3. That at this period the serum of the blood is found to contain a greater proportion of chloride than in health. 4. That the presence of chloride of sodium in the urine indicates an excess of that salt in the blood; and that its absence from the urine implies that the blood contains less than the average quantity. 5. That the sputa of pneumonia contain a greater quantity of fixed chloride than healthy pulmonary mucus. 6. That there was reason to believe that the absence of this salt from the urine in the stage of hepatization, depended on a determination of the salt to the inflamed lung; and when that resolution occurred, it was reabsorbed, and appeared in the urine.

MEDICAL SOCIETY OF LONDON.

NEW MODE OF APPLYING MEDICAL SOLUTIONS TO THE LARYNX.

DR. THEOPHILUS THOMPSON exhibited to the Society an instrument which he is accustomed to use for the purpose of making applications to the interior of the larynx. It is a syringe having a small glass cylinder and a silver tube, slightly curved, and at its extremity expanded into a globe about a third of an inch in diameter, perforated all around with numerous very small apertures. The piston rod is surmounted with a ring, into which the thumb can be introduced, so as to work the instrument steadily. The tongue of the patient being held down with a spatula or with the finger (whether the epiglottis can be seen or not), the extremity of the tube is readily introduced, and the solution injected. The conditions of larynx in which Dr. Thompson finds most occasion for this instrument, are those which are benefited by nitrate of silver; and he usually employs about half a drachm of the solution recommended by Dr. Horace Green, containing two scruples in the ounce of water. Dr. Thompson remarked that patients and practitioners seem agreed in the impression that advantage is derived from such an application, and he considered this mode of introducing it less rough and disagreeable than the curved probang with a sponge at the extremity, as used by Dr. Green, and more precise in the direction of the fluid than the forceps, having one blade armed with a sponge, as ingeniously contrived by Dr. Cotton. Dr. Thompson was indebted for the suggestion to Dr. Boot, who mentioned to him having seen in an American newspaper the notice of a syringe employed for the same purpose by Dr. Asa Warren of Boston.

Dr. WARD said that some time ago he had contrived a syringe similar to the one exhibited by Dr. Thompson, but he had not made it public.

FOREIGN BODIES IN THE CÆCUM.

Dr. CRISP briefly referred to a case of peritonitis which terminated fatally, and which had its origin in the impaction of two little bodies in the appendix vermiformis. The patient had been in the habit of taking large quantities of soda and magnesia. He had not examined these bodies, but believed that they were composed of these materials. A pathological specimen was exhibited.

Dr. OGIER WARD exhibited what appeared to be an APOPLECTIC CLOT FROM THE BRAIN OF A BOY FOUR YEARS OF AGE,

who died on the seventh day of an attack of purpura. The child was chastised at school, but not severely, on the 14th



of May, and the purpura broke out on the 17th, in the form of red spots of various tints all over his body and limbs, and numerous ecchymoses confined to the posterior surfaces, except one on his forehead. Dr. Ogier Ward saw him only once (on the 21st of May), when he seemed in perfect health, except the presence of the eruption, and he remained so till the morning of the 24th, at four a.m., when he got up to the night-chair, but passed nothing. At nine a.m., he complained of his head, and vomited, and the pain and sickness continued till the evening, when he became comatose, and died at ten p.m., having shown no signs of paralysis till just before death.

*Post-mortem examination sixty-four hours after death.*—Almost the whole of the left corpus callosum was occupied by an immense extravasation of blood, surrounded by softened brain more or less infiltrated with blood. In the centre was a portion quite loose of more solid consistence, which, when removed, and cut through, exhibited a central vessel, of the diameter of a probe, surrounded by fibrin a line in thickness. Upon maceration, the mass was found to consist apparently of a portion of brain infiltrated with blood, and not of a coagulum, for numerous vessels could be seen with open orifices on the divided surface, and a microscopic examination also exhibited the minutest capillaries in an unaltered state. Though the extravasation was so extensive, it had not penetrated the ventricle, and the rest of the brain and its vessels were quite healthy. Dr. Ogier Ward attributed the origin of the sudden purpura to the fright on the 14th, as he had known a similar effect produced in a child in the course of a few hours, from a similar cause. He considered the ineffectual straining at stool to have been the efficient cause of the extravasation, which, by its gradual advance, prevented any rupture of the substances of the brain.—*Lancet*.

#### ORIGINAL COMMUNICATIONS.

#### TWO CASES OF SUPPOSED POISONING BY CORROSIVE SUBLIMATE.

By J. ROBINSON, L.R.C.S.I. and K.Q.C.P., of Ballibay.

On the 23rd of September last, I was called on to visit Margaret Plunkett, aged 50, whom I found affected in the following manner—viz., profuse salivation, teeth and gums black, mouth much ulcerated, and in some places sloughing, great difficulty in swallowing, burning heat and pains in œsophagus and stomach, and high mercurial fever. On inquiry, I found that she and another woman named Mary Smyth, having complained of dyspeptic symptoms to a man named Donnard, a pig-doctor in the neighbourhood, he volunteered to give them something useful, or as he expressed himself, "*a few grains which would effectually clean out their stomachs.*"

This substance, which was sworn by Plunkett to consist of hard, whitish solid grains, amounting altogether to about the size of a pea, was mixed in a glass and a half of spirits: half of this was taken by Smyth ten days previous to my visit, and the remainder, containing some undissolved particles, was administered to Plunkett. The latter stated that in the act of swallowing it she felt great heat in her mouth, throat, and stomach, and that vomiting came on immediately, followed by purging, both of which contained blood. Salivation set in a few hours. The vomiting and purging continued almost constant till her death, the stomach scarcely retaining anything. The alvine evacuations were mixed with blood only at intervals. She suffered much from violent pain in her stomach and bowels, also from pains in her joints. She gradually sank from fever, irritation, and exhaustion on the twenty-second day from the receipt of the poison. The fever, towards the close, assumed a typhoid character. Deceased was naturally of delicate constitution, and for some time had been affected with ordinary dyspepsia, but able to follow her usual occupation.

*Post-mortem appearances thirty-six hours after death.*—The body was found small and emaciated; mouth livid; ulcers healed, their site presenting a silvery gray appear-

ance; tongue covered with a thick, rough brownish coat like leather; the pharynx and upper part of the œsophagus was lined with a coating of lymph, which was easily detached in the form of a tube two or three inches long; no abnormal appearance in stomach; duodenum, cæcum, and rectum congested; gall-bladder contained five or six ounces; urinary bladder quite contracted.

*Case 2.*—Smyth was affected by the poison in the same manner as Plunkett, but not to the same extent. The first effects of the poison were similar and immediate, but the vomiting and the purging were not so great. On my first visit I also found her profusely salivated, and her mouth ulcerated. Being a strong healthy woman, she recovered in about three weeks.

As Plunkett made a dying declaration to the effect, that she saw Donnard mix some ingredient in whiskey that Smyth afterwards administered to her, and which was the cause of her illness, both these persons were indicted for manslaughter at a late assizes.

At the trial, Eliza Duffy, with whom Plunkett lived, proved that Donnard came into her house on the evening preceding that on which the poison was taken; that they were all drinking together; that she heard Smyth say to Donnard to keep as much whiskey as would do to mix the medicine; that on the following morning she overheard Smyth and deceased talking while taking it (which the latter was at first unwilling to do); that Donnard called a few days afterwards with a wash for Plunkett's mouth, stating at the same time that she (Plunkett) had made too free with the medicine he had given; that from the time it was taken, deceased got gradually worse, and died from its injurious effects after three weeks illness, although she had previously been in ordinary health.

The crown tendered as evidence a dying declaration made by deceased, strongly implicating the prisoner Donnard, which, however, was ruled by the judge as inadmissible, on account of her informations having been made out the day previous, and only a copy of the original sworn to before a magistrate.

When the medical evidence was called on, I was asked if, from the symptoms and post-mortem appearances, I could say what was the cause of death, I stated that in my opinion death was caused by a mercurial irritant. I was then asked could I say what substance that was? I said not without taking into consideration the description given of the poison by deceased in her dying declaration, and its effects previous to my visiting her. The judge said that an opinion founded on what would not be admitted as evidence could not be received. The prisoners were ultimately acquitted.

The foregoing is interesting in two points of view—1st, an acquittal, notwithstanding the clearness of the case; and 2nd, the substance administered, and the quantity which proved fatal. With respect to the former, the deceased distinctly swore, in presence of a magistrate and police officer, that she expected what was prepared by one prisoner, and administered to her by the other, would prove fatal. In this and in the effects produced by the drug, she was corroborated by the witness Duffy: to the latter the male prisoner even admitted indirectly that it was he who gave the poison. These, together with the fact that both persons who partook of it, were severely and similarly affected, should, I think, have made the case a very clear one indeed. In summing up the evidence, the judge stated to the jury, that Donnard's remark, with respect to the deceased having taken too much of what he gave, tended in his favour, as it was clear that she had not followed his instructions as to taking it. From this we may infer that ignorant and unprincipled persons are at liberty to prescribe dangerous medicines with impunity.

Now with respect to what the poison was, I have no hesitation in stating that I consider it to have been corrosive sublimate. I think the description given of it, its immediate effects, and the symptoms I saw produced, leave no doubt on that subject; besides, it is commonly used in the country by persons practising on the brute creation. As



to the quantity, the size of a pea would vary from fifteen to twenty grains; suppose, therefore, the deceased took rather more than one half of this, her share would probably amount to from eight to twelve, which would be a comparatively small dose to prove fatal to an adult, considering that it was only partially dissolved and that immediate vomiting came on: however, as it was taken early in the morning, I presume it was on an empty stomach.

### WHAT IS THE ACTION OF EMETICS ON THE HORSE?

By JOSEPH SAMPSON GAMGEE, Esq.,  
Student in Medicine in University College, London.

It is so well-known among veterinary pathologists, that the horse is not acted on by emetics as is the dog, that, while they frequently prescribe them in the diseases of the latter, they never do so in those of the former. The most celebrated writers on veterinary therapeutics, generally exclude emetics from the list of medicines available for the relief of the diseases of the horse, and refuse to the emetic, *par excellence*,—the potassio-tartrate of antimony,—any emetic virtue in the equine species, when administered internally. Were this the sum total of our information on the point at issue, our inquiry would be at an end; but since it has been alleged by several French experimentalists, that the horse makes efforts to vomit when potassio-tartrate of antimony is injected into its veins, it is imperative that we should test the empirical grounds of such allegation.

We find it stated by M. Dupuy that he has succeeded in producing attempts to vomit in the horse, by injecting tartar emetic into the crural or jugular veins, in doses varying from six grains to two drachms. The director and professor of the Veterinary School at Lyons, in their account of the action of tartarized antimony, thus express themselves:—"Injected into the veins of the large herbivora, in doses of from nine to eighteen grains, tartar emetic occasions vomiting, or the phenomena which accompany that act of evacuation." They give no evidence to prove this statement.

Finally, we have to quote an experiment which was performed by MM. Leblanc and Mignon:—"Thirty-six grains of tartar emetic injected into one of the jugular veins of a horse,—a longitudinal opening about seven inches long, made on the side of the linea alba,—exploration of the stomach with the finger,—contractions of the viscus insensible,—contraction of the abdominal muscles alternating with that of the diaphragm, the latter taking place during inspiration; at this moment the right crus of the diaphragm is forcibly extended, but the œsophagus is only moderately compressed between its fleshy lips,—the intestines forcibly escape through the wound in the abdomen,—eight minutes after this injection of tartar emetic, appearance of some nausea, or violent and simultaneous contraction of lower abdominal muscles and diaphragm. The whole intestine is removed in order to see the stomach well; the viscus follows, like a pendulum, the alternate movements of contraction and relaxation of the diaphragm; the stomach, which is tolerably distended, is the seat of slow, continuous contractions, which always commence at the same point, the pylorus. The contraction and relaxation of the lower abdominal muscles and diaphragm take place gradually and slowly. This partition yields little by little, but uninterruptedly, to the abdominal muscles; these act similarly with regard to the diaphragm, so that if we form a material idea of these respiratory powers, we can compare them to two machines always equidistant, and directed in the same course, each describing the half of a double cone, whose limited base of reciprocal excursion would be in the middle. When one of them is at the summit, the other is at the base, and *vice versa*; consequently, the action of the diaphragm increases in proportion as that of the abdominal muscles diminishes. These forces are therefore essentially respiratory. The one—the diaphragm—is active during inspiration; the other—the force generated by the abdominal muscles—is

expiratory. Renewed, sudden, violent, and simultaneous contractions of the diaphragm and abdominal muscles occur; the latter even appear to augment their action in proportion as the diaphragm relaxes; it is the nausea, or the manifestation of the effort. No vomiting has occurred; finally, the animal expires."

From this account it appears that, on seeing violent efforts of the abdominal muscles and diaphragm of a horse, into whose veins tartar emetic had been injected, and from whose abdomen all the intestines had been removed through a large opening, MM. Leblanc and Mignon inferred that the emetic was producing its specific action by exciting efforts to evacuate the stomach through the œsophagus. No vomiting occurred, and therefore the experiment, *primâ facie*, establishes,—firstly, that the horse makes efforts to vomit when potassio-tartrate of antimony is injected into the veins; secondly, that as those efforts are not followed by vomiting, there must be some mechanical impediment to the escape of matters through the cardia. Both these conclusions are erroneous; and they are so for the following reasons. The description given of the movements of the abdominal muscles and diaphragm, is not such as to prove beyond doubt that they were efforts to vomit. Confessing adhesion to the doctrine that the diaphragm takes an active part in vomiting, we deny that it does so by virtue of an *inspiratory movement*, and that, as it *relaxes*, the abdominal muscles make a sudden effort, as in forcible expiration. The act of vomiting is one *sui generis*, and not a respiratory act.\* Let any one try to simulate the effort to vomit, or study the real effort in his own person, and he will feel that the glottis having been closed after a deep inspiration, the diaphragm and abdominal muscles act simultaneously, so as to press the stomach between them. To this it may be objected that, for the diaphragm to descend while the glottis is closed, the air in the chest should be rarefied, which is an unlikely occurrence. The fallacy of this objection is demonstrable by experiment, as Dr. Sharpey has long since shown in his lectures on anatomy and physiology in University College. A bandage being closely passed round the lower part of the chest, it is easy to press down the diaphragm at will; on doing so, the bandage becomes loose, evidently owing to drawing in of the cartilages of the lower ribs by the descending diaphragm. Thus the augmentation of the thoracic cavity in its long axis, is compensated by its decrease in the transverse; and it becomes obvious that the diaphragm may descend when the glottis is closed, without enlarging the chest, and therefore without rarefying the contained air. That, however, the witnessed efforts were in reality the pangs of death, is rendered more than probable by the terms in which the narrative of the experiment ends,—"*enfin, l'animal expire.*"†

But conceding, for the sake of argument, that the movements observed were efforts to vomit, we maintain that it is not just to conclude that, because they were not followed by vomiting, there must have been some mechanical obstacle to the escape of matters through the cardia. As the experiment was performed, it was impossible for the stomach to be pressed upon by either the abdominal mus-

\* Since the terms in which M. Mignon has related his experiment may leave some doubt as to his idea of the nature of the movements in vomiting, it may be cleared up by his ulterior exposition of that idea. "*Ce phénomène (le vomissement) commence aux derniers termes de l'inspiration pour finir dans l'expiration. C'est dans ce dernier temps ou pendant le relâchement du diaphragme qu'a lieu le rejet des matières sans aucun doute; mais c'est dans l'inspiration, ou par le fait d'une violente et brusque contraction du diaphragme, aidé de l'action des muscles abdominaux, que l'estomac verse son trop-plein dans l'œsophage.*"—*Op. cit.*, p. 244.

† As the performance of such experiments in horses renders it indispensable that they should be thrown on the ground and secured, great caution should be observed in interpreting the muscular efforts; for when a horse is cast he struggles violently for liberty, even before a bold stroke of the knife has made a gash seven inches long into its belly, and all the bowels have been removed.



cles or diaphragm, and therefore there was no chance of its contents being evacuated through the œsophagus. Protected, as the horse's stomach is, by the far-back projecting ribs, it can only receive pressure from the abdominal muscles, indirectly, through the intestines. When these are removed, the viscus cannot be pressed upon by those muscles, and the pressure of the diaphragm on it is very slight because the stomach undulates like a pendulum, backwards and forwards, in the empty cavity, without meeting with the least resistance.

The evidence which we have adduced, and which is all that we have been able to collect, in favour of the doctrine that efforts to vomit can be excited in the horse by injecting tartar emetic into its veins, may be thus briefly summed up:—1. M. Lecoq and his colleagues (the veterinary professors of Lyons) have expressed an opinion in the affirmative, without publishing the grounds of their belief. 2. The experiment of MM. Leblanc and Mignon, which professes to prove the doctrine, appears to have been conducted with so little regard to the exclusion of sources of error, that it would be unwarrantable to draw any positive inferences from it. 3. As we are not acquainted with the details of the experiments which formed the basis of M. Dupuy's statement in support of the above doctrine, they need confirmation; a need which becomes imperative, on reflection that the horse is not susceptible of emesis by the introduction of any medicinal substance into the stomach, and that as our knowledge of the action of emetics in the dog proves, that when introduced into the veins or into the stomach their effects differ in degree and not in kind, there is strong ground for the belief that the horse is unsusceptible of the specific action of emetics, even when directly injected into its circulating system.

In order to settle the question, I determined to appeal to experiment, and procured for the purpose a horse and a mule, both of sound constitution. I have injected into their jugular veins solutions of tartar emetic, in 5, 30, and 50 grain doses, but have never seen efforts to vomit; to avoid misunderstanding I may say, that I have never seen any such thing as the animals thus experimented on take a deep inspiration, fix the chest, and make sudden and forcible exertion with the abdominal muscles. Inasmuch, however, as I noticed some preternatural phenomena of muscular action in two of the experiments, a detailed account of them is rendered necessary. Twenty minutes after injecting into the left jugular vein of a horse thirty grains of tartar emetic, dissolved in three ounces of water, the muscles generally became rigid; but there was no movement caused by any of them. It was static, not dynamic contraction. After this, I noticed a good deal of twitching of the muscles of the fore and hind limbs, and of those of the lower part of the neck; but the abdominal muscles acted evenly, though with more frequency than usual, as the respiration became a good deal accelerated. At the end of three hours the twitching had almost ceased, and had done so completely; and the animal had resumed eating in a little less than four hours.\* Lest it should be feared that I misconstrued the phenomena of muscular contraction, I may say that almost every five minutes, and sometimes oftener, I took notes of the state of the animal; and did not note such words as *spasm* or *effort*, but avoided the danger of erring in judgment by describing in phrases all I saw. It is important to notice that in the same animal, on a subsequent day, I injected 30 grains of tartar emetic in 1½ oz. of water, without producing any sensible effect whatever. I injected 50 grains of tartar emetic, dissolved in 1½ oz. of tepid water, into the jugular

\* A few minutes after I had injected the tartar emetic, the animal commenced purging, and continued doing so for an hour and a half. To determine whether this phenomenon was due to the tartar emetic or to the water, I injected three ounces of tepid water into the jugular vein of a mule—it had no effect: but purging was occasioned in fourteen minutes by injecting into the same vein, after the lapse of an hour, six ounces of tepid water. In none of my subsequent experiments was this purging produced,—a fact which needs further experience for its explanation.

of a mule, with the following result. Fourteen minutes after the injection, the animal did not present any change; but, in a few minutes more, left off eating and stood still. In the ensuing thirty-seven minutes, the muscular system was several times subject to momentary rigidity, which, with the exception of slight elevation and extension of the head, was unaccompanied by any movement. This muscular rigidity simulated the tetanic state, and contrasted strongly with the state of the muscles of the same animal while voiding fæces and urine; in an hour and fourteen minutes the mule resumed eating, and presented no other symptoms. If I had been a little less cautious in the avoidance of fallacy, it is very likely I should, in observing these muscular phenomena in two of the experiments, have succeeded in seeing attempts to vomit; but they assuredly were not such, for they did not in any degree resemble the efforts made by the same animals to evacuate the bladder and rectum, or the efforts made by the dog and man to empty the stomach through the œsophagus.

Considering the vague manner in which M. Dupuy alludes to his experiments, and, on the other hand, confident of the fairness with which my own have been conducted and recounted, I feel myself justified in opposing my conclusions to his, and in stating that all the attempts hitherto made to excite efforts to vomit in the horse by emetics have failed. This unsusceptibility to emetic action, and the very rare manifestation of the phenomena of vomiting by the horse, must obviously be regarded as cause and effect, and consequently, as the answer to the question, Why does the horse rarely vomit?—*London Jour. of Med.*

#### REMARKS ON THE TREATMENT OF BURNS AND SCALDS.

By W. J. MOORE, Esq.,

Resident Surgeon to the Queen's Hospital, Birmingham.

THE satisfactory termination of a burn or scald will often depend on the mode of treatment adopted when the patient is first brought under the care of the surgeon, not only as regards the constitutional measures taken, but also the external applications then had recourse to. The numerous dressings which, from time to time, have had their advocates, undoubtedly act much in the same manner, preventing exposure to the atmosphere; but from their plurality it becomes somewhat difficult to make a selection of that most appropriate, especially as many are recommended, backed by an equality of testimony and evidence. In making such selection, guidance should be taken, not from the reputation which such and such an application may happen to possess, but rather from the characters of the burn itself; injuries of a moderate nature requiring different, and perhaps more careful, treatment in the first instance, than those of a more severe description.

Probably few things are more distressing, both to the witnesses and the sufferers, than cases of bad burns; and this remark is not only applicable to the time when the burnt part is undergoing cicatrization, but tells with double force when, from contractions and loss of integument, an eye is rendered almost useless, a limb becomes an absolute incumbrance, or the chest and chin unite. Happily such cases are now rare; but frequently and notwithstanding the greatest care, some approach to such a state is inevitable. It is, therefore, of consequence that any treatment tending to obviate these unpleasant results should be propagated and made known as universally as possible.

Nearly three years back, Dr. Steward, who was then my colleague in this institution, first recommended and brought into practice creosote oil as an application to burns and scalds. I at that time bore testimony to Dr. Steward's estimate of its worth, and gave in one of the periodicals my opinion of its mode of operation when employed in such cases. Subsequent experience, without diminishing my faith in its efficacy as an application, has, however, led me to use it only in a certain class of cases; and the same experience has also led me to make use of other applications, which perhaps I may feel justified in recommending to notice.



Of course a burn or scald denotes inflammation, which inflammation is followed by its necessary consequences, precisely ■ though set up by a totally different cause; the first indication, therefore, is to keep down such action, and limit the mischief which may probably arise. And for a very slight burn or scald this object cannot be better fulfilled than by the constant employment of cold; and as an application in such a state nothing can be better than water, to which a small quantity of ether or spirit has been added; or, otherwise, ■ piece of metal—brass or lead—will be found ■ very convenient substitute. This plan of treatment, however, will not do if much of the surface be injured, and it then becomes necessary to use an application which will both afford some degree of stimulus to the part and aid in relieving congestion of internal organs. Such an application presents itself in creosote oil, and it is in burns of this description where its use is most successful.

Supposing a person to have the misfortune to burn some part, say, for instance the forearm and hands; supposing the burn to be of that character which may be said to partake of the first and second degree of intensity, having several blisters already formed, I should recommend, and have practised with great success, the following treatment. Any vesicles present are to be first punctured, and the parts then dressed over with creosote oil by means of a feather or brush, and allowed to remain exposed a short time. This generally has the effect of immediately relieving the pain, which perhaps may be due to the coagulation of the albumen contained in the serum thrown out by the creosote; which fact is rendered apparent by the formation of a white film wherever the oil touches the abraded surface. It thus prevents the contact of the air. A minute or two having elapsed, the dressings should be repeated, and the whole parts (if the hands) enveloped in strips of linen, slightly oiled, with a bandage over all, for better security of the dressings. In such a case as the one supposed, the cure will be complete in two or three dressings; and it is well worthy of notice, that if the creosote oil is applied soon after the receipt of the burn, it will effectually prevent any large amount of vesication.

I have recommended envelopment in oiled linen after the application of the creosote, on account of the situation of the parts supposed to be injured, but the effect is equal, and in some cases more marked, when no other application whatever, excepting the creosote oil, is used. Should the leg be the part burned, and the patient be able to lie by for some time, I should not use anything except the creosote; either preventing contact of the clothes by means of a cradle (if the patient, as is the case in an hospital, can be made to lie in bed), or otherwise by means of a sort of funnel, composed of cane hoops and linen, easily adapted round the limb. The application of the creosote should then be performed twice a day. The parts where there are no vesications are well at the second dressing, and the vesicated parts become covered with coagulated serum, which forms a scab, and makes the best protection which can by any possibility be devised. The cure is thereby rendered easy, painless, certain, and without smell, and the scab in ■ short time becomes detached from the newly healed surface. I have treated large portions of the leg, thigh, and body in this way; the scabs formed gradually, shelling off from the circumference inwards, but of course it is always proper to prevent, if possible, the loss of the cuticle, which is very liable to be rubbed off during conveyance to an hospital, removal of clothes, &c. This treatment is peculiarly applicable to burns of the face where there is difficulty in retaining any dressing. The oil, however, may be easily applied, the only care requisite being that it does not enter the eyes, as from its stimulating properties it would cause great pain, and perhaps some degree of inflammation; should this accident happen, it is best to bathe the eye immediately with a little water. Many persons have expressed to me their fears for the consequences of not covering the parts, otherwise than by the creosote, particularly when, as sometimes happens, the patient is obliged to go out into the open air immediately afterwards; more covering, however, is not at all neces-

sary. Burnt faces frequently are dressed and sent away exposed, and without any bad results. One case particularly intrudes itself into my recollection, which strongly illustrates this fact:—A man applied during the winter of 1849, having his face burnt by an explosion of gunpowder. He was dressed with creosote, and taken into the ward; he, however, would not stop, and starting off home walked a distance of upwards of four miles, there being at the time a high and bitterly cold wind. When he presented himself next morning he stated he had felt no pain from the exposure, the film of coagulation having effectually acted as a preservative against the piercing blasts. He continued his visits to the hospital until cured, and was exposed in like manner every day.

I trust enough has been said to prove there is some efficacy in this mode of treatment; and should any feel disposed to give it ■ trial, I fancy they will not be disappointed regarding the results.

I occasionally, however, treat burns in ■ different manner; but, as I said before, am regulated in my application by the character of the injury. A very good plan is to apply a thick solution of gum, allowing it to dry on the parts, which it speedily does, forming a kind of mail coat, which also acts effectually as a preservative from the atmosphere. This, when dry, cracks, and in a few days peels off, leaving the parts more or less healed. This is a very good mode of treatment when the smell of creosote is strongly objected to, which idiosyncrasy is sometimes met with. Another very good application, and one which I can recommend, is an ointment containing a proportion of hydrocyanic acid, or rather, more properly speaking, a liniment; my application being composed of olive oil, hydrocyanic acid, and fresh lard. The value of the application evidently consists in the hydrocyanic acid allaying the pain, which it does to ■ great degree. Probably the virtue of the famous quack remedy, the laurel ointment, depends on the same cause.

When called upon to treat burns of the third degree, where sloughing and loss of substance is inevitable, as it matters but little what application is made use of in the first instance, I generally smear the parts with some oily material, or carron oil, if procurable, and then envelope them in a flannel roller. This is allowed to remain for some days, until suppuration has commenced, when it is removed, and either ■ poultice or lint, soaked in lukewarm water, used in its stead. The ulcers which result of course must be dealt with according to approved surgical principles; but they will be, under any treatment, sufficiently troublesome. The chief point is to repress the exuberance of the granulations, which tend to render the cicatrix unsightly, and also retard that desirable process; while padding and splintering must also be kept in view, to prevent the lamentable contractions so disposed to take place. I may here also observe, that, consistent with cleanliness, the less frequently ■ burn is dressed the more likely will the patient be to progress favourably, as frequent exposures are thereby avoided. And I am also persuaded, that when ■ large surface has suffered, only a part of that surface should be exposed at one time; *nimia diligentia* in the treatment of burns is thoroughly deprecated.

Not the least difficult part in the management of a case is the internal treatment, when a burn or scald is of a severe description. The shock to the system is exhibited by the shivering, paleness, weak pulse, or perhaps stupor, present, and imperatively calls for brandy, wine, or other stimulants. In slighter cases, however, warmth to the feet and a little warm tea only are requisite. Perhaps the most danger, particularly in children, occurs about the fourth day, when the lungs frequently become congested, and difficulty of breathing results. Antiphlogistic treatment must then be adopted, and leeches applied to the spine, with antimony internally, perhaps combined with compound tincture of cardamoms or sulphuric ether. It is believed several lives have been saved by this treatment, which would have been sacrificed had stimulants been altogether persevered with as frequently advised.

There is one drug which is frequently recommended in



burns—viz., opium; but it is for the most part unadvisable, adding as it does to the congestion and stupor already present. The only time when it appears to be proper, is when diarrhoea has supervened; when it frequently produces great comfort, and is evidently productive of good. Hyoscyamus is the preferable drug should a sedative be wished for in these cases.—*Prov. Jour.*

#### A CASE OF CYSTITIS, ACCOMPANIED BY GANGRENE OF THE LOWER EXTREMITIES.

By HENRY MELVILLE, M.D., Toronto.

THE following report of a remarkable, and, I believe, unique case, is defective in many particulars, arising from the impossibility of obtaining an accurate medical history of its commencement and progress up to the period at which I first saw the patient; but such as it is, I offer it to the profession as a contribution to pathological science, not altogether devoid of interest and importance:—

J. G.—, aged 38, a native of Yorkshire, England; he emigrated to Canada when he was eight years of age, and had resided there since; had been married seven years, and had two children, one of whom survives—a boy, exhibiting the scrofulous diathesis strongly marked, which he does not apparently derive from his mother, who seems to be a healthy person. He is represented to have been a stout, plethoric, and active man, of a sanguine temperament and lively disposition, enjoying uniformly good health, until within the last three years; of good habits, living generously, and rarely exceeding either in food or drink. His occupations have been various; for some time past he was employed as salesman and general porter in an extensive dry goods store in this city.

About three years ago he was engaged one day lifting a stove, in company with another man; while in the act of taking it down a flight of steps, his companion, who was below the stove, from some cause relaxed his hold, and the whole weight was thus thrown upon him to sustain. In the exertion required to effect this, he felt something snap in the left groin, and subsequently observed a swelling, which occasioned him much pain and discomfort at the time; the inconvenience attending its presence wore off after some months, although the swelling never entirely disappeared. During this period he had frequently suffered from occasional discharges of purulent matter from the urethra, which were generally preceded by an enlargement and followed by a subsidence of the swelling, with a sense of relief of distress. He also experienced occasionally a sense of irritation about the neck of the bladder, with difficulty of micturition, but not to such an extent as to occasion any suspicion of stricture of the urethra. During the early part of the past winter, he complained frequently of cramps in the lower extremities, affecting principally the muscles of the left leg, and felt frequently very chilly, with alternate “flashes of heat.” He was also observed to become more irritable in his temper, and was the subject of occasional fits of waywardness and despondency, expressing himself as feeling wearied, and less able to endure fatigue or exertion. His bowels were usually constipated, and the small size of the faeces were the subject of remark to himself and wife. His appetite was capricious, and he became rather more unsteady in his habits, drinking gin, with the assertion that it relieved much of his uneasiness. In the early part of March last, his occupation required him to be much on his feet, standing frequently the whole day long. On the evening of the 12th he had indulged somewhat freely in company with some friends, but retired to rest at his usual hour, without any additional complaint or suffering. On the morning of the 13th he rose at his usual time and dressed himself, but in stooping to pull on his boot, he was seized with violent pain in the left foot; it was so intense as to render him quite faint, he staggered to a seat, and after a time was restored to consciousness by the use of stimulants. On attempting to walk, however, supported by attendants, it was discovered that he had lost the use of his left leg; it was also observed that the toes and foot

had become colourless, and that the extensor tendons were very rigid. Under the impression that he was suffering from an attack of rheumatism, warm and stimulant applications were applied, with some degree of relief of the pain and restoration of heat of the part. On the 14th, a red spot was observed on the dorsum of the foot, the toes withered away, and the foot and leg became gangrenous. After a few days, the right foot also put on a gangrenous appearance; he suffered from occasional paroxysms of pain in both extremities; there was partial retention of urine, but he would occasionally void it in considerable quantities.

Such is the history of the case that I have been able to trace from the account given by his wife and other attendants; many of the particulars, however, were not revealed till after his death.

On Sunday, the 4th of April, I saw him for the first time. He was in the semi-erect posture in bed, supported by pillows, with the body inclined to the left side, resting principally upon the left hip; his countenance extremely pale, and expressive of great anxiety and distress, the latter being further evinced by groaning and sighing. His face and hands were bathed in a profuse perspiration; he suffered from great restlessness and want of sleep, with much pain in the left thigh and right foot; his pulse was quick, small, and thready; his tongue dry and brown, and his general sufferings were aggravated by excessive thirst. The left leg was lying on the outer side, bent at the knee, the thigh being also flexed, on the body. The toes and foot presented all the characters of dry gangrene, and the gangrenous inflammation extended to the upper third of the leg posteriorly, and nearly as high as the head of the tibia anteriorly; there was a faint attempt at the formation of an irregular line of separation; below this line the limb was cold and spongy, the foot and toes being hard and dry. The thigh was very oedematous, and there was an inflammatory blush extending above the popliteal space to the lower third of the thigh posteriorly. I thought I could detect a faint pulsation in the upper part of the femoral artery, but from the great oedema this was difficult to ascertain. The right leg was placed on the inner side, was also oedematous, and was in a flexed position. The gangrene of the right foot was confined principally to the under part of the toes, the sole of the foot, internal malleolus, and heel, the inflammation extending as high as the middle of the leg. I ordered warm spirit lotion to this foot, and a yeast poultice to the left leg; I also advised the free use of wine or porter, and nourishing broths. I prescribed a mixture containing the liquor ammon. acetatis, carbonate of ammonia, and camphor mixture; with five-grain doses of quinine. The prognosis, given to the family at his request, was of course of the most unfavourable character. I confess that I was entirely at a loss to account for this extensive destruction of vitality, as on investigation I could discover no adequate exciting cause. Attributing it in the first instance to the effect of cold and exposure, I was assured that he had not been in any way subjected to their influence, as he always wore ample and warm covering to his feet and limbs. I was told that he had not been indulging to any great extent, except on the evening preceding his attack, and that then he had only taken more freely of his customary drink, but not to such an extent as to render him intoxicated; that his food had been of the best description, and indeed somewhat choice for a person in his circumstances.

On the following day, I expressed a desire to have a second opinion on the case, and with the sanction of the family I requested my friend Dr. Hodder to visit the patient with me. On a careful examination at this consultation, we ascertained that there was really no pulsation in either femoral artery, and detected the existence of a tumour in the left iliac region, filling completely the left pelvic fossa, and extending as far as the median line, and nearly as high as the umbilicus. We could trace its outline distinctly; it conveyed an indistinct sensation of fluctuation; was apparently moveable; was resilient; dull on percussion, and did not exhibit any indications of pulsation; the surface was uniform, and there was no tender-



ness on compression. Subsequent inquiry elicited the fact that on the morning of his attack he was conscious of "something having given way," and that then he had first discovered the increased size of the swelling in the groin.

The diagnosis was most obscure. Several of my professional friends visited the case, and various opinions were formed as to the nature of this tumour. Its existence at once solved the mystery of the gangrene, and confirmed the prognosis. My own impression was that an aneurism had originally existed, the coats of which had given way, and the contents become diffused and coagulated. Another thought it was a sarcomatous growth, the opinion as to its malignant nature being certainly countenanced by the general appearance and complexion of the patient, which would have indicated the cancerous diathesis under other circumstances. A third regarded it as an encysted tumour, and a fourth suggested the idea of abscess. Influenced by these varied views of the case, and desirous of establishing the diagnosis in order that, if practicable, an attempt should be made to restore the circulation by preventing the pressure occasioned by this tumour, either by its removal or the evacuation of its contents, it was contemplated to puncture with an exploring needle, even at the hazard, had it proved to be an aneurism, of the necessity of ligation of the common iliac, or even the aorta—an extreme measure which the desperate condition of the patient might have justified. The rapid sinking of the patient, however, on the day when it was resolved to make the experiment, prevented the proceeding: a circumstance which subsequent revelation proved to have been very fortunate as regards what might probably have been the issue of it. One circumstance is worthy of remark, that during the period I attended him there was no clue given to lead to a suspicion of the bladder being implicated; for although he complained occasionally of retention of urine, this was by no means urgent, and he was as frequently relieved by warm diluents, voiding considerable quantities of urine several times; and it was attributed to the constitutional irritation produced by the prominent disease. It is unnecessary to trace the progress of the case to its fatal termination, the symptoms being such as usually attend extensive destruction of the tissues. He died on the 18th of April, fourteen days after I had first seen him, and fifty days from the commencement of the attack. The tumour had increased in size, extending over to the right side, and filling the cavity of the pelvis completely, rising at the same time as high as the umbilicus. I could not obtain permission to examine the body while in the house, but the opportunity was afforded of doing so in the vault of the cemetery. The inconvenience of conducting the post-mortem under these circumstances, prevented as full an examination as could be desired, and we were not permitted to open the head. On making the usual incisions for exposing the contents of the abdomen, the intestines presented a healthy appearance, but were pushed upwards by a tumour filling the entire pelvis and lower part of the abdominal cavity. Its contents were now readily perceived to be fluid, and it was discovered to be an enormously enlarged bladder distended with urine. It was firmly attached to the brim of the pelvis by strong adhesions of cellular tissue, binding down the aorta at its bifurcation and the upper portion of the rectum against the projecting lumbar vertebra; both iliacs and the middle sacral arteries were filled with a firm coagulum; in the left, which was traced, this coagulum extended through its divisions and along the femoral; the ureters were much enlarged, being nearly the size of a finger; the bladder was found to contain fully four pints of urine, and was not as fully distended as its capacity would admit of; a circumstance accounted for by the frequent involuntary evacuations which preceded immediate dissolution. The rectum was much diminished in size; the neck of the bladder was buried in a mass of condensed cellular tissue, completely infiltrated with lymph, resembling a solid mass of diseased structure. The coats of the bladder were much thickened and soft, the mucous coat being thickened and plicated; the fundus and anterior portion of the body were free and capable of

extension. These appearances would seem to justify the opinion that the case had been one of chronic cystitis of long standing, commencing probably at the period of the first injury received, three years before, and is an evidence of the fact that inflammation of this viscus may exist in a chronic state, and be purely local in its character for a considerable time, slowly producing great changes in its tissues, unrevealed by any very prominent indications of disease.

The length to which I have already extended this article, precludes me from adding more than that I have not yet found in the books which I have been able to consult the record of a similar case presenting the pathological conditions here detailed. There are many points of practical importance involved in its history, but these I must reserve as the subjects of reflection and future comment.—*Upper Canada Journal.*

#### REVIEWS AND NOTICES OF BOOKS.

**INSANITY: ITS CAUSES, PREVENTION, AND CURE**, including Apoplexy, Epilepsy, and Congestion of the Brain. By JOSEPH WILLIAMS, M.D. 2nd Edition. London. 1852. Small 8vo. pp. 317.

THIS is the second edition of an essay to which the Lord Chancellor's prize was awarded some years since by the President and Fellows of the King and Queen's College of Physicians; the subject offered for competition having been—"The use of narcotics, and other remedial agents, calculated to produce sleep in the treatment of insanity." The present volume may, however, be regarded as altogether a new work, having been almost entirely rewritten, and enlarged to more than double its former size; and while the former edition was necessarily limited to the subject-matter offered for competition, this constitutes a complete treatise on insanity and its treatment.

The volume commences with some general observations upon insanity, followed by a pretty full account of its causes. The classification followed by the author is similar to that adopted by the Commissioners—viz.,

##### "1. Mania:—

1. Acute mania, or raving madness;
2. Ordinary mania or chronic madness being less acute.
3. Periodical mania, or remittent mania, with comparatively lucid intervals.

##### 2. Dementia, or decay and obliteration of the intellectual faculties.

3. Melancholia,
4. Monomania,
5. Moral insanity,
6. Congenital idiocy.
7. Congenital imbecility.

} Partial insanity.

##### 8. General paralysis of the insane; epilepsy; delirium tremens."

"In addition to these, it is our duty (the author observes) to add puerperal mania, which has been excluded from the above classification, as such cases are very properly not considered suitable to be sent or to be admitted into an asylum."

The treatment of insanity occupies by far the larger portion of the volume. This part commences with some remarks respecting the signing of certificates; and in it we find some useful hints as to the mode of questioning patients supposed to be insane. "The generality of medical men (Dr. Williams observes) when asked to see a case, go with the full intention of establishing insanity, not to disprove it. The object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion*; but the great point is to ascertain whether the individual is dangerous to himself or others; and in some instances, whether partial surveillance is necessary to prevent a waste of fortune or of effects."

"If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucinations, or instinctive wish, his habits, actions, and inclinations.

When a patient, in a calm and placid manner, complains of



unjust detention, or charges his friends with dishonest intentions, this, although so common among lunatics, should not be disregarded, but a thorough investigation should be instituted; and it is more proper to judge by the facts and appearances themselves, rather than from any opinions voluntarily tendered by others. It may happen that the unsound state of mind at once betrays itself, but still it is a duty to examine individual cases, because, as numbers have already been proved to have been placed under confinement from interested motives, the same delinquencies may again occur."

"There can be no doubt (Dr. Williams observes) as to the necessity of placing under control a furious maniac, who would be likely to injure himself or others;" but "there cannot be a doubt (he adds) that numbers, now the occupants of lunatic asylums, ought never to have been subjected to such imprisonment."

"How often is a man sent to an asylum by his friends because he is eccentric or irritable; whereas by removing him from home to some suitable and cheerful residence, and by having an experienced servant to wait upon him, he might, by temporary change and care, again in happiness return home to resume his usual duties; but he is sent to an asylum, which Dr. Conolly says 'is the worst place for an eccentric or irritable man, as here this eccentricity, this irritability increases; whereas in general society these failings should be checked. Confinement renders it permanent, and ripens eccentricity or temporary excitement or depression into actual insanity; and this is not the worst part of the evil, for even when a patient has suffered no aggravation of his disorder during its greatest severity, the danger is not passed; nay, it is increased as his convalescence advances; for where that otherwise happy change commences, the sights and sounds of a lunatic asylum become, if they were not before, both afflicting and unsalutary.'"

In several other places the author recurs to this subject. "Again and again (he says) I have been the means of preventing the incarceration of fathers, of mothers, of sisters; and these very individuals are now holding prominent places in their respective circles; and were it not manifestly inexpedient so to do, I could point out in many spheres the incalculable advantages I have secured to these individuals, and the obvious social evils I have thus prevented."

The therapeutic measures employed in insanity occupy a prominent place in this part of the volume. The general principles of treatment are first discussed. "Time (the author observes) is of the greatest importance with reference to the treatment of insanity. It is in early cases so much may be done, the chances of cure being in the inverse ratio to the period of duration; and although we are encouraged to persevere from finding that in some few instances persons have been restored to the full use of their mental faculties after five, ten, and even twenty years insanity, yet these cases are but few in number, and must be considered as the exception. Experience seems to justify the conclusion, that if decided improvement does not occur within twelve months after the attack, the chances of recovery become very much diminished, and the younger the patient the greater the chance of cure."

"In the treatment of insanity, it is most essential to refer it to its proper cause, to ascertain if it be dependent on some physical effect, or whether the result of mere error in perception. If, on inspection after the death of a maniac, we find inflammation of the brain or its membranes, effusion, ecchymosis or ramollissement, to a certain extent we may be justified in attributing the insanity to the pathological condition observed; but supposing, on the other hand, no morbid alteration can be detected, yet the symptoms during life may have been equally severe, as in those where disease was so evident, here we must pause ere we attribute the effects to the same causes."

In many recent cases, no alteration in structure can be detected, nothing, in fact, to account for the symptoms; but when insanity has continued many months or years, the membranes are often found thickened, the bones of the cranium indurated, sometimes effusion, and not unfrequently ramollissement or atrophy; this cannot excite surprise when we reflect that of the number of those who die lunatic half are paralytics.

There is almost always extreme irritability in incipient insanity; generally the brain first suffers, then some other organ. The great object, however, is always in the first instance to allay irritation; endeavour to ascertain whether the brain was primarily affected, or whether insanity followed some visceral affection. It is of the greatest importance to determine whether insanity is symptomatic or idiopathic; whether the result of mere error of perception, or whether the medium through which we reason is at fault; whether it has arisen from physical or metaphysical causes. An individual may at once, from some sudden shock, become incapable of perceiving, discriminating, or judging correctly, and it is in such cases, when tranquillity has been restored by narcotics, that the metaphysical treatment has been so successful. If the excitement, consequent upon reaction in these cases, be not speedily lulled, the brain itself often becomes congested or inflamed; and this continuing, symptoms increase, and those alterations in the brain and membranes so frequently observed, more or less speedily occur."

The individual therapeutic agents which are considered separately by the author form a goodly list, and include bleeding, purgatives, diuretics, emetics, opium, morphia, digitalis, hyoscyamus, conium, lactucarium, camphor, belladonna, hydrocyanic acid, colchicum, stramonium, aconite, cannabis indica, lobelia inflata, stimulants, tobacco, anti-periodics, the warm-bath, the semicupium and pediluvium, the ice-cap, the douche, the cold-bath, the cold shower-bath, exercise, music, &c. &c.

The author's remarks upon narcotics, founded as they are on the result of a good deal of experience in the use of this class of remedies in insanity, are deserving of attention. Among the preparations of opium, he gives the preference to the hydrochlorate of morphia.

"If opium be ordered solely as a hypnotic, it should not be in combination with aromatics, as is the case with black-drop; for although this preparation is stronger than laudanum, and decidedly more anodyne, yet its narcotic power is considerably diminished, while its stimulating effects are augmented. Rousseau's laudanum is stated to be rendered much milder than laudanum or opium, by the fermentation it undergoes. . . . The liquor opii sedativus is undoubtedly much milder in its effect, and less stimulant, than laudanum; and many years since I made it the subject of experiment, in order personally to determine as to its efficacy, and I found it more uniform and certain in its effect, while it did not cause the disagreeable waking symptoms so often noticed when an opiate has been given. Many persons who slept well with it, passed a restless and uncomfortable night when laudanum was substituted for it. Battley's solution has been of the greatest service, and I believe it to be surpassed by no preparation except the hydrochlorate of morphia."

Dr. Williams's object in this publication has been, he tells us, "to render it an essentially practical volume, that may be at once consulted by the medical man when called to the responsible duty of treating such difficult cases." We think he has been successful, and that he has supplied a deficiency which has long existed in this department; and we have little doubt that the volume will meet with the same favourable reception from the profession as the former.

#### OBSERVATIONS ON THE SANITARY INSTITUTIONS OF THE HEBREWS AS BEARING UPON MODERN SANITARY REGULATIONS.

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ONE of the strangest of all moral phenomena in the present day is, perhaps, presented in the trifling, nay, almost imperceptible, effects which the experience and teachings of ages have had in the legislative enactments and individual efforts of modern nations with reference to the all-important subject of health. Strange also is the fact, that although the principle of self-preservation, even in itself, should naturally incite communities, as well as individuals, to endeavour to profit by, and to act upon, teachings, always plentifully attainable if duly sought, yet by a most culpable negligence and apathy, more especially visible in large cities, have miasma and plague, malaria and consumption,



been permitted to generate, and death to run riot, amongst those who, but for the carelessness and cupidity of their fellow-men, might have attained an age almost reaching that of the patriarchs of old. Such procedure must not only be highly condemnable in the eyes of man, but necessarily sinful in the sight of God. For as is His wont, the all-merciful and all-wise CREATOR has not left us without guidance in a matter which, next to the due care and health of our souls, it is most necessary for us to know. Thus it never has been, as indeed it never can be, questioned, that the most ancient, and at the same time most sacred treatises on the subject of a national and individual hygiene—the legislation of Moses son of Amram—contains the wisest and most valuable principles, recommendations, and enactments on the subject of health, which, though thousands of years have elapsed since their enunciation, do yet remain like “all which proceedeth out of the mouth of the Eternal,” just as valuable and just as wise as when first revealed for the edification of the Hebrew people, and are therefore, now, as then, fully worthy our most attentive and reverent consideration.

Among the Hebrews, who, under God, have preserved these enactments to the present day, it has ever been a golden maxim, “there are no riches can compare with health;” and this principle is equally developed in their post biblical, as well as in their biblical jurisprudence, as it will be our endeavour to show in this pages. The maxim appears also to have been in no small degree appreciated and acted upon by the ancient heathen nations, for as we all know, their legislators not only passed laws calculated to secure an athletic, healthy race of men, who would best serve their respective states, but also for the healthfulness of these states themselves; and their orators and poets, as is also well known, frequently called the attention of the people to the subject, in order that, being reminded in the words of Virgil,

Noctes atque dies patet atri janua Ditis,  
Sed revocare gradum, superasque evadere ad auras,  
Hoc opus, hic labor est.\*

they might thereby accord an universal and cheerful obedience to the laws; and even with respect to Christian nations, it is a question which, we think, cannot be so immediately decided in the affirmative, whether, in the first century of Christianity, they were less appreciative, than their descendants are, in the nineteenth, of the truth conveyed in the saying of the old English moralists, that “there is but one way of coming into the world but a thousand to go out of it,” or whether they could parallel the atrocities which are daily revealed to us with reference to the impurity and adulteration of food, the state of city graveyards, the noxious manufacturing processes carried on in densely populated neighbourhoods, and a thousand other evils calculated to undermine the public health. These, however, are questions we do not attempt to decide, but leaving them for the consideration of others more competent to do so, we proceed to examine that branch of the general topic which we have selected as our own, and will endeavour to show what are the ideas and practice of that people to whom a code of sanitary laws was first revealed.

But it is proper to premise, that the sanitary institutions of the Hebrews are not to be looked for in the Bible only, though the grand principles upon which they are based have undoubtedly been borrowed by them from, and credited by them to, the sacred volume. It is to that vast repertory of the national traditions, that well-known, but little understood compilation, the Talmud, and to their later casuists, that we must turn, would we find and correctly estimate the multifarious, important, and highly interesting sanitary constitutions of a people who honoured these constitutions with a most scrupulous observance, not merely because they regarded them as mere matters of expediency, utility, or profit, but as the strict, unavoidable, and uncompromising requirements of their heaven-born religion.

The pains and penalties following dereliction or neglect—in some cases amounting to excision—also tended, both in biblical and post biblical times, to secure from the Hebrews a scrupulous observance of their sanitary laws. We are well aware that some few, writing in an unfriendly spirit of the book in which they are contained, have condemned them as overloading man with useless ceremonies, which enter into every hour of his existence and make him the mere creature of ablutions and precautions. But it is very evident, that this objection must be pronounced quite futile, until it can be shown that a careful and strict attention to the promotion of health is at all condemnable, pernicious, or unwise. By another class a further objection has been made to them, that although their tendency may be good, yet is the minuteness of detail employed in the books of Hebrew jurisprudence highly objectionable, and not to be tolerated in the present refined state of society. But here it is also evident, that such an objection is utterly groundless, and could only be adduced but for a sinister purpose. For if they become objectionable and intolerable on this account then equally objectionable and intolerable must we pronounce every medical book, tract, or treatise, from the days of Galen downwards, since it needs no very extensive knowledge of both classes of authors to decide that the former are clearly and indisputably more measured in their *modus scribendi* than the latter, notwithstanding which but few would recommend the suppression of valuable medical treatises on this account. The truth is, that, equally with any modern casuistic or scientific writers, the Jewish Doctors or Rabbis wrote for intelligent, considerate, truth-seeking men. They wrote neither for children, for fools, nor for blind zealots: and when they entered into details designed to promote the bodily, and consequently the mental, health of their people, they knew that they addressed men who would only consider themselves “a wise and discerning people” accordingly as they respected the “statutes and judgments so righteous,” upon which their teachers amplified—men who, whatever their faults otherwise, could yet duly appreciate recommendations to purity, chastity, and sobriety, and could not only ostensibly, but actually and in reality, act up to them—men whose cheeks would not mantle with the deceitful hues of a false modesty when particularization of wholesome, sanitary, and moral laws were addressed to them in public; while in private, they would, with brazen brow and unblushing face, outrage every one of these laws, and yet loudly proclaim a refined state of society, as, perhaps, is but too much the case in our day; and that the Hebrew sanitary institutions, despite their minuteness of detail, have proved to the nation neither hurtful to body nor baneful to mind, is, we think, evident from various considerations. In the first place, although there flows in the veins of the Hebrews the blood of the most ancient nation remaining on earth—the same blood which once animated Abraham, Moses, David, and Isaiah,—although the stake has destroyed of them its thousands, and the sword its tens of thousands—although monarchs and legislators, from the days of Pharaoh downwards, have passed enactments for their extermination, forbidding, as is the case even in the present day, their obedience to one of the first laws of Nature—although found in every country and clime, amidst the snows and ice of a northern, and the burning sun of a southern latitude,—and at all periods of their history, subject to a thousand adverse and destructive influences, yet do they remain a wonderful living problem, the same *undeteriorated* indestructible race, with the same characteristics every where traceable amongst them, with an eye not less bright than when it was called to witness the lightnings of Sinai’s mount, and with a step not less elastic then when it repaired to the Holy Temple which God vouchsafed to make the place of His especial residence; in short, with the same favourable, energetic, and high organization among the men, and with the same instances of rare beauty among the women. Nor do we find them, in consequence of their sanitary regulations, more subject to diseases, or obnoxious to epidemics of all descriptions, but the contrary; for it is undeniable that the mass of the nation, who are duly observant of their dietary laws, are re-

\* Æneid lib. vi. (127.) Thus rendered by Davidson, “Grim Pluto’s gate stands open night and day; but to reascend from there to the upper regions, this is a work, this a task indeed.”



markedly free from certain classes of diseases, particularly those of the skin and the hypochondriac regions; while ever since attention has been given to the statistics of epidemics, both in Europe and America, it has been announced as an extraordinary fact, especially during the ravages of Asiatic cholera, that proportionably the Jewish community have remained in a remarkable degree unscathed under those awful visitations.

(To be continued.)

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 30, 1852.

### OPERATION OF THE DISPENSARY ACT.

Now that the working properties of this piece of legislative machinery have been pretty well tested, and that our friends in the train which it draws are fairly started on their journey, we may venture from time to time to point out its perfections and defects. With this view, we copy the following article from a provincial journal (the *Dundalk Democrat*), which throws some light on the subject, at the same time refraining from any adoption of phrase or comment in it which may have a personal application, not being in any way cognizant of the local bearings of the question. All we require in such case is, so much evidence, even *ex parte*, as will justify inquiry and suggest any corrections which a view, *primâ facie*, may demand. As there must be much similar cause of complaint arising from the collision of conflicting interests over the country, we venture on the subject with some reluctance, apprehensive that in touching upon local differences we may get entangled in disputes we cannot comprehend. We give the extract to our readers as an illustration:—

Allow me to call your attention to a recent sample of a system rather prevalent in the disposal of public offices in and about the borough of Drogheda, to which your own trenchant and powerful pen has occasionally attracted the notice of your readers.

In the Drogheda Union there was lately a re-division of the dispensary districts, and a re-appointment of medical officers to attend them. The appointments to which I solicit your attention are those made in the dispensaries of Duleek, St. Mary's, Drogheda, Julianstown, and Stamullen.

Dr. Delahoyde of Duleek, was, in the first instance, transferred to St. Mary's district, Drogheda. To this appointment, separately considered, there could be no reasonable objection. A skilful and accomplished practitioner has been removed to a district where his services will be invaluable to a poor and unhealthy population. His position and prospects have been improved, and I heartily wish him every success.

On Dr. Delahoyde's appointment, the village of Duleek, and the poor and extensive district surrounding it, came to be provided for. For many years it had been the residence of a skilful physician. The old ineffective dispensary system had at least provided this much for the relief of the sick poor; and it might be naturally expected that under the new regime their wants would be even more sedulously attended to. So thought the inhabitants of the village; but so thought not a certain influential and eclectic clique, who, I need hardly tell you, have much voice and many votes in such matters, which they invariably exercise with a disinterested impartiality, of which you and the people of Drogheda are perfectly well aware. So satisfied were they and their friends with the energetic, and the actively profound and unvalued medical skill of their cousin, Dr. Darby of Drogheda that, in the plenitude of their public zeal, they secured the appointment for him. Now, the dispensary district of Duleek is fully eleven miles in length, and the village of Duleek is four miles from Drogheda, where Dr. Darby resides. Dr. Darby, it is moreover alleged, was hardly eligible to the appointment at all, not having been a dispensary attendant hitherto. Taking this view of the case, the inhabitants of Duleek have memorialized the Poor-law Commissioners to in-

sist that the appointment should at least be made a resident one. You know how absurd this is of the Duleek people! Is it not absurd to conceive that a man might bleed to death or die of the cholera (God keep it in its native Deccan) while a messenger would be going to Drogheda from any one remote point of the eleven miles, and hunting out Dr. Darby among his patients, and bring him out to Duleek, and then going back for the physick, and then returning again!

Besides, you are of course aware that centralization is now the order of the day. The distinguished clique which I allude to are only applying the same principle to Drogheda which their friend, our late lamented representative, Sir W. Somerville, exercised on a wider scale. They conceived that all the dispensary doctors of the union should reside in Drogheda; and you know they will have their own way.

Just let me cite you another case in point:—

I am afraid that this case really requires to be pulled up. It is to the best of my belief a specimen of the "job absolute." Before the new alterations, the dispensary of Stamullen was for many years attended by Dr. O'Reilly of Balbriggan—an active, attentive, and experienced physician, whose duties were exclusively limited to his dispensary and his private practice; and whose services as a dispensary officer were so efficient that the Hon. Edward Preston declared in the Drogheda Board of Guardians that the Stamullen dispensary was one of the best administered in the kingdom. This fact, and Dr. O'Reilly's long connexion with the district should, as a mere matter of course, one might suppose, have secured his election.

But neither one consideration nor the other, though each involved human life, and implied human sickness and suffering, was regarded. Even before the election occurred, I have heard Dr. O'Reilly was informed, plainly and distinctly by one of the committee, that there was no use in his standing; that the committee had been empanelled with quite another purpose. That purpose they secured by the election of Dr. Kelly of Drogheda to the united districts of Julianstown and Stamullen; and all this was done on the plain principle of log-rolling. If Dr. Kelly had not been appointed to Stamullen, Dr. Delahoyde would not have got St. Mary's, nor Dr. Darby have been nominated to Duleek! Do you mind?

Now, Dr. Kelly is a bit of a medical pluralist; he attends the workhouse for a salary of eighty pounds a year (recently raised to that figure in consequence of the overwhelming and unremitting nature of the duties, which he alleged left him hardly any time for private practice); he attends the fever hospital, a tolerably laborious office also, with its average from thirty to forty cases. He attends the military barracks, and he has very extensive private practice in Drogheda.

Do you think it is possible that any medical man can give effective attendance to an extensive dispensary district, poor, populous, and many miles distant from Drogheda, in addition to duties so urgent, so incessant, so responsible, so lucrative? I don't think it. I think a man should pay his visits with a special express steam engine, and write his prescriptions with an electric telegraph to do it; and I think there would be lives lost, and much unnecessary human suffering occasioned by the transaction nevertheless. Imagine a poor man from Clonavey, with his wife or child lying ill in the fever, or the cholera, or any other disease, needing instant and vigilant attendance; imagine him walking the long ten miles to Drogheda, tracking Dr. Kelly from the workhouse to the barracks, and from the barracks to the fever hospital, and from the fever hospital to house after house through the town, or perchance out to Collon, or on to Bettystown, or to this or the other country gentleman's seat; and so imagine all the delay and all the ordinary and extraordinary difficulties of getting the medical attendant of Stamullen to his own proper post, while a suddenly-stricken patient lies unrelieved, dying, perhaps dead. Imagine this occurring, not by accident, but by system; not once, not twice, but every week, and every day perhaps; and the oftener precisely in proportion to the extent of the claims upon his services elsewhere, as in times of epidemic, or of other generally prevalent sickness.

This is emphatically a question of life and death. I am convinced that if it was brought in all its bearings and contingencies under the notice of the Medical Commissioners of the Relief Act—I am satisfied that if there was an exact investigation into the circumstances and requirements of the district, that, in justice to the afflicted, some other arrangement should be forthwith adopted. I ask, at all events, to lift the curtain of the press, and let in the light of public opinion upon it.



MEDICAL LIFE IN LONDON.

(Continued from page 367.)

London, June 19, 1852.

At Bartholomew's Hospital everything is represented by a staid and respectable mediocrity. With a magnificent income, and opportunities of wide and enlarged practice only second to Guy's, it has not done as brilliant things as the Borough hospitals. A little fortune has just been thrown away taking down a very good front and putting up a very ugly one; external appearances go a good way with our friends of St. Sepulchre's, and yet the fine old front, and a set of arches, under shadow of which the ghost of Rahere and Mr. Stanley's carriage seemed to enjoy a divided empire, like Jupiter and Cæsar, are now universally regretted. The wards of Bartholomew's, especially the new ones, are very fine—Mr. Lawrence and Mr. Stanley the presiding spirits.

Bartholomew's has 600 beds; Mr. Stanley is a great favourite with everybody, from the pupils and nurses down to the military gentleman at the gate who spends the latter part of a battlesome life selling bottles to the out-patients at a penny a piece.

Stanley is chiefly known by his beautiful book on "Diseases of the Bones;" and going round "Rahere" and other wards exhibits some of those little peculiarities that remind you of old Roux at the Hôtel Dieu, and O'Beirne, so great in Dublin, on the "Rectum." As an examiner at the college his manner is very good. Latterly, his brougham and pair is to be seen very busily, night and day, down Oxford-street and Holborn to Bartholomew's. In some of the schools we have special points on which the lecturers plume themselves; at St. George's, the peculiar views on the nerves of the uterus, by Dr. Robert Lee, which, by the way, Dr. Snow Beck has taken the liberty of offering objections to; at the London University, Kiernan and his researches on the liver; in the Borough, Sir Astley Cooper and poor Aston Key are the theme of every discourse; at St. Thomas's, Cheselden operated times without number for stone; but at Bartholomew's, we cannot call to mind anything very striking. Mr. McWhinnie, it is true, lectures on comparative anatomy; but it does not appear that he has yet surpassed Oken or Owen. Mr. Paget and Mr. Holmes Coote, and some of the younger men, are perhaps exceptions; but it requires little knowledge of London cliquism to discover that our younger men at Bartholomew's, like those all over London, have ancient Sysiphus to envy; while the old men, here and elsewhere, with money, and good dinners for the "gentlemen of the press," may vend their inanities all over the town. The most brilliant discovery of the younger men is sure to be laughed at. The speculum in uterine diseases, compression in aneurism, Marshall Hall's discoveries, and many other things, are only slowly emerging from this heap of ridicule thrown on them. If the anæsthetic effects of chloroform or ether were discovered in London, nothing under heaven could have saved them from falling into oblivion; and when one thinks of John Hunter dying heartbroken from the jealousies of London practice, Syme collecting his traps and running away from them, Jenner (Dr. Oliver Goldsmith, as he is called), and many others, one would wish for some person like Mr. Bozthorn in "Bleak House," who threatens to demolish the Admiralty for their treatment of the navy assistant-surgeons, to demolish also the abuses that infest the profession itself. The Medical Societies in London, especially the Medico-Chirurgical and Epidemiological, may bear comparison with any cognate societies in the world. Little jealousies, of course, there are evinced now and again in the discussion of papers; but in point of usefulness and advancement, they exhibit a singular contrast to the trading of the small practitioner. This may not have much to do with Bartholomew's Hospital, except to place in clearer light the fact, that while Mr. Paget and Mr. Holmes Coote, and men of that class, may be filling the sieve of the Danaides, giving admirable lectures and bringing abstract theoretic doctrines to bear on practice, bitter-ale statistics at the other end, and the little peddling chemist in his brougham and counter-practice, are more supported by the journals. The man of tooth-brushes and Godfrey's Cordial, with the stylish homœopath from Mount-street or Grovesnor-square, meet in Rotten-row and Hyde Park; the tuft-hunting of Dr. Paris and the College of Physicians—an amiable weakness of an-

other kind—also covers a great amount of shamming. The quiet honest workers, Carpenter, Paget, Simon, Owen, almost unknown, except to be abused and criticised.

Mr. Lawrence is the senior lion at St. Bartholomew's. In somewhat enlivening contrast to the melancholy trading we have alluded to, may be mentioned the high professional character of this eminent surgeon. Few men are so respected in London. The pupils at Bartholomew's are a wild rakish set enough, but Mr. Lawrence's *in loco parentis* style of managing them has the happiest effect. At Ealing Park, Mr. Lawrence entertains like a king, and the industrious pupils know it. Mrs. Lawrence's garden and collection of flowers is perhaps the finest in England.

Mr. Paget has just finished a highly instructive course of lectures in the college library on malignant tumours, the preparations and drawings chiefly taken from patients in Bartholomew's. A very great change of opinion has taken place recently as to the propriety of removing cancerous and other malignant growths. The sad array of cases where cancer returned after operation, was sufficient to shake the faith of the most obstinate advocate for the knife. Mr. Simon of St. Thomas's, one of the ablest men in London, and Mr. Paget, seem both of opinion that where secondary deposits of cancer occur, epithelial or otherwise, operation is inadmissible. Extreme pain or very great risk of life immediately, from the situation of the disease, may make operations a subject for discussion; but in the vast majority of cases we must unlearn much of our former dicta on this subject.

Mr. Paget's manner of lecturing has all the force of a written essay; the college lecture-room being at present in "bricks and mortar," the spacious library was quite filled with the chief men in London, and many from the provinces, on whom the views of this eminent surgeon and microscopist seemed to make a very great impression. With the exception of desquamative cancer—some singular cases of which have been noticed in Dublin by Dr. Jacob, I think—he seemed to say that operations are all measures for exceptional adoption. Many of our medical leaders and essays in London never were read, never could be read, and it is confidently believed never will be read; but Mr. Paget's essays and lectures do not belong to this category. His intimate knowledge of the continental museums, of the writings of Rokitsansky, of Köeliker, the other day in town, all mark him out as the best opinion on the subject in England.

One of those miserably small cases of malpraxis that will now and again occur, has just happened at Norwich. As the *corpus delicti* is many miles from London, and the subject a homœopath, we have much virtuous indignation; while in London itself, at any of the hospitals, patients are to be found who can tell similar stories. In London, homœopathy is quite *un autre chose*, and homœopaths, as they are the fashion, like mediæval curates of the Puseyite school, are met in consultation and received with open arms. The abortive attempt in the House of Commons to exempt medical men from the pleasantries of the Militia Bill, is also much talked of, and is only another instance of the want of moral influence in our periodical literature, especially of the hebdomadal kind. Many of the students in the Borough hospitals, just looking out for their summer "grinding class," have now visions of bayonets and pipeclay not at all agreeable. The universities, of course, have been exempted, but the thousands of "advice gratis" men in London have been entirely disregarded. The *prestige* or moral weight of the mass of the profession is felt every day to be less and less: as a trade, it must take its place with all others. In searching out the causes of quackery in England, especially of hydropathy, homœopathy, &c., it is painfully evident to all thinking men that this want of pure professional feeling is at the bottom of it. It is a weekly tune of "tweedle-dum and tweedle-dee" between the journals. Whatever will not "sell," like Peter Pindar's razors, is strictly prohibited, and men who suit the market, like the string of worthies we often see in solemn train in Fleet-street with placards on their shoulders, are always before the medical eye on paper.

The navy assistant-surgeons are also in point; but does any honest man believe we have any one to thank but ourselves for the slight sought to be thrown on this department of the public service? A dispensary surgeon, educated in Ireland, with the manners and habits of a gentleman, dines with the lord or earl: the navy surgeon is good enough for the midshipmen. One man looks on his calling as a profession, and is respected; the other has the misfortune to be the victim of the trading principle, where so much disease is so much raw material; and trading journals assist the biggest



purse. Our books on "homœopathy and homœopaths" begin at the wrong end. The homœopaths, to a man, are persons sick of the old trade, but without moral feeling to resist the temptation to quackery, and without any tie as regards the best possible instructors, the weekly journals, which they look on as "leather and prunello."

Mr. Lloyd at Bartholomew's is an excellent practical surgeon, much liked by the pupils. Mr. Skey and Mr. Paget are two very superior surgeons also. Mr. Skey's book is a reflex of his practice: it has caused some jealousy. He should have asked permission of the journals and their critics before he set about anything so original.

In the practice of physic department, perhaps, Bartholomew's has made no sign with Tweedie, Watson, Bright, Copland, &c., in less pretending hospitals. We cannot say much for Roupell, Hue, or Burrows; a very general and unpretending mediocrity reigning more in this part of Bartholomew's than in the surgical division. Dr. West is more favourably known in his department.

#### EDINBURGH COMMENTS ON LONDON SURGERY.

WE copy the following without expressing an opinion *pro* or *con* on the merits of the question, because we consider a little wholesome castigation, whether merited or not, likely to operate beneficially on large communities liable to form false estimates of their perfections because of their numerical superiority. The Surgeons of London will be nothing the worse of an occasional poke from Scotland or Ireland, now that all are so harmoniously disposed at home. We never yet knew good to come of a calm in the ocean of the medical world; it is but a proof of languor, and portends nothing but apathy and rest. Not that we would applaud a wanton breach of professional peace, or a spiteful criticism of the proceedings of individuals; but only so much challenge as will remind those who rely too much on their position, that there are Surgeons beyond the region to which the sound of Bow Bells reaches:—

##### EXTRAORDINARY DISCLOSURES.

The London medical journals have long and perseveringly accused us of "personality" in regard to our surgical brethren of their metropolis; and upon one occasion we certainly were guilty of it. This was when an attempt had been made to foist upon us, as a new and profitable improvement, the rejected absurdity of proposing to remedy incurable disease of the hip-joint by cutting out a part of the bones affected. As the gentleman who was most active in advocating this procedure represented himself as recently house-surgeon of the hospital where he had witnessed its performance, we expressed our fears that his experience would not realize the sanguine expectations of youth. Instantly there arose a howl of complaint—as when the petulant yelp of some junior in a kennel is caught up by all the pack—which has ever since been prolonged and reiterated in every discordant note of senseless rage. To our readers we may appeal for confirmation of the fact, that there never has been afforded by us any other pretext which admitted of being twisted into a ground for the charge of personality. It is true that we have not hesitated to express our sentiments in regard to published facts and opinions, and have not been deterred from stating what we believed to be the truth by the position or character of the authors whose works have been submitted to our judgment. If unsound pathology, bad practice, and results worthy of such foundations, have elicited condemnation on just grounds, it is plain that the blame should not rest upon us. But it really seems as if the true nature of various doctrines communicated to the profession were not perceived until reflected from our northern mirror; and that thus the odium of the folly or mischief exposed is attributed to us. For instance, if we had said that puncturing the bladder from inability to pass the catheter was so frequent in London that one surgeon of an hospital could produce forty cases of its performance, "twenty-four of them being in his own practice;" or that another gentleman, who had been professor of surgery in both University and King's College, maintained that attempting to force the catheter through a stricture was justifiable and safe, "when properly performed;" "what he wished to convey by the operation being properly performed was this, that if, upon trying to urge the catheter, the urethra itself should give way, and be per-

forated, then that the proceeding should be abandoned;" or that this same surgeon, in a private case, did attempt to force a catheter through the stricture until "the urethra gave way," then cut into the perineum in search of the canal, but without the "urethra being struck," and lastly punctured the bladder from the rectum; or that the same gentleman had "twice witnessed, in the hands of a very able surgeon, the bladder missed in the attempt to puncture it above the pubes;" or if we had alleged that many surgeons in London seemed to think having occasion to puncture the bladder five or six times in the course of their practice no subject of shame or reproach, then, indeed, we might have been charged with calumny of the deepest dye. But it appears that upon the evening of the 13th of April last, all that has been said, and a great deal more to the same effect, was publicly stated at a meeting of the Royal Medico-Chirurgical Society, and has been unscrupulously exposed to professional comment by the very journals which accuse us of hostility to our brethren of London.—*Edinburgh Monthly Jour.*

#### CASE OF RETENTION OF URINE.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—You will oblige me by inserting in your next number the accompanying letter. It is the only reply I will feel called on to make to the criticisms of Dr. Little on a "Case of Retention of Urine," reported by me in your journal of the 9th of May.—I am, dear sir, yours truly,  
Sligo, June 18, 1852. ROBERT LYNN.

DEAR A. B.,—You are aware that Dr. Little and I have not *spoken* since our quarrel about Mr. M——, six months ago; you also know something of the state of practice in Sligo: you can, therefore, form an opinion of the *ethics* of Dr. Little's attack on me in the *MEDICAL PRESS* of June 9th, and of the *good taste* towards his medical brethren, and the correctness of his assertion, "that the great majority of such cases pass through my hands," &c. I do not feel it necessary to enter into any defence of my treatment of that case. I will be satisfied with stating that during its progress I had the approval of medical brethren on whose judgment and professional honour I place the fullest reliance. That the treatment of the case was eminently successful (the patient being now in excellent health); that it was truthfully reported; and moreover, that it was one of four cases of retention of urine in private practice which I had under treatment about the same time: all of which went on favourably, without the "cooperation" of Dr. Little being deemed necessary.

If you have read the recent numbers of the *Medical Times*, you will have seen that the word "tunnelling" was used by Fergusson of London (no mean authority), who is an advocate for forcing a passage, in certain cases of obstruction of the urethra, when the surgeon has sufficient confidence in himself.

In my report, it was distinctly stated that the patient obstinately refused to submit to any other operative proceeding than that which I adopted, and which turned out so remarkably successful. Even if I had been so inclined, I fear I would not have procured the sanction of my brethren for the course pointed out by Dr. Little—namely, "practising the deception of tapping the bladder from the rectum, *without consulting my patient's wishes, or at all informing him of what I was about to do.*" I do not intend allowing myself to be forced into any correspondence on this subject. You know I have neither time nor inclination for controversial letter-writing.—I am very truly yours,  
Sligo, June 12, 1852. ROBERT LYNN.

We regret exceedingly that we have inadvertently been the cause of any public manifestation of difference of opinion between two members of our profession whom we respect. In Dublin we have no great objection to allow contending parties to "fight it out" in our columns; but in places of which we have not much local knowledge, we find it necessary to be more cautious. Lately, in the simplicity of our hearts, and as a mere matter of course, we were so unlucky as to give insertion to an abstract of some proceedings of the Cork Surgical Society, which, in the twinkling of an eye, brought an old house about our ears before we knew that we had stepped within its threshold.



From Ennis we were obliged to beat a hasty retreat, leaving our previous supporters to fight it out after the fashion of the Kilkenny cats; and in other places we have had to make the best compromise we could. So we pray our friends in future to respect our neutrality with as much forbearance as they can afford.

### EXPERIMENT IN THE LEECH TRADE.

THE following announcement is gratifying. A better supply of this valuable medical "appliance," as the poor-law people would call it, is much required. The success of the attempt is, we hope, certain, seeing that the animal is indigenous here. Can any one tell whether it is still found and supplied from ponds in the county Kilkenny?—

A LEECH CROP.—Mr. McIntosh, the intelligent steward of George LeHunte of Artramont, Esq., has just communicated to us the following novel fact:—Lord Desart lately set a piece of marsh of about forty acres, on his estate near Callan, to a company of Frenchmen, who immediately fenced it in; and having freely irrigated it from an adjoining stream, proceeded to sow it down under a leech crop—yes, startle not, gentle reader—a *living leech crop*. "The seed," if we may so express it, was contained in sacks, each sack holding 15,000 leeches, which were scattered from the hand, just as corn is sown. What will be said to this new race of Gallo-Irish Bloodsuckers!—*Wexford Independent*.

### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June 20th,	69	54	29.650	.280
Monday,	21st,	64.5	50	29.500	.240
Tuesday,	22nd,	64.5	53	29.500	.065
Wednesday,	23rd,	69	53.5	29.720	
Thursday,	24th,	73	52	30.000	.015
Friday,	25th,	71	55	29.800	.060
Saturday,	26th,	67	55.5	29.700	.020

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
June 20th,	66.5	53	29.368	58	56.1	54.6	.272	S
21st,	63	44	29.292	60.1	54.6	50	.016	SW
22nd,	63	49	29.184	60.4	55.5	51.6	.274	NW
23rd,	64.5	51	29.399	58.2	55.1	52.7	.037	NW
24th,	64	46	29.643	62.1	56.5	52.1	.015	WSW
25th,	65	52.5	29.462	56.8	54.9	53.4	.292	SSW
26th,	63	54	29.340	58.2	53.1	48.6	.042	WNW

M. W. HANLON, M.B.

### ADDRESS TO DR. PERCEVAL OF STRADBALLY.

WE, Subscribers to the late Stradbally and Luggacurren Dispensary, and inhabitants of the district, cannot permit our connexion with you to cease without recording the sense we entertain of the very efficient manner in which you have discharged its various duties—the diligence and regularity with which you conducted the ordinary business of those institutions—the readiness with which, regardless of personal convenience, you answered every call of suffering and distress—the unwearied attention and the anxious kindness which you bestowed on cases of protracted illness, have deservedly acquired for you the respect and esteem of all classes.

While we pay this willing tribute to your public services, permit us to add, that the same qualities which render these so valuable, carried, as they are, into the more private relations of life, have tended in no common measure to increase our feelings of regard and affection.

We are confident that in your new position under the recent Medical Charities Act, the same zeal and professional skill will be continued, and we rejoice to think that you are still to remain among us as physician and friend.

Accept, dear sir, the accompanying tribute of our sincere regard and esteem, and believe us your faithful friends.

[Here follow the names of the subscribers, including those of the most influential gentry in the vicinity.]

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### LOUTH MEDICAL ASSOCIATION.

At a Meeting of Medical Men held at Dundalk, on the 4th of June, 1852,

JOHN TRIMBLE, Esq., M.D., in the chair,

(Present: John Brown, William Pollock, John Neary, and Richard Montgomery, Esqrs.,)

Letters were read from Doctors Massey and Darby, regretting their inability to attend, and approving of the object of the meeting.

The following resolutions were unanimously adopted:—

1. That feeling the necessity of union among the members of the Medical Profession, we form ourselves into a body, to be styled "The Louth Medical Association."

2. That the object of this Association shall be to promote the interests of the Profession generally, and to advance the object of Medical Science.

3. That we consider this Association as a preliminary step to the formation of a Provincial Association, the advantages of which to Medical Science have been so apparent in the sister kingdom.

4. That all duly qualified Physicians and Surgeons are eligible to become Members of this Association.

5. That our next meeting for the more perfect organization of this Association shall take place in Dundalk, on Thursday, 1st July next, at Two o'clock p.m., and that our Secretary be requested to send copies of these resolutions to every duly qualified Medical Practitioner in this county.

6. That we cannot separate, without expressing our opinion that, even from the limited experience we have had, we deem it our pleasing duty to express our perfect confidence in the Commissioners of Medical Charities and the Medical Inspectors.

JOHN TRIMBLE, M.D.

Dr. John Trimble having left the chair, and Dr. Brown being called thereto, the thanks of the Meeting were unanimously given to Dr. Trimble for his dignified conduct in the chair.

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15. Professor Bennett on Leucocythemia.
16. Bishop, Tamplin, Verral, and Godfrey, on Spinal Curvature and Deformities.
17. Dr. Holland on Mental Physiology.

BIBLIOGRAPHICAL NOTICES.

1. Mr. Dalrymple's Pathology of the Human Eye.
2. Dr. Thomson's London Dispensatory.
3. Mr. Moore's Popular History of British Ferns.
4. Professor Gregory's Handbook of Organic Chemistry.
5. Professor T. Rymer Jones's Natural History of Animals.
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
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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—MAY 1.

Mr. TRANT, President of the College, in the chair.

#### CASE OF LITHOTOMY.

By Professor HARGRAVE.

(Reported by Mr. Edward H. Sargent.)

R. W—, ætat. 42, bricklayer, of good general health, intemperate, admitted November 29, 1851, into the City of Dublin Hospital. He states that about twenty-five years hence, he fell from a house on his back, and received a severe shock, followed by pain in the epigastric region.

About six years ago he was seized with pain and heat in the scrotum, and passed three stones, like small peas. Twelve months ago he began to experience difficulty and pain in expelling the last drops of urine, and applied to Mr. Tufnell. About the same time he began to have need of frequent micturition. Last June he perceived a ropy kind of mucous deposit in his urine, and felt great itching pain in the glans penis.

When he turns from one side to the other, he feels a scalding sensation in the bladder. Posture has no effect with regard to pain; he lies chiefly on his back; there is a large amount of mucus in his urine, which is neutral; he has always suffered from obstinate constipation. Both on admission and repeatedly afterwards, the sound was introduced into the bladder, but no stone could be detected.

He was treated with buchu, uva ursi, cubebs, muriatic acid, and acid injections of the bladder, until December 24th, when, the mucus having disappeared, he was discharged.

In January the mucus began to return, and on the 20th, on introducing the sound, a calculus was distinctly felt. For some days, he stated, he has perceived the stone rolling about. He was then readmitted. Next day he said the stone was fixed and did not roll about as before. He was now treated with inf. krameriæ and muriatic acid, the urine being slightly alkaline.

February 8, 1852: The mucus having greatly diminished, the lithotrite was introduced, and the calculus seized;

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only a small detritus, however, came away. There was only a slight irritation caused by this attempt. 10th: The lithotrite was again introduced and the calculus seized and partly crushed. About ten grains of it came away in the urine on the three following days; there was more irritation after this attempt than after the first. 17th: An attempt was made to-day but failed, the bladder having become very irritable. It was deemed inexpedient to persevere with lithotripsy, and lithotomy was resolved upon. March 4th, eleven a.m.: The patient was now placed on the table, and having inhaled chloroform, the lateral operation was proceeded with. The perineum was very deep. The calculus was then removed, being very rough on one side, weighing 5ii. gr. xii. On being removed to bed, he complained of great pain, and got tinct. opii gtts. xl. Pulse 84, fair and regular. One p.m.: Has suffered intense agony for the last hour; fainted once; very little hæmorrhage; urine passing freely through the wound, mixed with blood; on introducing the canula armed with linen, and packing it with charpie, he experienced almost instantaneous relief; urine began to flow through the canula. Ordered tinct. opii gtts. lx. Four p.m.: Has no pain since; pulse fuller, 78; warm and comfortable. Ordered tinct. opii gtts. xx. Eight p.m.: No pain; urine flowing freely through the canula; pulse improving, 74. 5th, eleven a.m.: Quiet night; did not sleep; moderate perspiration; pulse full, soft, 62; no thirst. Five p.m.: Passed a good day. R Mur. morph. gr. ¼. 6th: Good night; canula was now withdrawn after forty-eight hours, and was loose; suppuration commencing. Ordered an oil draught. Five p.m.: 3vi. urine have passed through urethra; pulse 78. 7th: Suppuration healthy; 3vi. urine have passed through the urethra; bowels once moved, freely; pulse 70. 15th: 3viii. urine have passed, with small amount of mucus, neutral; slept for four hours last night. 17th: All the urine now passes through the urethra; urine slightly acid; inferior angle of the wound healing. 20th: Wound healing rapidly; urine strongly acid; no trace of mucus under the use of decoct. Pareiræ. 28th: Still improving; urine acid; suffers from flatu-



lence; inferior angle of wound healed. Decoct. buchu, spt. ammon. aromat. and spt. zingiber, instead of decoct. Pareiræ. 30th: Stomach much better; looks much more healthy; getting colour.

*Observations.*—This case presents one of the examples which enables the surgeon to have the operation of lithotomy in reserve, in case that of lithotripsy cannot be made available for the purpose of relieving the patient of the calculus.

He submitted to three introductions of the lithotrite; in the first, the calculus was seized, and a small portion of calculous detritus was removed; in the second, the calculus was also seized and gave the diameter of half an inch, and so much of it was crushed as to afford ten grains of it being discharged by the urethra; following which attempt there succeeded a great degree of irritation, with increased discharges of vesical mucus; the third trial failed *in toto*, the bladder becoming very irritable during the operation, which irritability increased with a proportionate quantity of mucopurulent discharge mixed with some blood.

The augmentation of the symptoms of vesical irritability and mucous discharge decided me on performing lithotomy.

The patient was placed under the influence of chloroform, five drachms having been administered to him. Nothing unusual occurred during the operation, except that the perineum was much deeper than I anticipated. The calculus was readily seized by keeping the blades of the forceps with their flat surfaces looking upwards and downwards; but a small quantity of blood was lost during the operation, which coagulated rapidly and firmly.

The patient was scarcely well placed in his bed when he began to complain of *intense pain* in the wound, in the rectum, and anus, and some towards the symphysis pubis. He got a draught of forty drops of laudanum. I remained in the hospital about an hour after the operation, and but little, indeed no abatement of the pain. I returned to it in an hour and a half, and was informed that he had fainted from excess of pain, and vomited. His countenance was pallid, pulse small and feeble, and anxiously asked for relief from his sufferings, though he was a man of much firmness of character and well regulated mind. On examining the wound, there was no hæmorrhage to excite any apprehension, the urine flowing freely through it. These symptoms indicated that there was no internal hæmorrhage nor clot in the bladder, which sometimes causes much pain until it is expelled, when all distress ceases. There seemed to be but one source from which this great pain could arise: namely, from the urine flowing over a recent wound, in which there was no contusion or laceration; it was also altered in quality—*i.e.*, being alkaline. With the concurrence of my colleagues, Messrs. Williams and Tufnell, I plugged the wound into the bladder. Before it was completed he began to experience some ease from pain, and expressed himself much relieved. He was given sixty drops of laudanum and replaced in bed. He was visited again at half-past four o'clock, his relief continuing, when twenty more drops of laudanum were administered to him, making 120 drops from eleven o'clock a.m. to half-past four p.m., at which time his sufferings completely ceased.

The question can be asked, What caused the agony this man suffered? It could not be from the nervous structure of the parts concerned in the operation, as but few and small nerves are in this region. Could it have been caused by the urine, always a stimulating fluid, now perhaps increased by an alteration in its normal constituents? or is it a corroboration of what I have seen and has been observed by others, in some way connected with the agency of chloroform, which, though it removes all pain during the operation, yet does not guarantee the patient from an access of suffering, in some instances more intolerable during the dressing of the wound or stump than where such an agent had not been used during the operation. Future observations must decide upon this peculiarity connected with the administration of chloroform as a surgical anæsthetic remedy.

Six drachms of urine flowed per urethram fifty-two hours after the operation, and continued to increase daily until the wound was completely healed.

If, as in this case, the rapid and firm coagulation of blood can be in any degree attributed to the use of chloroform, it is an additional value derived from it, as it will be the means of preventing secondary hæmorrhage after operations.

For an exact and accurate analysis of the calculus, I am indebted to the kindness of my colleague Dr. Geoghegan. The weight of it was three drachms and ten grains. It had a double nucleus, consisting in each of phosphate of lime, with a little phosphate of magnesia and ammonia, with animal and colouring matters. The exterior shell, which forms the great bulk of the stone, is porous, moderately friable, and consists of lithate of ammonia in large quantity, with phosphate of ammonia and magnesia, and a little phosphate of lime. Intermediate between the two, and closely investing the double nucleus, is a compact layer, which, similarly constituted as the external, appears to contain, however, a larger proportion of triple phosphate.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON THE STRUCTURE, FUNCTION, AND DISEASES OF THE LIVER; AND ON THE ACTION OF CHOLAGOGUE MEDICINES.

By C. H. JONES, M.D., F.R.S.

THE author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelope, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals; the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexus of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexuses to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior. Hence some anatomists had believed they had detected a basement membrane, forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Müller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Doctor Carpenter, on the other, the author stated that the views of Kölliker, who denied the existence of intercellular pas-



sages in the lobule, agreed very nearly with his (the author's), and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their interspaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular biliary plexus, or a plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell; or there was a march of cells outwards from the centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep-green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unaltered by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition, not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and having evaporated to dryness, the residue, when dissolved in water, failed to show, by Pettenkötter's test, any reaction characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows: Sugar, oil, and a yellow pigment were found in the parenchyma of the liver; bile is not found there, but in the ducts; it is inferred, then, that the ducts, through their ultimate extreme portions, *make* the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glycocholate and tauro-cholate of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear that the cholagogue action of a medicine, its emulging effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver was noticed to be congestion of this organ; an argument rather for-

bidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then passed to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the inter-cellular substance, were loaded with oil-molecules: the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil-drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells; a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations.

1. In the larger and moderate-sized portal canals, excluding only the smallest.
2. In these last and in the fissures.
3. In the smaller canals and fissures, and in the substance of the lobules.

The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed brawny. The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an amorpho-granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and which view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the faecal matter. In many cases it existed only as retained excretion; in others it seemed to be formed in excessive quantity, as in the acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and nevertheless there was no jaundice. It should be borne in mind, that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic reaction obtained by nitric acid, but Pettenkötter's test decided against the presence of any organic biliary acid. The deep colour of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not of completely formed bile, but of one of its constituents only, the yellow pigment; and this might take place in one of three ways: 1, by a mechanical obstruction to the flow of bile into the intestine, through the ductus communis choledochus; 2, from



inaction of the elaborating ducts; 3, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

### MEDICAL SOCIETY OF LONDON.

MR. GAY detailed the following particulars of a case of  
MALIGNANT ULCERATION OF THE MAMMA.

S. W., aged 37, a small, delicate-looking woman, admitted July 11, 1851, into the Royal Free Hospital. Had been married seven years; was the mother of several children, and enjoyed good health until about ten months since, when, during an attack of cold, attended with a most severe cough, her attention was drawn to some soreness which she felt in her left breast. She became pregnant at this time, and subsequently noticed that the affected breast was larger than the other. This caused her to apply to a medical gentleman, who pronounced that the breast was cancerous. (Mr. Paget saw it about this time, and was of the same opinion.) The increase of the breast in size, in consequence, it is presumed, principally of utero-gestation, was attended with severe pain; indeed her sufferings were so severe that she did not as usual heed the pains of labour. Ten days after her confinement, she was removed to a metropolitan hospital, where ice was, according to her account, kept continually applied for more than a week. (The integuments of the breast had become of a dull purplish colour prior to the application of the ice.) After a fortnight she was taken to the Royal Free Hospital. The left mamma was about double its ordinary size, of a uniform dull bluish or purple colour, smooth on the surface, having the nipple erect, immovably fixed to the parietes of the chest, and cold. An unhealthy-looking, small ulcer was situated just beneath the nipple, which had but just made its appearance. The skin immediately surrounding the breast was of the same colour, which gradually shaded away into the colour of the healthy skin. The pain was excessive. Her condition and that of the breast almost remained stationary until the 22nd, when the ulcer became a kind of deep fissure, extending across the breast as far as the edge of the arm-pit. From this time pieces of sloughy and decomposed tissue began to separate; these became larger as the destructive process extended deeper. On the 27th, large masses of the pectoral muscles came away; and on the 28th, it was evident that an aperture had formed into the pleura. Portions of two ribs were now brought into view, and these became necrosed, whilst the joints with the sternum were found, on post-mortem examination (six days after), to have become completely destroyed. The wound increased in size in most directions, whilst in the upper part there were indications of healthy granulations. Her breathing became more laborious; her strength failed; and she died on the 3rd of August. The wound, as observed after death, occupied the whole of the pectoral region, and ran back into the axilla; and the sloughing by which the breast, the integuments, the muscles, the bones, and the pleura pulmonalis, became successively invaded and destroyed, occupied altogether but twelve days. Mr. Gay said that he was indebted to Dr. Marsden, under whose care this patient was, for having had the opportunity of making the foregoing observations. Drawings illustrative of the progress of the disease were exhibited.

MR. GAY also related the following case of  
TUMOUR OF THE ARM.

Mrs. G., aged 58, presented herself to me about a month since, with a tumour of the forearm. It commenced about two years before, in the upper part, and gradually increased to the size it has now attained—fifteen inches and a half in circumference. The whole of the forearm is enormously enlarged, obviously by a growth occupying a situation beneath the superficial muscular masses and vessels. It is uniformly hard, slightly elastic, and attended with severe pain at times, although she does not suffer materially from its being pressed upon. Large, bloated veins are seen

creeping along the integuments, whilst the elbow-joint and fingers are immovably flexed. The axillary glands were healthy. The general appearance of the patient was unhealthy; her skin was jaundiced, tongue furred, pulse quick, and her bowels constipated. The case reminded me forcibly of one, in every respect, as far as the external indications were concerned, similar, which was under Mr. Thomas Wakley's care some time since, in the Royal Free Hospital. I felt little hesitation in looking upon this as a case of encephaloid disease, as it turned out to be in Mr. Wakley's case; and looking at the condition of the patient, I recommended, after improving her general health by a suitable course of medicine, that the limb should be amputated. She cheerfully submitted to the operation, which was done with little loss of blood. The muscles, as they were cut through, presented the unusually dark appearance which is, as far as my experience goes, common in persons with malignant disease, and a considerable number of vessels required ligature. The patient is doing remarkably well. On dissecting the arm, the superficial muscles were found to be spread out in one thin layer over the tumour. The tumour itself was found occupying the whole of the forearm, lying between these and the deep flexors, very loosely connected by fine cellular tissue to the structures which enveloped it. The median nerve was attached along its back part, and indeed situated in a superficial groove which it had formed for itself in the substance of the tumour. On cutting through, it appeared to the sight to be made up of two lobular masses, closely connected with each other; the one, in every respect, resembling colloid, the other, encephaloid, cancer. The microscope, however, could not discover any traces of the usually acknowledged cancer cell; and according to Mr. Paget, by this test it would seem to be a simple fibro-cellular tumour. According to my own observation, it was composed of areolar tissue, in large quantity, small fat-granules, and peculiar laminæ, in the forms of irregular-shaped discs, without nuclei or granules. These laminæ were found especially in those parts of the mass which had a cream-like, encephaloid appearance, and not in the transparent, gelatinous, greenish portions, which had a very distinct colloid look, and contained areolar tissue alone.

Mr. Gay informs us, that since the case was related to the Society, Dr. Richard Quain has examined a portion of the gelatinous matter of the tumour, and that the following is his report thereon:—"I find the gelatinous portion of the tumour composed of an extremely fine filamentous tissue, forming a loose web, which is probably infiltrated with some serosity, so as to cause this jelly-like appearance. There are diffused through it a few cells, about the size of the white blood-globules, filled with minute granules. There are also some oily particles. The opaque substance is composed almost entirely of cells, which are arranged in rows and laminæ, so as in some degree to constitute fibre-like bundles. These cells are separated with difficulty from the texture, but when seen they are multiform, small-sized, granular, and nucleated. There is much fatty matter in various points. There is nothing which would lead me to assert positively that this is a non-malignant tumour; indeed, general appearances incline the other way. The case is one which is worth watching."

### LARGE OVARIAN CYST; REMOVAL.

MR. I. B. BROWN exhibited a large multilocular cyst, which he had lately removed from a young married woman at St. Mary's Hospital, by extirpation. A firm band of adhesion existed, about a quarter of an inch in width, attached to the middle lobe of the cyst anteriorly, and extending in the right hypogastric region, where it was firmly adherent to the parietal walls. This band was divided to enable the mass to be removed, and no blood appeared to flow; but the patient gradually sank on the third day after the operation, and a post-mortem examination discovered that the band of adhesion contained two bloodvessels, and from these had flown fourteen pounds of blood, which was surrounding the bowels and occupying the pelvic cavity, most of it in a fluid state, some of it in coagula. The ligature



around the pedicle was so firm and tightly applied, that it was impossible that any blood could escape from the vessels there. This cause of death was of great practical interest, and Mr. Brown stated that he was not aware of a similar case, and it was therefore of importance to be known by every surgeon who performed ovariectomy.

Dr. S. W. J. MERRIMAN read a paper on

#### ARTIFICIAL DILATATION OF THE OS UTERI.

The author, conceiving that the true principles of midwifery have recently been assailed, gave, concisely, arguments from various sources, why it is improper to accede to the proposal to use the fingers as dilating agents in the first stages of tedious labours. No accoucheur can attain true celebrity, he said, who is unable to discriminate between the two principles of action—viz., when to leave the case entirely to Nature, when to render aid. He first referred to the opinions of ancient and almost modern writers, who all advocate this plan of treatment by manual dilatation, and stated that their habit of speaking of the os externum vaginæ as the os uteri, and their belief that the child by its own efforts conducted to the opening of a passage for itself, rendered their advice useful only as a matter of history, not as a rule of practice for the present day. He expressed his surprise at finding such recommendations brought forward at the present time, the reasoning on which the advice was founded being so completely at variance with what we know to be the real state of the case. He then proceeded to the writings of accoucheurs published 100 years ago, and stated that the same advice was found in them, coupled with much else that is now obsolete, because injurious. The learned Smellie, who did so much for the practice of midwifery, was instanced as having gravely recommended and practised dilatation of the os externum by the hand formed into a conical shape, in order that he might pass his hand flat between the head of the fetus and the os uteri, believing that to be the best way of preventing “the os uteri being pushed before the head of the child.” That such advice should be followed, or even referred to as evidence of the applicability of the practice, was inconceivable, especially when coupled, as it is, with recommendations to press back the os coccygis to make room; the principle of Smellie’s usual conduct being to do as much as possible himself, and to leave very little to Nature. Passing on to modern authors, he showed that Burns expresses his belief that the first stage of labour, or the complete obliteration of the os uteri, should be accomplished in a certain time; and that Dr. J. Hamilton limited the time to twelve or fourteen hours of constantly recurring pains, and recommended artificial dilatation by the fingers if the complete opening of the os were likely to be delayed beyond that time. This brought us to a reason alleged which could be fairly considered—viz., that danger necessarily accrues if the labour last many hours—over twenty-four hours, for example—the term usually assigned to a natural labour. This doctrine he controverted in the following manner. Allowing that Prof. Simpson’s analysis of Dr. Collins’s tables shows that danger to life does increase as the duration of labour is prolonged, he did not consider that danger of much moment, compared with the very great majority of perfectly natural labours of short duration; the question being rather, whether dilatation by the finger does not produce as much injury as the prolongation of the labour would. He brought forward the following statistics, from Dr. Collins, that out of 15,850 labours of all kinds, the period of which was noted, 13,412 were over within six hours; 1672 additional within twelve hours; and only 766 were prolonged to twenty-four hours; the total mortality being 158. Dr. Joseph Clarke, of Dublin, attended at 3878 births, in his private practice, and lost none from the effects of protracted labour. In his hospital practice he enumerates 9748 ordinary labours over within twenty-four hours, with 71 deaths, and only 183 similar cases prolonged beyond that time, 37 of whom died; but 49 had required craniotomy to be performed, the head being impacted. The author says—“We have therefore very strong reasons for

being in no hurry to hasten the progress of labours, seeing how very large a majority terminate speedily, and how trifling the mortality is from the mere length of time occupied.” Pressure by the fingers could not, it was shown, act on the os uteri like the bag of waters, or the head when moulded into a lengthened shape. There could be no reciprocal action between the force pressing upon the cervix and the power of the uterine structure to endure the pressure. The accoucheur cannot tell by the mere motion of his finger what amount of space there is for the head to occupy; and he will seldom succeed in keeping up the lip of the os, except in the last moments of a protracted first stage of labour. Fissures of the os uteri in labour, with enlargement and ulceration, so called, of the cervix, about which so much has lately been said, were briefly alluded to; the cause of these post-parturient complaints being considered a want of tone in the uterine vessels, contraction not duly taking place after labour, or, in other terms, there being a want of re-absorption of the enlarged uterine structure. The author considered that pressure on the os uteri in artificial dilatation must bruise the part, and render it unable to resume perfectly its pristine condition. The os is treated as if not possessed of sensibility; the sensibility to external objects may be slight, but the distribution of nerves of the organic class is abundant, and they cannot fail to receive injury, and so impede the return of the part to a healthy condition. The necessity of bleeding and tartar emetic to overcome congestion, where pressure has been exerted on the os uteri, pushed down before the head, was also briefly alluded to, as an argument against using artificial pressure in ordinary cases. The author proceeded as follows:—“The temptation to endeavour to hasten a slow labour where the patient resides at a distance, where the fee is small, and a sufficient income can only be got by incessant occupation among a number of patients, is too strong to be resisted; the smallest concession to the desire to afford manual assistance in some peculiar cases is certain to be extended to others, where the necessities of the practitioner are so many. We ought therefore to set our faces boldly against any proposals, the following of which is likely, almost certain I might say, to be injurious to the mother.” Then suggesting that the “passing the finger gradually round the os uteri” may produce its effect in a secondary way, by enabling the accoucheur to regulate the mother’s expenditure of force upon her uterine organs, by observing whether her powers are equal to the task, and giving nourishment or medicine as required, he concluded thus:—“I look upon labour as essentially a natural, healthy process, yet verging upon disease. The accoucheur’s business is to preserve health, not to promote disease; he may hasten a labour by interference, but the interference of dilatation of the os uteri by the finger ought not to be made, except there is that amount of pressure upon the anterior lip of the uterus which would soon bring on congestion if it were not moved out of the way.”

#### TOPICAL MEDICATION OF THE LARYNX.

Dr. COTTON brought under the notice of the Medical Society of London a new method of applying a solution of nitrate of silver, or any other substance, to the laryngeal mucous membrane. After making a few remarks upon the practice of introducing a piece of sponge *within* the larynx, which he believed to be not only practicable, but, in the majority of cases, useful, and always with proper precaution harmless, he had nevertheless become convinced, from a number of experiments at the Consumption Hospital, that it was better merely to drop the solution into the laryngeal opening. This was easily accomplished by means of the simple instrument he presented to the Society, which was made by Mr. Coxeter, and consisted of a pair of forceps slightly curved, and having a small piece of sponge attached to one of its blades. By depressing and slightly drawing forwards the tongue by the ordinary spatula, the extremities of the blades might be held over the larynx, and at the proper moment the contents of the sponge could be squeezed into it. Dr.



Cotton had used it successfully in a considerable number of cases, and had found that it was generally less disagreeable to the patient, and produced less spasm and cough, than the ordinary method of passing down the sponge itself; whilst it possessed the obvious advantage of making it impossible that the sponge could ever fall into the larynx, the closing of the forceps effectually holding it. The sponge would contain about half a drachm of fluid, nearly the whole of which might, if desired, be applied to the laryngeal membrane and its neighbourhood, the cough which invariably followed its use always ensuring its diffusion.—*Lancet*.

## EXTRACTS FROM CLINICAL LECTURES.

By JAMES SYME, Esq., Professor of Clinical Surgery.

### EXCISION OF THE SUPERIOR MAXILLARY BONE.

I PLACE this patient before you, in the first place, to show how little deformity may result from removal of the whole upper jaw-bone. When the extent to which it enters in forming the mouth, the nose, and the orbit, is taken into account, a very serious effect of this kind might be expected. But you see that, although little more than two weeks have elapsed since the operation was performed, the countenance is hardly at all disfigured, and the articulation is distinctly intelligible. In the second place, I wish you to remark that the process of removal was accomplished by means of one simple incision through the cheek, from the malar projection to the angle of the mouth. Since I performed this operation in 1829, for the first time in Great Britain, and placed the first case of its execution on the records of surgery, various modes of incision, more or less complicated, and even zig-zagging in four or five different directions, have been proposed. But as access to the parts concerned could not be required in any case more freely than in the one you have witnessed, and as the simple incision has proved amply sufficient for the purpose, I trust you will not hesitate to discard any prejudice that may have been acquired in favour of such needless and hurtful complications; for the more simply the integuments are divided, the more perfectly may they be reunited. And in the third place, I now beg to call your attention to the perfect adhesion which has been established in the case before you. The wound has healed literally without a drop of matter, and was apparently as sound three days after its infliction as at present. From its situation, if any perceptible trace were left, it would be covered in a male by the whisker, and in a female by the string of her cap. But even at this early stage it would require close inspection to detect the line of incision. Now this perfection of reunion has an important bearing on the principles of practice concerned in the treatment of wounds desired to heal by the first intention. For if the condition which afforded such a favourable result could be ensured upon other occasions, there would be no risk of the disappointments that so frequently occur; and although this unfortunately cannot be accomplished to the full extent, the knowledge of what is really required may lead a far way to success. It has long been a well-known fact in surgery, that penetrating wounds of the cheek adhere more readily than most other solutions of continuity to which the body is exposed; and various attempts have been made to account for this, on the ground of alleged peculiarities in the texture concerned, notwithstanding the obvious objection to such a view of the matter, that wounds of the cheek which *do not penetrate its whole thickness*, are no less difficult to heal by the first intention than those that occur elsewhere. The true explanation is, that a wound which penetrates into the mouth has two orifices—one external and the other internal; so that, while one is accurately closed, the other may remain open, for the discharge of blood that would otherwise accumulate in the cavity between the surfaces of the wound, so as to separate them and prevent their union. The grand essential for primary adhesion is, that the respective surfaces should be in accurate contact; and while they are not only so situated, in the first instance, but also protected from subsequent separation through the retention of blood or

other influences, their union is impossible, however conducive to this result the circumstances may be in other respects. In every wound, then, that you wish to unite by the first intention, you should employ every precaution to prevent the raw surfaces from being displaced, in regard to their respective positions; in the first place, by fitting them accurately to each other; hence the advantage of simple incisions; and, secondly, by so dressing them as to prevent the accumulation of blood. Having long laboured to establish this principle of treatment, I regret to see that a backward tendency has been in recent times manifested by the preposterous proposal of sealing up the wounds by collodion or other impermeable coverings.

### PAROTID TUMOURS.

James Jackson, aged 45, from Glamis. In the situation of this man's left parotid you see a tumour, which he says has existed since his earliest recollection, and which, in by-gone days, when pathological distinctions were less accurately drawn than at present, would doubtless have been regarded as an enlargement of the gland itself. It is equal in size to the half of a small orange, convex in form, with slight nodulation of the surface, and very firm in its consistence. Its root seems to be deeply seated, but not inseparably attached to the neighbouring parts. The growth has been so slow in its progress, as to appear stationary, until within the last few months, during which it has rapidly increased. This tumour is obviously of the fibrous or fibro-cartilaginous kind, such as is frequently met with in the mammary as well as the parotid region. It has originally no malignant disposition, but sooner or later tends to degenerate; and if it either inflames or softens, does not admit of removal with any permanent benefit. When formerly supposed to be morbid alterations of the parotid gland, such tumours afforded a fruitful source of discussion, in regard to the practicability of their extirpation. The late Dr. Barclay, in his anatomical course, used to devote a lecture to the consideration of this question, maintaining that the operation could not be accomplished without division of the portio dura of the seventh nerve, and the termination of the external carotid artery; while the irregular form of the gland, niched as it were into so many chinks and hollows, rendered the removal of its whole substance impossible. When such doctrines were in force, "Extirpation of the Parotid" was held to be a great feat in surgery; but since the true nature of the tumour so regarded has been established, it is seldom that any claim is advanced to the accomplishment of this achievement, except on the western shores of the Atlantic, where it is still occasionally the subject of a flourish of trumpets. In removing tumours from the parotid region, it is essentially necessary to obtain free access by an ample division of the integuments. The coverings should then be completely divided, so as to expose the surface of the growth. After this has been done, in regard to the whole superficial or external part of the tumour, the dissection should be carried on by turning its base from before backwards; that is, from the ramus of the jaw towards the mastoid process; and by cutting *upon* the tumour, so as to divide its connexions, without endangering the bloodvessels and nerves not implicated in its substance.

The tumour was removed in the way described: by means of a free crucial incision of the integuments, the convex external surface having been exposed and detached from the ear, a sort of neck was found thickly embraced by the displaced and compressed parotid gland, beyond which the growth extended to nearly the same bulk that it had done externally. The portio dura and large arterial branches escaped without injury. After the vessels that required ligatures were tied, no attempt was made to close the orifice of the wound, which would have prevented the further oozing of blood from having any outlet for its escape, and a large sponge was simply applied, with the support of a single turn of a roller. Adhesion took place without any trouble or difficulty; and as the tumour, when divided, displayed a surface of the firm fibro-cartilaginous kind, the patient left the hospital, with every prospect of future comfort, on the 19th of May.



## MAXILLARY ABSCESS.

A. B., aged 16. You see here a swelling of the face, which extends from the mouth up along the left side of the nose to the eye. It is of firm consistence, and the integuments are tense and red, so that at first sight the suspicion of a malignant growth is suggested. The patient tells us, that three years ago, while bathing in the sea, he fell upon a rock, and knocked out two of his front teeth in the upper jaw, the root of one being left in its place. He subsequently suffered much from toothache, but did not notice any swelling, until about a month ago, soon after exposure to cold and wet. Since then the stump had been extracted, and you now see that matter is discharged from the opening it has left in the gum. When a probe is introduced here it passes into the maxillary antrum, and the case clearly appears to depend upon an abscess of this cavity, originating from irritation of the broken tooth, and aggravated by constitutional disturbance from exposure to cold. In regard to the treatment, it might be thought that, as the matter can now escape through the alveolar opening, there is no occasion for further interference. But experience teaches us that suppurating cavities of bone, no less than those of the soft parts, require that the matter secreted from their surface should have *free* egress; and I have seen this disease of the upper jaw remain obstinate, although apertures for the discharge had taken place spontaneously through absorption in three different parts of the parietes. In order to establish the requisite drain, I now raise the lip, and thrust a bistoury between it and the gum, through the thin expanded bone, cutting horizontally, so as to make a large and dependent aperture. A piece of lint is introduced at first, to check any tendency to bleed, but so soon as this ceases, the opening will be left quite free. In the treatment of all sinuses, you should consider as *essential* a free and dependent aperture—as useless the employment of injections—and as injurious the introduction of plugs or tents. Not long ago I saw a Scottish nobleman, who, while resident in Paris, had been exposed to cold, and suffered from suppuration of the frontal sinus, of which the matter had made its way through the upper eyelid, and left a small aperture. The patient told me that he applied to a practitioner of the French capital, who had seen him once a day between three and four hundred times, without holding forth any prospect of his services ceasing to be requisite, under the pretext of washing out the cavity, and plugging its orifice, to prevent the admission of air. Certainly, without being uncharitable, we may conclude that this practitioner was rather peculiar in his principles as to either pathology or morality.

## POPLITEAL ANEURISM.

13th May. Peter Lamont, aged 29. In this case the operation was performed yesterday, with strict attention to the circumstances which I have explained as essential for safety. The artery was not exposed by scratching down to it with blunt silver or copper knives, it was not denuded more than sufficiently for allowing the ligature to pass, and it was tied, not loosely with a tape, or thick cord, or bundle of small ones, but by means of a single small firm silk thread, tightly drawn. The patient being sound asleep, under the influence of chloroform, of course suffered nothing at the time; and when he awoke, felt completely free from the pain which he had previously suffered from the disease. He is to-day in every respect perfectly well, and absolutely devoid of uneasiness in any quarter. This I mention not because it is unusual, but because it is what I led you to expect, and believe you may rely upon as the result of this operation when carefully performed on proper principles. Much blame has been attributed to me for adhering to it in opposition to the revival of pressure for accomplishing the same object, and which would certainly be deserving of adoption if there were no other more easy and safe mode of affording relief. But while quite ready to admit that the femoral artery may be tied in such an improper way as to place the patient's life in the greatest possible danger; believing, from upwards of twenty cases which have occurred in my own practice, that the artery

may be tied without any risk of bad consequences from the operation; and knowing that, when relieved by this mode of procedure, the patient escapes without any suffering whatever, instead of being exposed for many days and nights, or rather long weeks, to agony from the pressure of screws, with no small chance of failure on the one hand, and mortification on the other,—I must still consider it my duty to practise and inculcate the ligature as preferable to the “clamps.” But this I shall do without attempting to retaliate in the way of invective and personal abuse, which seldom strengthen any cause, and indeed generally proceed from the feeling of its weakness.

## EXCISION OF THE HEAD OF THE HUMERUS.

Janet Stoops, aged 60. We yesterday ascertained the truth in regard to this case, and did what I trust will prove sufficient for the patient's complete relief. You recollect that at our last meeting I expressed my doubts as to the precise seat and nature of the disease. It was plain, from the sinuses leading to the joint, the copious discharge, and the long duration of the symptoms—viz., for five years—that there was some morbid derangement in the extremity of one or both of the bones composing the articulation. But whether this was an exfoliation, such as you witnessed in another case the same day, or caries; and whether this condition, if really existing, was limited to one, or extended to both bones, were questions which neither the history of the case nor the most careful exploration of the sinuses seemed sufficient to determine. With exception of the lower jaw, the humerus is more prone to exfoliation of its articulating extremity than any other bone in the body, the softer cancellated portion being usually absorbed, and merely the dense part left, so that a very scanty representative of the original bulk remains. Some of you may recollect a case of this kind that occurred last winter, in which the exfoliation removed very much resembled in size and form an old-fashioned watch-glass. Another result of inflammation affecting this bone, occasionally met with, is partial absorption of the head of the bone, with caries of the remainder, which is then hollowed out into a cavity, the external surface being sound and the internal diseased. Such was the state of matters in a woman on whom I operated twenty-six years ago. She had suffered for six years, and been dismissed as incurable from this hospital; subsequently came under the care of Mr. Liston, who proposed nothing for her relief, and finally submitted to an experiment which I proposed. This was to cut into the joint, and ascertain the true state of matters, which proving to be an excavated state of the head of the humerus, was easily removed by excision of this part, so that the patient gradually regained her strength, and lived in good health, with the nearly perfect use of her arm, for ten years afterwards. But there is still another form of disease, and unhappily more frequent than either of the others, in which the field for surgical interference is less satisfactory. This is caries of both the articulating surfaces, in which case I regret to say there is no mode of affording effectual relief, except amputation of the arm at the shoulder-joint, followed by free removal of the diseased portion of the scapula. In such circumstances I have repeatedly performed excision of the articulation, but always with an ultimately unsatisfactory result; while in cases of the most unfavourable character, the more severe measure has no less uniformly proved successful. In the case which you witnessed yesterday, being uncertain as to the precise seat and nature of the disease, I made an incision directly downwards from the acromion, sufficient to admit my finger into the joint, and allow the extraction of any exfoliated portion of bone that might be detected; while it admitted of extension in the event of a more serious operation being found requisite. Having found and removed two exfoliations from the head of the humerus, I ascertained that the remaining portion of it was excavated into a cavity, while the glenoid surface of the scapula was quite sound, and therefore extended the incision downwards and backwards to one of the sinuses, which opened at the posterior margin of the axilla, guided



a knife round the head of the bone, thrust it through the wound, by carrying the arm forwards across the duct, and sawed it off. The patient has been quite easy since, and will, I trust, make a good recovery. She went to sleep under the chloroform, fully prepared to part with her arm, and was not a little pleased to find, upon awaking, that she still retained it.

#### UNUNITED FRACTURE.

There are at present under our observation four cases of ununited fracture. Two of these were sent from different parts of the country, as hopeless subjects of ordinary treatment, the long period of nearly six months having elapsed since the occurrence of their respective injuries. They were both admitted on the same day, about two months ago, and I then explained that the great source of such conditions being the want of sufficiently complete rest during the period of consolidation, I entertained a sanguine expectation of effecting reparation through the maintenance of absolute immobility of the broken bones. I stated that ununited fracture of the humerus might be regarded as nearly, if not altogether, irremediable by any means hitherto contrived, and that this was fortunately of little consequence, as the muscles of the limb were so equally balanced as to render it useful for most purposes, notwithstanding the defect of rigidity. But in regard to the other bones liable to this derangement, and more especially those of the thigh and leg, which are most frequently the subject of it, I was able to say that, in the course of twenty-five years' hospital and private practice, I had always succeeded in restoring firmness, by mere attention to the ensurance of stability in the position of the limb; and I expressed a strong impression, almost amounting to conviction, that various means of remedy, such as setons, subcutaneous division, ivory pegs, &c., owed any share of credit which they had acquired to the care, conjoined with their employment, to keep the bones quiet. The plan I have pursued is founded upon there always being in such cases more or less deformity, from the yielding state of the bone no longer resisting any excess of muscular contraction that may exist on one side of the limb. There is thus established a preternatural convexity, upon which I place a cushion or folded sheet, and upon this—after being secured in its place—a splint of wood, long enough to extend, in the case of the leg, from the knee to the ankle; and in that of the thigh, from the ribs to beyond the foot. Bandages are then applied above and below the cushion, so as to draw the distorted limb towards the splint, and render it not only straighter, but at the same time completely immoveable. In many cases of six, eight, or even twelve months' standing, the application of this simple principle has proved completely successful, and, as already stated, I have never found it necessary to employ any other measure. The two patients now under treatment—in one of whom the thigh, and in the other the leg, is concerned—have been much slower than usual in their progress towards recovery, but are now very nearly quite strong, and the limbs, which were much deformed, are perfectly straight. In the third case at present under our observation, the fracture is seated a little below the neck of the humerus, in a patient who suffers from palsy of the deltoid and other muscles, which has doubtless prevented reunion by not exercising the usual bracing effect upon the broken surfaces, and renders the prospect of recovery even more than usually hopeless. The fourth case has been treated from its commencement in the hospital, the patient being a young man, J. C., aged 18, who was admitted on the 10th of January for compound fracture of the leg. A large portion of the tibia was detached at the time of the injury, and an additional portion subsequently exfoliated. The greatest care was taken to keep the limb quiet in a good position, and every thing went on favourably, except that no firmness was regained. The wound has been healed for many weeks, but still the bone remains flexible, as if there were a fibrous substance interposed between its extremities. My explanation of this result is, that the fibula not having sustained a loss of

substance commensurate with that of the tibia—or rather any loss of substance at all—has maintained the leg of its original length, and prevented the surfaces of the tibia from approximating to each other within range of the ossification; just as in the experiments of Sir A. Cooper on dogs and rabbits, where a portion of only one bone of the fore-leg was removed; it being always found that when the portion removed exceeded a small limit, the osseous extremities were united by a fibrous medium. According to this view of the case, the most likely mode of affording relief would seem to be cutting out the fibrous substance which has been formed between the ends of the tibia, and at the same time, in order to promote their requisite approximation, removing a portion of the fibula. Such an experiment appears justifiable under the circumstances, and shall forthwith be put to trial.

#### CLUBFOOT—VARUS.

This child, seven months old, has been brought from the country, or rather a distant town, on account of congenital deformity of the right foot. You see that the toes are turned inward, while the heel is drawn up, so that the little patient, if able to stand or walk, would rest upon the outer edge of the metatarsus. I now divide the tendo-Achillis by subcutaneous incision, and the heel is at once set free; but the inversion is still obstinate, and I therefore in the same way divide the tendon of the tibialis anticus. Immediately upon which the foot admits of being straightened, and kept in this position by means of a simple splint. This will be allowed to remain for two days, when what remains requisite for complete recovery may be trusted to a leather boot, with firm sole and sides, laced in front. Such is the simple process by which the worst forms of clubfoot are now easily remedied; and there is no triumph of modern surgery more creditable to the advance of our art than the control thus acquired over one of the most unseemly, inconvenient, and previously unmanageable deformities to which the human body is subject. The author of a surgical work lately published in London (Mr. Bishop), and which, from the opinions of the medical press, seems to be much admired in that part of the world, has endeavoured to show that the force transmitted through the tendo-Achillis tends to cause eversion of the foot, or that form of clubfoot named *valgus*, and after a demonstration to this effect, proceeds to say:—"Hence it is obvious, that if in talipes varus the tendo-Achillis is cut, it must increase the mischief." Now, the case which you have just witnessed will enable you to appreciate the incredible absurdity of this statement, so opposed to common sense and inconsistent with daily experience. Fortunately for you, Edinburgh does not possess any orthopædic institutions, or fistula infirmaries, or cancer hospitals, so that the whole field of surgical practice is placed under your observation, instead of being divided into sections, and committed to the charge of specialists, whose claims to confidence in their peculiar department seldom amount to more than their admitted obscurity in regard to the whole subject. You are thus able to judge from what you see, and will I trust never permit the misrepresentations of sophistry to mislead you from the true path of experience.

#### WOUND OF THE RADIAL ARTERY.

May 17th. J. S., aged 40, from Kinross-shire, states that while pruning a gooseberry bush he accidentally thrust the knife into his left forearm, at the lower part of its upper third. Blood gushed out, he said, as when a pig is stuck; but was partially checked by the pressure of his thumb on the wound, and afterwards more effectually restrained by a medical man, who stitched together the edges of the orifice, and applied a bandage. Still the bleeding repeatedly recurred, so as to require the further protection of a tight band applied above the elbow; and on the following day induced him, with the advice of his attendant, to come here for some more effectual relief. Having removed the bandage, I found a pulsating tumour at the seat of injury, which was laid freely open by dividing the stitches and extending the incision through the integu-



ments. The clotted and fluid blood being sponged out, while pressure was made above the elbow, I dilated the opening through the fascia and muscles, so as to expose the injured vessel, which proved to be the radial artery, passed a double ligature under it, and tied one of the threads on either side of the aperture in its coats. The patient has suffered no inconvenience, and is not likely to do so. You thus see the advantage of adhering to the important principle of practice so powerfully advocated by Mr. John Bell, which was to tie arteries that required to be tied for hæmorrhage by exposing them at the seat of injury. The general rule is, that arterial hæmorrhage should always, if possible, be arrested by local means directly acting on the wound. If the artery concerned be at or below the wrist, or at or below the ankle, pressure, if properly employed, will always prove sufficient; but if the vessel injured be of a larger size, a ligature on each side of its aperture is the proper measure for security. If in this case which you have seen, I had tied the brachial trunk, hæmorrhage would have still been maintained through the free anastomosis of its branches in the forearm; and if pressure had then been applied, the impoverished limb would have readily passed into a state of mortification. Many arms, and not a few lives, have fallen victims to this error of practice.

#### AMPUTATION OF THE ANKLE-JOINT.

There are at present in the hospital two cases requiring amputation at the ankle-joint. In the girl, aged 14, who is now before you there is extensive disease of the tarsus, not leaving room for the performance of Chopart's operation, even if I deemed it expedient, which I have long ceased to do, from conviction of its inferiority to that at the ankle, especially in regard to the protection afforded against relapse. In one year alone, I performed three secondary amputations at the ankle to remedy the sequelæ of Chopart's operation. This patient has been sent here to suffer whatever may be thought necessary, and I do not hesitate in deciding upon amputation at the ankle, which, while effectually removing the disease, will enable her to retain a limb hardly diminished in length or impaired in utility; and, what is of still more consequence, will expose her life to much less danger than removal of the leg would do. This difference depends upon the smaller portion of the body abstracted, upon the branches instead of the trunks of bloodvessels being divided, and upon the cancellated texture of the articulating extremity which is exposed, instead of the dense substance and medullary cavity of the bone. That the operation would prove safer than amputation below the knee, I anticipated from theoretical considerations, and am now able to establish on a large experience. If a patient's dissolution is inevitable from other causes, I do not mean to say that cutting off his foot will save his life; but the operation itself I believe to be as free from risk as the removal of a finger or a toe. The great and obvious advantages just mentioned have quickly established amputation at the ankle-joint in Scotland and most parts of the Continent; but in England and its capital the progress of the operation has been very slow; and as so many of you are connected with that country, I may mention what seems to me the probable explanation of this. If Mr. Liston had lived longer, the case, I believe, would have been different, since he had adopted this mode of amputation, and shortly before his death performed it twice with complete success: the second of these operations being the last he undertook. I had an opportunity of seeing both the stumps, and can testify to their excellence. But of the surgeons at present in London, the only one who has openly espoused amputation at the ankle-joint is the Professor of Surgery at King's College, who some time ago published five or six cases of its performance by him; in all of which, with one exception, so far as I recollect, there happened either death of the patient or mortification of the flap. Indeed, he at the same time expressed his conviction that sloughing was unavoidable. Now, such untoward advocacy, such damnable evidence, professing to come from a friendly quarter, could not but prove more detrimental to the character of an

operation than either silence or direct hostility; and when from the same, as well as other sources, were added representations as to the extreme difficulty of the operation, together with serious doubts as to the comfort and usefulness of the resulting stump, it is not surprising that there has been excited a prejudice which may require some time for its removal. Upon you who have an opportunity of judging from your own observation, rests the obligation of counteracting such groundless and injurious misrepresentations. You see that the operation is accomplished, without the slightest attempt at hurry, in less than a minute, and therefore cannot be very difficult, that the flap does not slough, unless through some error in the operation or after-treatment, and that the stump is so perfect that it may be used, even without any protection whatever, for standing, walking, or running.

#### UNUNITED FRACTURE OF THE FOREARM.

By a curious coincidence, you have here another opportunity of seeing the effects of ununited fracture; and having already witnessed it in the arm, leg, and thigh, now see it in the forearm. The patient, a man aged 24, tells us that his arm was broken six weeks ago, and has been treated carelessly. There is now a distinct convexity backwards, with swelling of the limb, and nearly complete loss of power in it. Both bones appear to have been fractured about the middle of their length, and there is here a slight degree of mobility. In these circumstances, I expect you will have a favourable instance of the treatment lately recommended; which consists in fixing a cushion over the convexity, applying over this a splint, and then drawing the ends of the bones towards it, so as gradually to render the limb straight, and constantly maintain the broken part perfectly free from motion.—*Edin. Jr.*

#### ENTROPIUM PROVED TO DEPEND ON MUSCULAR ACTION.

By HAYNES WALTON, Esq., F.R.C.S.,  
Surgeon to the Central London Ophthalmic Hospital, and  
to St. Mary's Hospital, Paddington.

I HAVE founded the treatment on what appears to me to be the pathological interpretation of the affection, and of which the indications are, to overcome the means of inversion by dissecting away the thick marginal portion of the orbicularis, supposing that part of the muscle to be entirely, or nearly all that is at fault, and also to remove as much of the skin of the lid as may be required by its loss to produce such tension as shall overcome and restore to a natural state, whatever unnatural position the other tissues or component parts of the lid may have acquired, from the irregular position into which they have been thrown by the muscle, and which has been made more or less permanent by such changes as inflammation would produce.

Now, as to the manner of operating: let us suppose that the right eye is to be done. An assistant stands behind the patient, and having made the lid tense by drawing it outwards and raising the brow, two incisions are to be made through the skin and muscle, one along the edge of the tarsus close to the cilia, and the second about the quarter of an inch above, and meeting the other at the extremities. The flap thus isolated should be dissected vertically from the one side to the other, and not taken away by horizontal strokes of the knife, or else the muscular portion will not be effectually removed. The wound should be very carefully sponged during the operation. Any arterial jet must be checked by temporary pressure with the finger. I have never found a ligature to be necessary. The exposed surface must be inspected, and, if any muscular fibres have escaped, the forceps and knife must be re-applied. The assistant should not desist until the knife has been laid aside, for the proper retraction of the skin is essential to steady and effectual dissection. Three or four sutures should be used. The cilia might appear to be in danger of being dissected off, but in reality they are not. A part only of the dissection is over them, and by the loose cellular connexion, the muscle is readily raised from the dense fibro-cellular tissue in which they lie.



The previous observations almost demand a cursory view of the usual methods of operating, and their results; indeed, I think this paper very imperfect without it; yet I fear that its introduction would make my communication too long. I must be satisfied with making the assertion, that there is not any known method of operating for entropion, that can be depended on, except that of cutting off the greater portion of the lid, and which is as bad in principle,—nay, even worse, if the physiological relations of the lid be taken into account,—as to amputate a thigh to cure a popliteal aneurism.

Heretofore, when an operation for entropion has been undertaken with the design of removing any part of the orbicularis palpebrarum muscle, it has been executed on very different principles, and in a very different manner to that I now advocate, and with very different results. The marginal part of the muscle, the musculus ciliaris, has been untouched, and only a bit of the centre of that on the lid has been snipped out. The only exception I know of is in the practice of Mr. Key. I am astonished that the notice of the operation he performed, and which is in the *Lancet* for 1825, page 235, should have escaped the attention of our writers on ophthalmic surgery. It is very lately that I have been acquainted with it, long after I had matured my own views. I cannot say whether Mr. Key continued to execute it, and what were his ideas on the subject in later years. The report runs thus:—"Mr. Key considered the inverted state of the tarsus to arise from the action of the orbicularis palpebrarum muscle. With that view he determined on laying bare the substance of the lower tarsus, and dissecting off the fibres of the orbicularis. The operation was performed by first turning out the lid, and then making an incision through the skin along the whole length of the lower eyelid, at a few lines distance and below the ciliary ridge; the integuments were carefully elevated by means of dissecting forceps, and the fibres of the orbicularis thus exposed were as carefully removed; there was considerable bleeding from the parts; the portion of skin which had been raised was laid down, and the wound dressed by means of adhesive straps, with a compress applied on the skin. The result is said to be successful. Mr. Tyrrell and Mr. Travers had operated previously, the first by cauterisation, the second by removing a portion of skin without success."

M. Desmarres has not overlooked the influence of the orbicularis in producing the inversion, and he gives a case that he thinks solely due to it; but he does not recognize its general operation, and he significantly indicates how little he appreciates the principle of Mr. Key's execution, and the triumphant issue of the case, by asking, in a commentary on the proceeding, "Is it to the incision of the skin, or the excision of the muscle, that the success is owing?" Spasmodic action of the muscle is spoken of by foreign authors, but with much difference of opinion concerning its frequency in producing entropion. The usual Continental mode of operating on the orbicularis is subcutaneous incision, which seems to have been unsuccessful; that of M. Janson de Lyon is a terrible affair, the cutting out of several vertical portions of skin, including some fibres of the orbicularis. Dr. Mackenzie, in his only notice of operating on the muscle, informs us, that it may be proper, after removing the cutaneous fold, to snip off a few fibres, so as to form a firmer cicatrix, actually fixed to the cartilage; and Mr. Lawrence, a much later author, echoes the same thing, for he writes, "In an incipient case, it may be sufficient to excise a portion of skin; this remedy will, at least, answer the purpose for a time. To make the operation more effectual, a portion of the orbicularis should be removed also, that a firmer cicatrix may be produced; or the acid may be employed, using it more freely, so that its action may extend deeper, and a solid scar be the result."

A narration of cases, with the various symptoms and terminations of entropion, must be excluded from this paper, which is intended to embrace only general principles.

As trichiasis commonly exists with entropion, and the

operation I have advocated bears on the united affections, I shall say a few words relative to it.

With inversion of the upper lid, there is not unfrequently decided trichiasis, and, whether the two are due to the same exciting cause, or the trichiasis have been the original affection, or merely an effect of the inversion, it matters nothing as far as the treatment is concerned; yet it may not be amiss to remark, that, with severe entropion, the edge of the lid can rarely for any length of time escape from being affected by the general inflammation, and that the cilia will the more readily retain any unnatural position in which they may be placed. And I am inclined to regard the trichiasis more frequently as an effect, because it is generally of one form, that of a separation or twisting in of the innermost of the cilia from their fellows, and that without any alteration or degeneration in the individual hairs, and because the removal of the entropion is generally sufficient to clear the globe of them. Although, practically speaking, such a degree of trichiasis matters little, it is important, before operating for the entropion, to ascertain whether there is also trichiasis, and whether the restoration of the lid to its natural position will or will not counteract the mal-direction of the cilia. Should it not be sufficient, then more skin must be taken from the lid than would otherwise have been necessary, and a slight degree of eversion of the centre of its edge produced, and which must necessarily have its limit. When it is apparent that such moderate eversion will not suffice, the treatment must depend on the degree of the trichiasis; if it be general, the entropion and it must be attacked by one operation. The cilia must be excised at the same time, that a sufficient extent of the skin of the muscle should be removed. But, when the trichiasis is partial—and, for the most part, it is—the muscle should first be dissected away, and then the irregular cilia removed. When there is doubt about the necessity of removing them, attend to the entropion alone, and observe the result, because it is not always possible before the operation for the entropion has been done, and the lid recovered from it, as well as from any inflammation and swelling that the entropion may have induced, to ascertain with exactness to what extent the trichiasis may be benefited. If, as is commonly the case, a patient applies to be treated for entropion, with many of the cilia broken, and some just about to be restored after having been plucked out, it cannot be known what direction they may assume when growing out; and such cases should be watched.

It can be very seldom that the removal of entropion from the lower lid does not at the same time separate any irregular cilia from contact with the globe, for a single exception only has occurred to me.

Our limits have not permitted us to give this paper in full, but the practical application of the reasonings contained in it seems to exist in the portion we publish. We, however, find no allusion to the operation for this distressing malady long ago proposed by Sir Philip Crampton, and which, if properly performed, most assuredly is effectual. If we recollect rightly, there is a paper on the subject by Dr. Jacob in the Dublin Hospital Reports: a book, although published some twenty years ago, seems never yet to have reached London.

**LUXATION OF THE SACRUM.**—An instance of this very rare accident is reported by M. Foucher in the case of a man who endeavoured to commit suicide by throwing himself beneath the wheels of a heavily-laden waggon. After death, which occurred at the end of a week, the chief appearance was, a dislocation of the sacrum forwards into the cavity of the pelvis. The ilia were also fractured. Similar cases are on record; one, for instance, in which the accident occurred from the falling of a sack of wheat upon the pelvis; and another is published by M. Laugier in the *Bulletin de la Société Anatomique*. In some other examples reported, the luxation seems to have been the result of disease.



OBSTRUCTION OF THE INTESTINAL TUBE—  
OVER-DISTENSION.

By Dr. OKE, Physician to the South Hants Infirmary.

OBSTRUCTION from over-distension may be caused by large evolutions of gas or by faecal accumulation; but although the former may occasionally obstruct the bowel, *per se*, by inflating it beyond the power of contraction, such inflations are more commonly the effect rather than the cause of the obstruction, the latter therefore will be principally considered in this place.

Obstruction, occasioned by faecal accumulation, generally occurs in some part of the large bowel, and it is probably produced in this manner:—The patient, from sedentary habits and a torpid state of the hepatic function, becomes costive, and every day, or every other day, has a dry insufficient stool. This goes on for some time, but as he is free from pain, does not feel ill, and has his usual appetite, he takes no particular notice of this state of his bowels, and does not deem it necessary to have recourse to any aperient, till at length, from the gradual accumulation of the faeces in the colon, he can pass no stool at all, and is seized with pain, vomiting, and all the symptoms of intestinal obstruction.

The diagnosis in this case will become sufficiently plain from its history; and by tracing carefully the course of the large bowel from the rectum to the caecum caput coli, we shall rarely fail to detect at what part of the canal the accumulation has taken place, where there will be fulness, tenderness, and dullness under percussion; but sometimes, doubtless, the diagnosis may be in some measure obscured by the inflation of the bowel.

The treatment of intestinal obstruction from this cause has to be conducted upon principles directly opposite to those indicated in the former. There the indication was to relax spasmodic action: here it is to excite the action of the bowel. When we have, by a careful examination of the symptoms, put ourselves in possession of the true nature of the case, it will be at first far better to endeavour to act upon the bowel through the rectum than the oesophagus. A good-sized, smooth, elastic tube, and well oiled, is to be gently carried up into the sigmoid flexure, as recommended by O'Beirne, and through it a copious enema of yellow soap and water is to be pumped into the colon, when the tube is to be withdrawn. It is necessary to use a full-sized tube, with a smooth bulbous end, which I would advise every general practitioner to keep ready for such a purpose. It will pass up the winding curve of the canal much more readily than a small one, and be less likely to perforate or damage the bowel.

I have seen many instances of the success of this practice, of which I will briefly relate one. A few years ago I was requested to visit the proprietor of a yacht in Cowes Roads, who was suffering from obstructed bowels. He was of middle age, and had been living incautiously. Mr. Davids, the medical gentleman in attendance, had adopted many judicious remedies for his patient, but without the desired effect. There was aching pain of the bowels and vomiting, and no stool had passed for two or three days; the abdomen was full, dull by percussion, and tender under deep pressure; but there was not much disturbance of the system. In consultation it was decided to throw up a copious enema into the sigmoid flexure by means of a long tube. Fortunately he possessed a capital one, which passed up admirably, and conducted the glyster into the gut. The remedy was crowned with success, and the patient recovered.

Sometimes our proceedings are stopped *in limine* by the rectum being stuffed with hard masses of faecal matter. If so, they must be removed by some convenient instrument till room be made for the tube to pass. A few hours after the colon has been injected in the manner above recommended, a purgative is to be given, and its kind must be governed by circumstances. If there is reason to think that the obstruction has been washed away, it will be sufficient to give four grains of the watery extract of aloes and three of calomel, in two pills every four hours, till they act; if not, the croton oil will be the best purgative,

of which one or two drops may be given in sugar or honey every two hours. If these means should fail to restore the action of the bowels, electricity and the sudden application of very cold water to the surface of the abdomen have been recommended. Of the former I cannot adduce any evidence from my own experience, although it would appear to be a most valuable remedy. The latter I have known to succeed.

H. R., a laundress in a gentleman's family, and unmarried, who had long been affected with valvular disease of the heart, was attacked in August, 1850, with subacute peritonitis, which was subdued by suitable remedies and by a very profuse hæmorrhage from the nose. On the 11th of September she was seized with severe pain of the abdomen, accompanied with constipation and vomiting. As the symptoms were urgent, I was requested to meet her medical attendant in consultation. I found her suffering severe pain on the left side of the abdomen, a little below the line of the umbilicus, where there was a fulness, painful under pressure. She was frequently sick, and the bowels still were obstructed. Her monthly secretion was present; there was no fever. It was agreed that two grains of calomel and half a grain of opium should be given every two hours, that a glyster (composed of half an ounce of the oil of turpentine, two drachms of the tincture of assafetida, one ounce of castor oil, and one pint of tepid gruel) should be thrown up the rectum every four hours, and that six leeches should be applied over the seat of pain. All this was attentively done, and various other extemporaneous means tried; but although the pain and vomiting had considerably subsided under this treatment, no relief was obtained from the bowels, which had now been constipated five days. By this time the abdomen had become somewhat inflated, there was hiccup, the pulse flagged, and her recovery was almost despaired of. Her medical attendant, Mr. Davies, supposing that the peristaltic action of the bowel might be suspended by over-distension, suddenly dropped upon the abdomen a towel saturated with very cold water, twice following, and then covered it with warm flannel. At the end of an hour the same thing was repeated; this was succeeded by frequent discharges of wind from the rectum, when the inflation subsided, and in a few hours the canal was copiously evacuated.

In this case, it is probable that the intestine first lost its vermicular power from faecal accumulation, and that it was afterwards still further incapacitated by the pressure of gas evolved from it. Such loss of power, the sudden application of cold in the above ingenious manner, was well calculated to restore; and it appears to have admirably succeeded.—*Prov. Jour.*

OBSERVATIONS ON THE SANITARY INSTITUTIONS OF THE HEBREWS AS BEARING UPON  
MODERN SANITARY REGULATIONS.By the Rev. ABRAHAM DE SOLA,  
Lecturer on Hebrew Language and Literature in the  
University of McGill College, Montreal.

(Continued from page 412.)

THE laws,\* too, have evidently not unfavourably affected their moral organization, for let us search the calender of crime of every country, and we shall be led to the conclusion that these same dietary and sanitary laws have had the effect of exempting them in a remarkable degree from that, to speak technically, plus-animalism or preponderance of the animal organs and instincts, which has led in others to the commission of the most awful crimes. In vain we seek their names in the long list of those convicted of inveterate drunkenness, of midnight plundering and assassination, of feticide, infanticide, of murder, and of other revolting and abominable crimes, which one dares not even think of or allude to. Of the correctness of this assertion it is easy to adduce evidence, but upon those who may feel disposed to doubt it, rests, as we imagine, the burden of proof to the contrary. It would appear also

\* In many parts of northern Europe the laws of the State permit only a certain number of Jews to marry.



that these laws have not had the effect of investing them with an inferior mental organization, for the attentive reader of history and observer of events, cannot but remain astonished at the immense, wondrous, influence they have exercised, and do even yet exercise upon the destinies of the world.\*—in the present day, more especially in the commercial and political world, though their influence and importance, religiously, as the ancient, preserved, and living witnesses of the Sinai revelation, is by no means to be underrated.† On this subject, however, it is not our province to dwell here, but we hasten to assure our readers that, in all we have said, we have not sought to assert that it is to their sanitary institution solely that the Hebrews owe their preservation as a people. Far from this. In

\* During the fatal prevalence of cholera in London in 1849, the editor of a leading paper thus writes:—"It is a singular circumstance, that throughout the late awful visitation, so few, if any, Jews died of the cholera in London, although the majority of them reside in districts where it committed great ravages." We believe that the authenticated cases did not exceed two, and one of these, personally known to us, was a gentleman of opulent circumstances, at Brighton, where he had gone for the advantages of sea air.

† Although we might adduce abundant proof of the correctness of this statement also, yet do we attempt to satisfy our readers and ourselves by simply quoting from one of the productions of the present Chancellor of England. Mr. D'Israeli, in his "Coningsby," thus writes:—"The Sarsen kingdoms were established; that fair and unrivalled civilization arose which preserved for Europe arts and letters, when Christendom was plunged in darkness. . . . During these halcyon centuries, it is difficult to distinguish the follower of Moses from the votary of Mahomet. Both alike equally built palaces, gardens, and fountains; filled equally the highest offices of the State; contested in an extensive and enlightened commerce, and rivalled each other in renowned universities." Sidonia, as a type, "was lord and master of the money-market of the world, and of course virtually lord and master of everything else; and monarchs and ministers of all countries courted his advice and were guided by his suggestions. . . . He had visited and examined the Hebrew communities of the world, . . . and perceived that the intellectual development was unimpaired. . . . And at this moment, in spite of centuries, and tens of centuries, of degradation, the Jewish mind exercises a vast influence on the affairs of Europe. I speak not of their laws which you still obey; of the literature with which your minds are saturated, but of the living Hebrew intellect. You never observe a great intellectual movement in Europe in which the Jews do not greatly participate." Mr. D'Israeli then at length shows how mighty revolutions are "entirely developed under the auspices of Jews," and mentions, as Jews, those who are or were professing Christians as excelling in theology—Neander, Benary, Wehl; in diplomacy—Arnim, Cancrin, Mendizabel; in war—Soult, Massena. "What are all the schoolmen, Aquinas himself to Maimonides? and as for modern philosophy, all springs from Spinoza." In music, "the catalogue is too vast to enumerate; enough for us that the three great creative minds, to whose exquisite inventions all nations at this moment yield—Rossini, Meyerbeer, and Mendelssohn—are of Hebrew race." Pastar and Grisi also! We cannot deny ourselves the pleasure of quoting also from a lecture on the "Unity of the Races," delivered by our learned and esteemed friend, T. S. Hunt, Esq., of the Canada Geological Survey, further evidencing the fact under notice, and as an excellent *resumé* of the above:—"We see the Children of Israel scattered over the face of the earth since eighteen centuries, without a country, yet finding a home in all; scorned and trampled upon, yet often the power behind the throne directing the destinies of kings; poor and abject, yet holding the golden keys of war and peace in Europe; excelling in philosophy and in theology, in music and in art, in war and in statesmanship; despised, yet ever powerful; counted as aliens, yet with their genealogies of forty centuries, looking down with scorn upon the aristocracy of Europe, which is but as of yesterday when compared with their own proud lineage, the Hebrew people still preserve all their natural characteristics, and stand proud and imperishable before us to-day, the representatives of the earliest ages of the world's history, and the evidence of the undying vigour of the pure Caucasian race."

common with all believers in the sacred volume, whether Christians or Jews, we witness the existence and preservation of Abraham's sons, and exclaim "the hand of the Eternal hath done this thing." Yes, we behold in it but the fulfilment of the predictions of their own lawgiver and prophets, the fulfilment of God's threats and promises to them. But in common with those believers, we are also impressed with the conviction that God frequently permits us to perceive and appreciate the means whereby He works out the end He proposes: that He as frequently prefers simple and natural means for the accomplishment of His behests, and that it is therefore quite permissible, after due inquiry, to maintain that the sanitary institutions of the Hebrews, have, under God, tended in a great measure to secure the present preserved and undeteriorated existence of the nation. To what extent they have done so it will of course be for the reader hereafter to decide. Believing, as we have already affirmed, that it is to a very great and important extent, we think no further introduction or apology necessary, ere we introduce them, as we proceed now to do, to these sanitary laws and constitutions themselves.—*Canada Medical Journal*.

(To be continued.)

#### REVIEWS AND NOTICES OF BOOKS.

THE SYMPTOMS AND TREATMENT OF THE DISEASES OF PREGNANCY. By W. J. ALDERSON, F.R.C.S., District Accoucheur to St. Mary's Hospital. London. 1852. 8vo. pp. 119.

WHEN a practitioner publishes a book, it is to be supposed that his object is either to supply a want in professional literature—to make known something original, or else something in the way of compilation that may prove useful. In none of these respects, however, has the volume before us any pretensions, and in completeness it falls short of many of the standard treatises upon the subjects to which it relates. We are, therefore, quite at a loss to discover what could have induced Mr. Alderson to appear before the public as an author. Not that the book is badly written, or contains unsound doctrines, or erroneous opinions, but that there is positively so little information in it. In the description, the pathology, and the treatment of the several diseases of pregnancy, it gives a mere outline—useless to the practitioner—insufficient for the student. But as it would be a most extraordinary book from which some piece of information, theoretic or practical, could not be gleaned, so it must be confessed that this volume has supplied us with two or three new ideas. In the following physiological observations may be found one or two novel points:—

"It has been before stated that during pregnancy there is a state of moderate general plethora. There being under the circumstances, a greater demand for blood, there is also a tendency to the formation of an increased supply of that important fluid. Now, in plethora, there is an excess of the red globules of the blood, which contain a compound of iron, having a strong affinity for oxygen, which gas is absorbed by them from the atmosphere in the lungs, passes to the heart, and is thence distributed to the whole body. In the systemic capillaries, the globules part with their oxygen and acquire the power of combining with carbonic acid, during which process animal heat is evolved. The amount then of animal heat is very much regulated by the quantity of the red globules contained in the blood; and as all changes in the nervous system occur where its fibres come into relation with the vascular plexus, it follows that this system must be more or less affected by an abnormal increase of the red globules; the force of the circulation is augmented; the heart's action is increased by receiving blood too stimulating in its character on account of the excess of oxygen which it contains; and the nervous system being thus supplied with blood superabundant in quantity, and of an improper quality, has its power greatly augmented; and acting in this state secondarily upon the whole circulating system, it supplies a morbidly increased amount of nervous influence, and thus keeps up the excited state of the circulation."

Among the "affections of the uterus and its contents" is



one which has hitherto escaped the attention of nosologists, and of writers upon midwifery—viz., “fœtal turbulence.” To what order or class this should be referred in any system of nosology, would puzzle Sauvage, Cullen, or Good. Its symptoms and treatment are thus described by Mr. Alderson:

“Occasionally the motion of the fœtus in utero becomes so violent as to be truly distressing to the mother. A sense of sickness, attended often with local pain, and much general nervous agitation, is induced. This affection may depend upon some preternatural sensibility of the uterus itself, but the more probable cause appears to me to consist in a state of general nervous irritation, which, from the condition of the uterus at this particular time, is more especially determined to that organ. The bowels should be opened by laxatives, and a very small quantity of blood abstracted, if the symptoms are sufficiently strong to warrant it. The administration of sedatives is often attended with great benefit, and mechanical compression, by means of an abdominal bandage, will frequently prove to be of much service.”

These extracts will serve to show the author's style of composition, which is by no means bad or incorrect; in fact, all the work wants to make it a good and useful compendium is a little more *matériel*—somewhat more of substance and strength. This is its great fault, but it is only a negative one, and in our estimation renders the book far less objectionable than many of the distinguished treatises of the present day, which are, no doubt, full of information and statistics, but abound also in dangerously plausible hypotheses, and unsound practical deductions.

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN: WEDNESDAY, JULY 7, 1852.

### KEEPING OF THE DISPENSARY BOOKS.

WE receive conflicting reports respecting the difficulties experienced in the filling of the blank returns furnished from the Poor-law Office. The following having reference to the subject, we print to elicit more information:—

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—We all trusted there would have been some very considerable modification of the book-keeping system; so you may well fancy our disappointment at finding that this part of our labour has been increased tenfold within the last month. It is ordered that there shall be on the counter of each dispensary a tray with three compartments, the first of them to contain a bundle of prescribing papers. When a ticket is presented, it is first to be entered in the register; then you paste one of the prescribing papers to the back of the ticket; then at the top of the ticket, and also on the prescribing paper, you mark the day of the month, and the number in the register; you write also the same on a small detached piece of paper; on the prescribing paper you enter every day the patient comes and the medicines you give. The detached paper you give the patient, to be produced every subsequent day medicine may be required, to facilitate the finding of the ticket. The ticket is then to be placed in the second compartment of the tray. If a patient should be absent for a fortnight, the ticket is then to be shifted to the third compartment.

Such are the orders the surgeons have received in some of the unions of the county of Cork. I believe it is not a general order, but yet confined to the district of perhaps one inspector. It is represented that the object of it is to be able to account to the guardians for the medicines used.

Just fancy a man with one hundred tickets in the second compartment of his tray, shuffling them every time a patient presents himself, and occasionally going through as many more in the third compartment! You will at a glance see what a sacrifice of time and labour a compliance with this order would involve; and it is just simply absurd to think it could be turned to any useful account. How many tickets would you have to shuffle to account for a few drachms of croton oil, an ounce of calomel, or a pound of chamomile flowers? Lest I should not have explained myself sufficiently clear, I send you a ticket and the two papers marked as directed.—I remain, dear sir, truly yours,

ONE OF THE SUFFERERS.

### UNIVERSITY REFORM.

WE had the following in print when we received the Report to which it refers, and we insert it as an abstract of that Report, adding in full the paragraphs which bear on the question of the rights of Medical and other Graduates of high standing to a voice, by representation or otherwise, in the regulation and government of the Universities to which they belong. It gives us much satisfaction to find this subject every day more and more attracting attention. As places where a proper preliminary education should be afforded to candidates for admission into our profession, these Universities come legitimately within the province of the medical journalist, and still more as places where medical degrees (accepted by usage as qualification to practise) are granted. We therefore propose to return to the subject from time to time until we make our readers acquainted with the true nature and value of these institutions and the gross abuses which prevail in them:—

The committee appointed by the senate of the University of London to take into consideration the letter of Mr. Secretary Walpole, and all documents connected with the claim of the graduates to incorporation, have prepared a report, which has been presented to the senate. The senate have postponed the consideration of this important report till after the next meeting of parliament. We understand that the following are its leading features:—The committee glance at the constitution and objects of the older universities, for the purpose of estimating how far they bear upon the position of the University of London. They refer to the limited powers of convocation in the case of the older universities. They conclude that the claim of the graduates of the University of London to participate in its government rests upon different grounds. To the first proposal, that the body corporate shall consist of the chancellor, vice-chancellor, fellows, and graduates, the committee see no objection; and so far as it would facilitate the grant of the parliamentary franchise and a representation in the House of Commons to the graduates, they give it their cordial approbation. They remark, that as the number of graduates increases at the rate of more than eighty every year, the members of convocation must soon become very numerous. They are apprehensive that a convocation such as that which is proposed by the committee of graduates would not be desirable; but anxious to meet the wishes of the graduates, whom they represent as being animated by a desire for the personal dignity which is associated with the performance of active and honourable functions in the service of the university, they express a hope that a convocation of a more limited number, and with more definite purposes and powers, may afford a means of tranquil and effective manifestation. They accordingly recommend the creation of a convocation consisting of all the masters of arts, of all who have been, are, or shall be university scholars, and of the senior half of the doctors in medicine and the senior fifty graduates in law. They recommend that the convocation meet twice a year, that it receive communications from the senate, and address to them any suggestions and observations which it may think advisable. The committee object to the proposal of the graduates that they should have the power of submitting to the Crown, lists of persons from whom a certain proportion of all future fellows shall be elected, chiefly upon the ground that the university is mainly supported by the State. They think, however, it would be advisable to suggest adding to the senate three graduates forthwith. We leave these heads for the present to the consideration of the graduates and of the public, congratulating them upon the liberal spirit in which the senate have entered upon the great questions involved; and not doubting that when the senate meet again for the serious consideration of this report, they will be prepared to entertain with equal liberality the suggestions that will assuredly be offered them, with a view to the improvement of the scheme of their committee, and the perfection of the constitution of the metropolitan university.—*Lancet*.

Extract from a Report presented by the Committee of the Senate appointed to consider this matter. The Committee consisted of the Chancellor (Lord Burlington), the Vice-Chancellor (Mr. Shaw Lefevre), Lord Monteagle, Sir



J. Graham, Mr. Grote, Dr. Arnott, Mr. George Cornewall Lewis, and Mr. Senior:—

The bulk of the graduates are allowed a very small share in the management of the affairs of the older universities, deeply as they may be affected by it. The convocation itself is permitted to exercise the powers which it possesses only under narrow restrictions. It considers only the matters submitted to it by the governing authority, cannot discuss them except in Latin, and cannot propose an amendment. It can simply accept or reject.

We now proceed to consider the alterations in the constitution of the university which have been submitted by the committee of graduates to the senate, and have been referred by the senate to us.

The first proposal is, that the body corporate shall consist, not as it does now, of the chancellor, vice-chancellor, and fellows, but of the chancellor, vice-chancellor, fellows, and graduates.

To this we see no objection; and so far as it would facilitate the grant of the parliamentary franchise and a representation in the House of Commons to the graduates, we give it our cordial approbation.

The second proposal is, that the graduates of a certain standing should have the right of meeting in convocation, to be called together by persons appointed by itself; and the power of regulating the place and times of its meeting, and its own proceedings; and the right of discussing any subject, and of recording its opinion thereon; but with no power of interfering with or annulling any acts of the senate, except in the cases of surrendering or accepting a charter.

The necessary standing of the members of the proposed convocation is not absolutely defined; but the reference in the Observations to the analogy of the masters of arts in the older English universities indicates a standing of three years, that being the interval in Oxford and Cambridge between the bachelors' and masters' degrees.

As the number of graduates increases at the rate of more than eighty every year, the members of convocation would soon become very numerous.

It appears to us that a large body meeting at pleasure, with no legislative or administrative functions, whose whole powers and whose whole duties would be to discuss and to adopt resolutions, would not be likely to act beneficially on the government of the university. We cannot, therefore, recommend the creation of a convocation such as that which is proposed by the committee.

But we are anxious to meet the wishes of the graduates. We believe that in the present petition they are animated by a genuine interest in the continued success of the university, and by the desire of the personal dignity which is associated with the performance of active and honourable functions in its service. These are sentiments which, far from reproving or discountenancing, we desire to encourage, and to which we shall be glad to afford a means of tranquil and effective manifestation; and we hope that this may be done by means of a convocation of a more limited number, and with more definite purposes and powers.

We recommend that the senate propose to Mr. Secretary Walpole the creation of a convocation consisting of all the masters of arts, of all who have been, are, or shall be, university scholars, and of the senior half of the doctors in medicine, and the fifty senior graduates in law.

This would afford immediately a body of about 160 persons annually, and quickly increasing, which would include the most distinguished of the graduates, and from which no one capable of taking the degree of master of arts would be excluded.

We recommend that the convocation meet *de jure* twice a year, with power at each such meeting to adjourn once only; that it receive communications from the senate, and address to them any suggestions and observations which it may think advisable.

We recommend that the senate be empowered to summon, whenever it thinks fit, an extraordinary meeting, and be required to do so on the occasion being pointed out by the committee of graduates—the surrender or acceptance of a charter—and that in such extraordinary meetings the convocation discuss only the propositions submitted to it by the senate; and we recommend that the surrender or acceptance of a charter be the only act as to which the concurrence of convocation, either in its ordinary or in its extraordinary meetings, be necessary.

Such a change in our constitution would connect the graduates permanently with the university; would constitute

them an integral part of the corporate body with some functions, honourable though not extensive; would enable them twice in every year to express all their opinions and all their wishes on every subject connected with its management; would render their concurrence in every modification of its charter necessary; would enable their opinion to be taken as to every other matter which the senate should think it right to submit to them; and probably would be a further step towards their obtaining a parliamentary franchise.

## CORRESPONDENCE.

### CASE OF RETENTION OF URINE.

TO THE EDITOR OF THE MEDICAL PRESS.

MY DEAR SIR,—I really do not see why my perfectly fair and legitimate notice of Dr. Lynn's case should have provoked the intemperate and personal reply it has done—a reply for which he has not even the insufficient excuse of hasty composition, as “the mountain” which produced this “ridiculous mouse” has been three weeks in the throes of ■ evidently unnatural labour.

I noticed the case simply because it might have been supposed (and literally was inferred) that, as the Infirmary Surgeon of this county, I had “coöperated” in the treatment pursued; and secondly, because *malgré the bad taste*, and all the other hard names which have been applied to my conduct, I considered it my duty (and shall ever so consider it) to endeavour to vindicate Sligo surgery from the ridicule and opprobrium in which the unanswerable publication of such cases would, most justly and properly, involve it.

As there is not one word of refutation of my critique in the letter alluded to, I might leave the case as it stands, merely reminding Dr. Lynn and your readers of the *slight dialectic non sequitur* of his proposition—the patient recovered: ergo the treatment was proper.

But I cannot permit the eminent authority (Mr. Fergusson) to be forced into standing silent sponsor for a treatment which, so far from recommending, he explicitly condemns. Dr. Lynn having misquoted me, naturally ends by misunderstanding Mr. Fergusson. It is quite true that this eminent surgeon advocates forcible catheterism in certain cases. But what are they? Those cases, and those alone, in which “the obstruction is seated near the neck of the bladder” (see “Fergusson's Surgery,” Ed. 1842, pp. 545 *et seq.*); not surely in the case of a urethra through which a catheter had been “frequently” and “with facility” passed, and through a false passage, “commencing,” in Dr. Lynn's own words, “so near the orifice.” I would also refer Dr. Lynn and your readers to a most interesting discussion (see MEDICAL PRESS, May 12, 1852), by the London Medical and Chirurgical Society, on Mr. Cock's paper, on “Surgical Operations for Retention of Urine,” in which, among the following leading professional names, I do not find *even one* recommending the practice under almost any complication of urethral obstruction—namely, Messrs. Cock, Solly, Arnott, Coulson, Curling, Gay, Hodgson, Hewett, Hawkins, and Ward. Sir Astley Cooper never even alludes to such a measure; nor any other surgeon, even of the heroic French school, with whom I am acquainted, under the circumstances of Dr. Lynn's patient.

It is unnecessary to allude to the other irrelevant topics of Dr. Lynn's letter. That the great majority of these and all other surgical cases (in the proportion of perhaps 99 to 1) pass through my hands, I reassert as a notorious fact too well known to be contradicted. Dr. Lynn's allusion to our misunderstanding (*quarrel* is an ugly word, and it so happens that in fifteen years' practice, I never had a single misunderstanding with any medical gentleman whomsoever on a subject purely professional), his allusion, I repeat, to these unfortunate matters, which it were well not to advertise in the pages of the MEDICAL PRESS, and which I sincerely deplore, is injudicious for himself in the extreme, at a period when the ink is hardly dry on the paper which expresses his public apology, awarded to me upon the arbitration of five of the most respectable gentlemen in this neighbourhood.

As I share, in common with all the great professional names of the day (whom we never find pleading want of time for much more voluminous compositions than Dr. Lynn's half dozen lines in the MEDICAL PRESS), the blessing of plenty of leisure, I shall devote a little of it to expose fully any future attempt to misrepresent my motives, or to embroil me with my professional brethren, as this letter seeks to do—a course of conduct of which a very recent signal failure should have taught him the impolicy and futility.—I am, my dear sir, faithfully yours,  
WM. S. LITTLE, A.B., M.B., &c. &c.

Sligo, June 30, 1852.



## ADULTERATION OF DRUGS.

Most persons, we admit, can judge very correctly by sight of the quality of most articles of food and clothing; but where is the man who can, by simply looking at the almost countless number of medicinal preparations, chemical and otherwise, say whether they are pure or adulterated? or by looking at the various preparations of morphine, say whether they do or do not contain five, ten, or twenty per cent. of *amygdaline*? or can detect, by sight, *corrosive sublimate*, *prepared chalk*, *gypsum*, and other impurities in calomel? or can, by sight, say whether blue-pill mass contains its full equivalent of mercury, or only one-fourth, or less, of the requisite quantity? or can say whether hydriodate or iodide of potash is pure, or is adulterated by the admixture of *sal acetosella*, *sup. tartrate*, and *sulphate of potash*? or can, in the same way, detect *salicine*, *mannite*, *sulphate of barytes*, and *oxyde of zinc*, in sulphate of quinine? or can say whether croton oil is, or is not, adulterated by the admixture of inert fat oils, or whether it is not, in fact, an entirely *fictitious article*? or by looking at the powdered cinchona bark, say whether it is genuine powder of that species which affords the largest quantity of quinine and some cinchonine, or whether it contains thirty or fifty per cent. of the powdered *Maracaibo* or *Carthagera* bark, which affords but a trace of either of these important alkaloids, and is consequently worse than worthless for medicinal purposes; or whether it is not, in fact, composed *entirely of the latter worthless variety*? or can say, by looking at powdered rhubarb, whether it is of that prime quality which affords from sixty to seventy per cent. of soluble matter, and some twelve per cent. of pure resin, or whether it is an article produced from the *decayed and worthless root*,—the colour and smell having been heightened by artificial means,—which affords not to exceed fifteen per cent. of soluble matter, and *no resin at all*?

The several barks before alluded to, although differing in physical appearance, are those generally known in the trade as the red and yellow *Maracaibo* and *Carthagera* barks; and as they resemble the true officinal bark in colour, they have long been used in a powdered state for the purpose of adulterating those barks, or sold to the unsuspecting as a genuine article. This fact shows very clearly why it has long been almost impossible to find on sale, in the country, or even in any of our minor drug and apothecary establishments in town, one pound of the red or yellow cinchona bark of the requisite strength and purity; or, in other words, that will afford, on analysis, a per centage of alkaloids corresponding with that produced by the genuine barks. Some samples that have been obtained afforded neither quinine nor cinchonine in any perceptible quantity! others, less than one-fourth part of the alkaloids found in the true and pure barks; and so upward, according to the extent of the adulteration. From the quality of samples that have been forwarded to me from a distance, I am satisfied that the country is filled with such base mixtures and worthless trash.

The question now very naturally and properly comes up, will prime crude drugs, after having been powdered and prepared, be found on sale, in town and country, in as pure a condition as when imported? or, in other words, be found free from adulteration? I fear not, unless a strict watch is kept over the operations of the *unprincipled* portion of those among us, whose mission it is "to buy, sell, and get gain," honestly, if they can; if not, get it.

It has heretofore been too frequently found that drugs become astonishingly reduced in strength and purity during their transition state, from root, bark, gum, &c., to powder. Prime fresh drugs are, no doubt (as well as worthless), sent to the drug mill; but somehow or other, "by falling into bad company," I suppose, they are apt, during their stay, to lose their virtue; and, as a matter of course, are returned to their owner, and sent out into the market, with a character decidedly tarnished—an article fair to look upon, but whose touch is death. Badinage apart—the business of drug-grinding or powdering requires a searching and thorough reform.

I have already alluded to the mysteries and trickery of the laboratory when in skilful but dishonest hands; but, be assured, its conjurations and diablerie, if I may so express myself, in the preparation of adulterated chemical medicinal compounds, hardly exceed, in ingenuity, deception, and iniquity, the frauds committed under the roof of the drug-mill.

I have in my possession the voluntary confessions of a drug-grinder, who has retired after amassing a fortune in the business; but I will not swell this report by entering, at this time, into an extended detail.

This is a very important subject; and one, too, which the profession throughout the country, as well as the medical staff of the army and navy, whether on duty at a distance, or at home in hospital practice, should lose no time in investigating; for how is it possible for the physician to do justice either to his patient or himself, however judicious and correct his prescriptions may be, as long as there is so much uncertainty as to the strength and purity of the curative agents he may recommend? I cannot but believe that many, very many, valuable lives have been lost, owing to this lamentable condition of things.—*United States Med. Examiner.*

## ABSCESS OF THE SUBSTANCE OF THE UTERUS, OPENING EXTERNALLY.

By Dr. VAN COURTLAND.

ON the 27th of June, 1830, the author was sent for to see W. M., aged 24, who told him she had been delivered of a living child about two months previous, but had never left her bed, owing to a swelling in the lower part of her belly, and which began to show itself a few days after her confinement. The patient was emaciated to a most extreme degree, and was labouring under profuse and almost uninterrupted perspiration. The pulse was small and rapid. The countenance indicative of serious disorganization. The secretion of milk was entirely suspended. The lochial discharge had left her a few days after parturition; and the spirits were painfully depressed. On examining the swelling, owing to the great emaciation, he readily discovered it to depend upon an abscess of the body of the uterus; adhesion between which and the abdominal parietes had taken place during the inflammatory state, and the abscess now in progress clearly indicated the plan of treatment to be adopted. Large doses of diluted sulphuric acid were given without producing diarrhoea, warm fomentations and emollient poultices were applied to the tumour, and frequently renewed until the 8th of July, when a free opening gave vent to about half a teacupful of matter. From this time, everything went on well, and in a few days she returned home cured. Her catamenia have come on regularly, but as yet she has not again become pregnant. In cases of this description, the discharge of matter almost invariably takes place by opening internally either into the bladder, rectum, or vagina.—*Canada Medical Journal.*

**FECUNDITY OF A FREE-MARTIN.**—Dr. Joseph Moore of the Jefferson Medical College, U.S., communicates the following to Professor Dunglison:—I herewith forward you a newspaper, published in the town where I reside, in which a communication from a very intelligent farmer, relating to a free-martin which he raised on his farm, and which not only received the male, but gave birth to a healthy offspring. The gentleman who is the author of the communication, I have known for several years, and can therefore vouch both for his intelligence and veracity. As a knowledge of such cases is not devoid of interest to persons devoted to scientific pursuits, a perusal of the paragraph may be gratifying:—

"*A Nut for the Curious.*—On the 5th of June, 1849, one of my cows dropped two calves, a male and female, and on the 11th of October last, the latter dropped a calf, healthy and strong, and has the appearance of making a good cow. I have never heard of a similar instance.—B. SHEPPARD."

This case disproves the correctness of the commonly received opinion that the female of twin calves is invariably barren and unfruitful.—*Phil. Med. Examiner.*



**AMAUROSIS PRECEDED BY HÆMATEMESIS.**

T. B., aged 50, labourer, father of several children, of quiet and temperate habits, was seized while at work with a sudden attack of hæmatemesis, and ejected from the stomach full three pints of dark-clotted blood, without the slightest pain or uneasiness. He was taken home, and I saw him within an hour of the attack. He appeared cold and cadaverous, and to all appearance in articulo mortis. I put him on the antiphlogistic treatment. He continued, however, for several days, and at short intervals, to eject small quantities of dark, grumous, semi-sanguineous-looking matter; and notwithstanding every effort, the poor man became, and has continued up to this time, completely amaurotic. As a matter of course, considerable debility followed, which was attended to in the usual way. I may here observe, that when he became convalescent, he took the advantage of London advice, and was recommended to the Eye Institution at Moorfields, where the treatment was merely a repetition of what had already been done. The poor fellow returned, and is now to be seen daily reconnoitring in our streets, guided by one of his children, and in total oblivion to the light of this glorious creation.—*Mr. O'Reilly in Lancet.*

**METEOROLOGICAL TABLES.**

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June 27th,	76	55.5	29.750	
Monday,	28th,	74	53	29.730	.210
Tuesday,	29th,	70	57	29.550	.025
Wednesday,	30th,	71	55.5	29.763	.340
Thursday,	July 1st,	70.5	54	30.050	.022
Friday,	2nd,	71	58	30.000	
Saturday,	3rd,	75	58.5	30.050	.010

*Note.*—June, 1852. Greatest quantity of rain in any month for seventeen years past, being 6.635, equal 6½ inches.

**PORTARLINGTON, QUEEN'S COUNTY.**

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
June 27th,	65	51	29.368	64.7	58.5	53.9	.010	WSW
28th,	69	49	29.402	61.1	57.2	54.3	.160	SW
29th,	67	51.5	29.268	63.9	58.7	55	.086	SW
30th,	68	53	29.486	62.8	58.7	55.8	.138	WNW
July 1st,	64.5	52	29.716	62.7	58	54.5	.018	NW
2nd,	66	54.5	29.682	62.1	57.7	54.4	.076	WNW
3rd,	67	54.5	29.744	60.2	59	58.2	.012	WSW

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### METEOROLOGICAL TABLES.

## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—MAY 1.

Mr. TRANT, President of the College, in the chair.

DR. BANON brought before the notice of the Society on this evening a very remarkable instance of

#### LATERAL HERMAPHRODITISM

in the human subject, which he had met with some months previously, and exhibited the preparation and also some beautiful drawings and casts, showing the external malformations and also the internal organs of generation as they appeared on dissection.

The subject of the case was a convict named Andrew R—, who had been sentenced to seven years transportation, as a male, for sheep stealing, at the Ballyconnell sessions, in April, 1848. He was thence transferred to the Richmond Government Prison, of which Dr. Banon is the physician, and afterwards to the Mountjoy Prison, where he remained from the 16th of December, 1850, to 14th of April, 1851, when he was again sent to the Richmond Prison, being unable from illness to undergo any longer the severer discipline of the former. He now, for the first time, came under Dr. Banon's observation, and was admitted by him to hospital on the 15th of April, 1851, with symptoms of phthisis, which disease proved fatal to him in the October following.

Dr. Banon did not become acquainted with the sexual peculiarities of this individual until shortly before his death, owing to the strong disinclination which he had to their being known, even to those most intimate with him.

Dr. Banon ascertained, however, that at his birth there was considerable doubt as to the predominant sex of this individual, but that at length it was pronounced to be a female, and baptized by the name of "Anne." In a year subsequently, however, the organ representing the penis had so increased in size that a different conclusion was arrived at, and the name changed to "Andrew," since which period he had been always treated and looked on as a male; and as he grew up, even excelled in many of the manly exercises. His predilections were, according to his

own statement, for females, and it was ascertained that he had never menstruated.

Dr. Banon gave a full and minute description of the external and internal organs of generation which were present in this individual, by which it appeared that he possessed a penis of the usual size in the male adult, and provided with glans and prepuce, but that it was imperforate, a rudimentary opening only existing in the site of the orifice of the urethra. The individual had himself stated that it was during life subject to erections. On raising up the penis, Dr. Banon observed that the female external organs were present in a nearly perfect condition. The labia were well marked, but terminated behind rather abruptly, the fourchette being absent. Within these the nymphæ were seen occupying their usual situation, and between them there was a longitudinal opening which led directly to the bladder. Behind this urethral opening was observed one of a more circular form leading to a canal in the direction of the uterus, and separated from the bladder in front and the rectum behind by distinct septa. This orifice was so small as to admit only of a No. 8 catheter, and was surrounded posteriorly by a distinct hymen. The mons veneris was not developed, which might have been owing to the great emaciation present. Many of the secondary characters of the male were observed. The hair, arms, hands, lower limbs and feet, the larynx, all partook of the male character. The voice during life was decidedly masculine.

On the other hand, there was a feminine character in the features of the upper part of the face, and the pelvis and skull were decidedly those of the female. The occipital regions of the latter were unequally developed on each side, which point was dwelt upon by Dr. Banon as illustrating, in this instance, the interesting physiological fact, that the development of the reproductive organs is influenced by this portion of the brain, these organs being, as he afterwards pointed out, situated principally on the side of the body opposite that of the increased development in the posterior lobes of the cerebrum and cerebellum.

On dissection, the penis was found to be composed of



cruræ, uniting in the usual manner to form the body. A substance, similar to the corpus spongiosum urethræ, could be traced anteriorly to the glans, and behind becoming bifurcated to enclose the longitudinal opening leading to the bladder. The prostate and Couper's glands were absent. The spermatic cord on the right side was large. On the left, it rather deserved the name of the round ligament of the female.

On dissecting the parts within the pelvis, a well-formed but small uterus was found in its normal position between the bladder and rectum. It was supplied with but one Fallopian tube, which passed from its left cornu backwards and inwards, between the rectum and uterus, to the right side of the latter, where it terminated in a well-marked "corpus fimbriatum," being permeable throughout its whole course.

The corpus fimbriatum rested on an ovary which, as well as the Fallopian tube, was single, no trace of a second being visible. Not far removed, however, from the ovary already mentioned, was observed a testis, pendulous into the true pelvis, in front of the right sacro-iliac synchondrosis, and immediately behind the internal iliac artery, as it descends into the pelvis. Applied to its anterior surface was seen the epididymis in a partially unravelled state, and the spermatic artery and vein were traced into close connexion with it. The vas deferens was plainly seen emerging from the epididymis, and taking a remarkable course—at first, forwards and outwards, in the direction of the right internal abdominal ring, to which it had reached about half way, when it turned back, forming a loop, with the convexity towards the ring: it then took its course inwards and somewhat backwards, in the direction of the uterus, to which it was finally conducted by the broad ligament of the right side. It could be traced into the substance of the uterus, into the cavity of which Dr. Banon proved that it opened by pressing mercury gently through it. Dr. Banon could not find any trace of vesiculæ seminales, nor of a second testicle. Dr. Banon here gave a minute description of his dissection of the different organs, and of the appearances of some of them under the microscope, which enabled him to speak with confidence of their identity. He then entered at some length into the discussion of the means of discriminating between the spurious forms of hermaphroditism and those which are entitled to be considered as a real blending together of the reproductive organs of both sexes, or the "true hermaphroditism;" and cited some remarkable cases, both in the human subject and the lower classes of animals, in which both forms had been observed. In the present instance he came to the conclusion, that it should be placed under the division of "true hermaphroditism," termed "lateral" by Professor Simpson. Dr. Banon also alluded to some of the most interesting of the physiological changes which take place in the earlier development of the embryo, and explained how an error of function at this period in the corpora Wolffiana, by which both the male and female reproductive organs, the testes and ovaries, are originally formed, would be likely to cause subsequent anomalies and malformations to appear. He also entered into the question—How far the conditions necessary for self-impregnation were present in the case of Andrew R.—? And although he was obliged to admit that were the testis by any means so excited as to cause its secretion to pass through the vas deferens into the uterus, there was nothing to prevent the semen from proceeding farther, through the Fallopian tube, to the ovary; still, from the absence of the procreative elements (the spermatozoa) in the seminal fluid, as proved by the microscope, and also of the germinating elements of the ovary, self-impregnation in this instance could not have occurred. Dr. Banon concluded a highly interesting paper by stating that it was his intention to publish it in full, and bring it before the profession in a form rendered complete by the addition of lithographic plates of the drawings and casts which he had now the pleasure of exhibiting to the Society.

Dr. BEATTY observed that the Society were greatly indebted to Dr. Banon for the careful manner in which he

had laid a case of unusual interest before them. The details had been set forth with a degree of accuracy and precision but seldom attained in a case of so much importance; and from the description of the external, and the very careful dissection of the internal organs, there could be no room whatever to doubt that it was a case of lateral or vertical fusion of the organs of generation. It was not a case of spurious hermaphroditism, but it was evidently a case of genuine fusion of the generative organs of both sexes—a condition much more rarely met with than cases of spurious hermaphroditism. Amongst the casts which Dr. Banon had placed on the table, as illustrative of some of the forms of spurious hermaphroditism, was a case of malformation, where the parietes of the abdomen were deficient—where the bladder terminated in a cul-de-sac. How a case of this kind could give rise to a suspicion of doubtful sex he was quite at a loss to conjecture, for there was nothing in the appearance of the parts to warrant such a suspicion; nevertheless, it had been set down in works on hermaphroditism as one of the sources of doubtful sex. He recognized another of the casts on the table as an old acquaintance. It was one which he (Dr. Beatty) had the honour of presenting to the College of Surgeons, and was taken from a patient of his own. He referred to it now because it was set down in books as an instance of hermaphroditism, whereas, in point of fact, it was one of acute prolapsus of the uterus, where, by the sudden prolapse of that organ, the vagina became suddenly inverted, and assumed the appearance of an enormously dilated penis, shortened in its transverse diameter, yet resembling a penis in a state of extreme distension. A person afflicted with this disease was exhibited in London, several years ago, as a hermaphrodite, and it was reported that a sum of £400 was speedily extracted from the wondering public. Any person conversant with the condition termed "prolapse of the uterus," would, however, at once recognize that case as simply an example of what was called "acute prolapsus of the uterus," where the organ was suddenly forced down, the vagina inverted, and the previously red coat of the latter exchanged for a species of cuticle. Dr. Banon had quoted in his paper some remarkable instances of true fusion of the sexual organs, taken from a valuable article written by Dr. Simpson in the "Cyclopædia of Anatomy and Physiology" several years ago. He (Dr. B.) would take the liberty of reading for the Society an extract from a paper on the same subject, written by himself, and published in the "Cyclopædia of Practical Medicine" some time previous to the appearance of Dr. Simpson's valuable essay. The case was this:—In April, 1807, an individual was exhibited in London, uniting the organs of both sexes in the highest perfection, perhaps, ever seen. The person was 28 years of age, and possessed of the male organs. There was a penis, or what represented one, capable of erection, covered with a prepuce, and perforated, for a third part of its length, by a canal. The testicles were also present; the hair and features were masculine, and a light beard covered the chin. The female organs, represented by the labiæ, vagina, and vulvæ, were very small. The individual menstruated regularly, and had been twice pregnant, but was prematurely delivered on each occasion; first at three, and then at five months." This case, if the description was correct, was the nearest approach to a true hermaphrodite ever met with in the human subject. Having heard that Dr. Banon had intended to bring the subject of hermaphroditism before the Society, he thought it would be useful to mention that case as a corollary or addendum to his valuable communication.

Dr. POWER said that Dr. Banon had been aware of a case which, a short time since, came under his (Dr. P.'s) observation, and which, to a certain extent, resembled the one he had laid before the Society on that evening in his truly valuable communication. It was Dr. Banon's wish that he should refer to the notes which he had taken of this case, and in conformity with that expressed wish, he would trespass for a short time on the attention of the Society. The case was, beyond a doubt, one of herma-



phrodisms. He remembered, on the evening of the 15th of January, 1851, being called on by a lady to go and see her sister, as she called the individual; he remembered going with her, and that when he arrived at the house, he met a very respectable practitioner from the country, who was in ordinary attendance at the time. He told him (Dr. P.) in private, that he had a fact to communicate which he thought the family themselves were aware of—namely, that the patient was a hermaphrodite; and, he added, that the disease under which this person laboured was strangulated inguinal hernia of the right side. The age of the individual was 62, and the person was unmarried. On examination he found a distinctly developed penis, which was, however, of a rather small size; and, on turning to the right side, which was the seat of the inguinal hernia, he observed that the tumour, which he took to be an intestine, had passed down into the right labium; and on examination still further he found that, besides the penis, there was both a right and a left labium, the former being extremely large, and the latter a good deal smaller; and between these was a distinct fissure, resembling the appearance which a bifid scrotum might be supposed to present. He next directed his attention to the extremity of the penis, where he found a distinct prepuce, a distinct glans, and a distinct orifice of the urethra. Two tumours were discovered in the right labium, and, on percussing the upper one, he felt satisfied that it contained a piece of intestine. The symptoms were a tympanitic sound on percussing the upper tumour, pain on pressure, vomiting, and all the other circumstances which indicate strangulation of the intestine. On examining the lower part of the tumour, he found a solid body, the existence of which he was for a while at a loss to account for. This solid body was of large form, and resisting. Pressure on it produced a peculiar sensation, totally different, in the patient's feelings, from the sensation experienced by pressure on the upper tumour; and between the two swellings there was a decided constriction, so that the whole mass presented very much the appearance of an hour-glass; that is to say, there was an evident constriction near the centre, with one enlargement above, and a second smaller one below; the latter being, as he thought, a testis in a state of inflammation. On feeling the labium at the left side he could perceive a small tumour within it, and a cord leading from it upwards, towards the groin of the left side. The size of this body was not much larger than a sparrow's egg; and what struck him as most remarkable about it was, that when he gave it a squeeze a sensation was experienced by the patient similar to that which was felt on pressing the lower tumour at the opposite or affected side. The symptoms of the strangulation were not extremely urgent; but, under all the circumstances of the case, he thought it better to have a consultation before proceeding with the operation. The benefit of Mr. Adams' opinion was procured—the operation was determined on. Dr. P. cut down on the tumour, laid it bare, and thus ascertained the existence of a portion of intestine in the upper part in a state of strangulation; and in the lower part, a testicle with its epididymis. The narrowed condition of the parts between the two tumours was not produced by the intervention of the lower portion of a sac, separating the tunica vaginalis from the intestine; but it appeared rather to be a constriction which existed in the centre of the common tunic. On exposing thus the contents of the right labium, they were found to consist of a congenital hernia, formed by intestine, in a state of strangulation, in the upper part; and of a well-formed testicle in the lower. The stricture was divided, and the intestine returned, but the individual did not recover, having lived for eight days only after the operation, and without any discharge taking place from the bowels during that interval. He regretted exceedingly that he was not permitted to make an examination of the body. Indeed he was not surprised to find the other members of the family preferred to resist everything like an examination. One of the ladies told him privately that her "sister," during life, was a very

peculiar person, both in mind and body. However, he procured from the gentleman who was in regular attendance on the family, some particulars of interest. He told him that on a former occasion he attended the same individual for the same hernia, and at the right side; and that he then made a careful examination with regard to the cleft between the two labia, which he found to end in a cul-de-sac. At the same time he ascertained that urination took place through the orifice of the urethra in the penis. There was an important difference between this case and the one described by Dr. Banon. In Dr. Banon's case the female characters appeared to predominate; in his (Dr. P.'s) case, beyond a doubt, the male organs were more decidedly characteristic. In the one case, the education of the individual was that of a male, though the predominant sex was that of a female. In the other, the education of the individual was that of a female, though the predominant sex was that of a male.

Dr. BEATTY was of opinion that the case just described by Dr. Power was not so manifestly one of fusion of sex as to be entitled to the character of true hermaphroditism, like that brought forward by Dr. Banon; for he did not think that Dr. Power had adduced any evidence to establish the existence of any of the female organs in that case.

Dr. POWER—None whatever, except that the vagina terminated in a cul-de-sac.

Dr. BEATTY thought the person must be regarded as a male, and the case as one of the commonest form of spurious hermaphroditism with which they were acquainted, consisting of an imperfect penis, with a urethra terminating underneath, and constituting hypospadias; a split scrotum and a cul-de-sac, which did not lead to any female organs internally, but was simply a cul-de-sac, separating the two portions of the cleft scrotum. It might be in the recollection of many of the members of the Surgical Society that, several years ago, an individual was exhibited in that room as a hermaphrodite. This person was a Pole, who earned his livelihood sometimes as a female prostitute, passing himself as a female, and wearing female attire in the streets; and sometimes exhibiting himself to medical men for money. On the occasion to which he referred, a sum of £3 or £4 was raised by small subscriptions amongst the members of the profession, and having received that amount he consented to exhibit himself before them. A cast of the individual, which was taken and preserved in the museum, was then lying on the table, where members might have an opportunity of inspecting it. This person was, to all intents and purposes, a male. The scrotum was split; on either side of it there was a testicle, and above an imperfect penis, and a urethra opening underneath, nearly in the position in which the female urethra would open, if it were a female; and in this way contributing to keep up an appearance of double sex. But the individual alluded to by Dr. Power had certainly no right to be considered a female at any time of his existence: he should have been the eldest son of the family (laughter).

Dr. POWER's reason for referring to the case at all was, because the habits and feelings of the individual were so decidedly feminine towards the latter period of her life—a fact which contrasted so strongly with the predilections manifested at an earlier period of existence. Added to that fact, the patient never shaved, never had a beard, and presented in the countenance all the characteristics of the female.

Dr. BANON observed that the history of the case given by Dr. Power, induced him to take the same view as expressed by Dr. Beatty—viz., that it was undoubtedly one of hypospadias malformation in a male. It was quite true, that from education and other causes, a marked modification of sexual peculiarities will often take place. It was well known that disease, such as scirrhus of the ovaries of the female, will not unfrequently cause the individual to lose much of the characteristics of her own sex, and take on those, to a certain extent, of the male; such as a general masculine appearance of the body, the growth of the beard, &c. These peculiarities, sometimes existing from early life, and in other instances commencing



simultaneously with disease of the ovaries after puberty. To such individuals the ancient Romans gave the name of "Virago." In some of the lower animals, particularly in the class "Aves," the same phenomena are observed to exist in a more marked manner. After the hen pheasant has ceased to lay eggs, or to be a reproductive animal, the plumage of the bird will often lose the characters of the female and assume those of the male; and in some instances they have been known even to attempt coition with other hens of their own species. It is not unlikely that in the case mentioned by Dr. Power, the male character of the individual, so well marked in early life, became as he advanced in years much modified by the effects of education and the enforced habits of a female, and perhaps by an imperfect condition of the testes, which has been sometimes observed in hypospadiac males. In the case given by Otto, an hypospadiac male had lived in a state of wedlock with three different men; but at the age of 35, an action of divorce was brought against her by her third husband, accusing her of being affected with some disease of the sexual parts which rendered the connubial act on his part extremely difficult and painful. In this case imperfect testes were found in the cleft scrotum. Cases of similar interest are given by Julien and Soules, and several others, many of which are quoted by Professor Simpson in his admirable article on Hermaphroditism in the second volume of Todd's "Cyclopædia of Anatomy and Physiology." The case given by Dr. Power shows the great importance of our being able to discriminate this form of "spurious hermaphroditism;" as, had the individual married as a female, it would have led to an unnatural connexion between two individuals of the same sex. On the other hand, cases of enlarged growth of the clitoris in the female are sometimes accompanied with so many of the secondary characters of the male, as to give rise to considerable difficulty in determining the sex, as happened in the celebrated case of Marie Madeline Lefôrt, given by Beclard. The presence of menstruation in such cases will be a valuable but not a certain guide.

Mr. TUFNELL did not recollect what Dr. Banon stated was the character of the voice in the individual whose very remarkable case he had produced before the Society this evening.

Dr. BANON believed he had stated that the voice of Andrew R— was essentially that of the male. His companions stated that he was exceedingly active, and able to undergo much fatigue; and he guarded his secret with the greatest care, it being known only to his nearest relatives. He might state before sitting down that, from the narrowness of the vagina, it was next to being impossible that this individual could have connexion with a male, and the imperforate state of the penis would render effectual connexion with a female quite impossible.

Dr. POWER agreed with Dr. Banon that education had a considerable modifying effect on the tastes and habits of such individuals, putting sex out of the question altogether.

#### PRESIDENT'S ADDRESS.

GENTLEMEN,—As the present session of the Surgical Society is about to terminate its scientific labours on this evening, I cannot allow myself to perform the official duty which necessarily devolves on me as your chairman, that of adjourning the future meetings of its intellectual reunions to another session, without offering to the Society my sincere congratulations on the unexampled, though not unexpected success which has attended its praiseworthy exertions, uniting, as I am happy to say it has done, in a bond of friendly union and professional kindness, persons distinguished for scientific acquirements, mental endowments, and medical experience, constituting thereby a well-arranged combination of talent and genius, so preëminently necessary for the attainment of that common object so deeply interesting to us all—the improvement of science, and the advancement of medical literature in this country, abolishing at the same time, from all its sessional meetings, those petty jealousies and controversial feelings which have so frequently been found, by their blighting influ-

ence, to have disturbed the pure course of scientific information in its onward progress.

I can assure you, that it is with no small degree of satisfaction that I contemplate the many advantages that we, as medical practitioners, are likely to derive from the gradual, but certain strides which this Society is now making, developing, in each succeeding session, as it steadily advances, a fresh store of professional information and native talent; adding thereby to the existing fund of medical knowledge, subjects of the most erudite and practical character, creditable not only to this Society, from their originality and professional importance, but also beneficial to mankind in general, by contributing to the advancement of medical knowledge—to that scientific eminence which is the main object of this enlightened body to organize and stimulate.

It is not my intention, in addressing you on this occasion, to occupy your time by entering into a lengthened or unnecessary detail of the different proceedings of the past session, as I feel that it would only be a tedious repetition of those statements and observations which have been already so ably and eloquently set forth on former occasions by those distinguished individuals who preceded me in this chair. There are, however, some few matters connected with that period, which may perhaps claim our notice; but I shall merely refer to them for the purpose of directing attention to the working of this Society, and to the able and scientific manner in which it has, by your assistance, carried out the noble intentions of its original founders, reflecting thereby much honour and dignity on this College, under whose auspices it has been established, and within whose walls it holds its usual scientific reunions, and developing, at all its assemblies, the same praiseworthy feelings of professional liberality for which this College has always been distinguished, where the true object of attainment was the advancement of science, or the promotion of professional literature.

I feel that it is unnecessary for me now, at this advanced period of the evening, to expatiate, at any length, on the beneficial effects which this Society is capable of exerting, in the promotion of science, and the advancement of medical knowledge, by holding out, as it does, a favourable opportunity to persons of scientific pursuits, professional observation, or mechanical taste, of associating with others of similar acquirements, whilst, at the same time, from the marked encouragement it affords to free discussion and scientific investigation, a favourable opportunity is also given for communicating their peculiar opinions in a friendly and agreeable manner, thereby establishing a familiar mode of arriving at satisfactory conclusions, as to the intrinsic value or scientific merit of each particular subject. An opportunity is also afforded here, to the industrious and working members of this Society, through the instrumentality of their well-arranged scientific contributions and professional essays, of not only distinguishing themselves amongst their fellow practitioners, but also of exalting the character, and establishing the importance of the medical profession in popular estimation, and thus creating, by their distinguished example, a taste amongst their professional brethren, for cultivating those collateral branches of the arts and sciences which are now so intimately connected with our professional pursuits, and which consequently tend, by their scientific importance, to assist, most materially, in advancing the true interests of the medical profession, and encouraging, at the same time, by the friendly association which generally takes place at its usual sessional reunions, a kindly intercourse and good feeling amongst its numerous members, proving in the most satisfactory manner, that free discussion and scientific competition can be carried on here amongst medical practitioners, without exciting either envy, animosity, or unkind opposition, the true bane to the advancement of professional knowledge.

I find, on consulting the records of the Surgical Society, as well as from the opportunities which have been afforded me in this chair, that the scientific intentions of the original founders of this Society have been most faithfully



carried out during the interesting proceedings of the past session, through the able exertions and indomitable perseverance of its indefatigable secretaries—gentlemen to whose eminent and laborious services this Society owes much of its present success, and to whom we must all feel deeply grateful, when we consider the devotion and care they so generously exhibited, in promoting the praiseworthy exertions of the different distinguished members of this body, who, with so much philanthropy and disinterestedness, contributed to carry out the true intentions of this Society, by the able and ingenious essays which they brought before the different meetings, written with so much clearness, accuracy, and conciseness, full of originality, and illustrating, at the same time, the different subjects with a vast prodigality of facts, and well chosen, practical applications, which rendered the subject matter attractive, instructive, and professionally interesting; whilst on the other hand, those essays which were written on subjects apparently of less interest in themselves, although of vast professional importance to the medical practitioner, were rendered attractive and agreeable, from the peculiar clearness of the description, whilst the more important points of interest were generally illustrated by the relation of interesting cases, which, whilst they relieved the painful efforts of attention, served, at the same time, to impress the subject on the mind, in so agreeable a manner, that it made an impression that could not easily be effaced, thus convincingly establishing the scientific importance, professional merit, and practical benefit of those valuable and instructive papers, pregnant, as they were, with originality and professional information, which rendered them the prolific source of medical discussion and elaborate debate, during the different interesting scientific meetings of the past session.

I feel from the warm interest I take in the welfare of this Society, that I may have been induced to have entered more minutely into some of its proceedings, than I otherwise intended to have done. I consequently fear that I may have thus inadvertently left myself open to the well-deserved imputation of having been more prolix on this occasion, than was either necessary for the benefit of my cause, or agreeable to the wearied patience of my kind auditory. I shall not, however, now trespass longer on your kindness by entering further into the merits of the scientific exertions of the different members of this enlightened body who have so devotedly laboured in the cause of science, with such splendid results, creditable not only to this Society, but also beneficial to the best interests of the medical profession.

Judging, therefore, from our experience of the past, I feel we may be induced to look forward with the most favourable and auspicious anticipations to the future, and fondly hope that medical science, whilst under the fostering care of such distinguished patronage as this Society affords, cannot but flourish, shedding lustre on this College, and benefit on mankind.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

### AN ANALYSIS OF ONE HUNDRED CASES OF CANCEROUS DISEASE OF THE UTERUS.

By ROBERT LEE, M.D., F.R.S., &c.

THE conclusions to which the author arrived from this analysis were:—1st. That cancer may commence in any part of the mucous, muscular, or peritoneal coats of the uterus; but most frequently in the os and cervix. 2ndly. That the earliest symptoms of the disease, in a large proportion of cases, were discharges of sanguineous, serous, or white-coloured fluid from the vagina, with sense of uneasiness or pain more or less acute within and around the pelvis. 3rdly. That cancerous disease of the uterus presented itself most frequently in the form of induration and ulceration of the os and cervix uteri and vagina, or ulceration without induration, or in the form of fungoid tumours, usually called cauliflower excrescences, growing from one of the lips or the whole os uteri, being often associated with encephaloid or colloid masses and true scirrhus of the

remaining portions of the uterus and contiguous viscera. 4thly. That in no case could cancerous disease of the uterus be referred to inflammation; and that its fatal progress was never arrested by cauterizing the morbid structures through the speculum, nor by any other method of treatment.

### AN ACCOUNT OF A CASE OF PULSATING TUMOUR, IN WHICH THE URINE CONTAINED CANCER CELLS.

By C. H. MOORE, Surgeon to the Middlesex Hospital.

A greengrocer, aged 53, was admitted into the Middlesex Hospital, with a large pulsating tumour in the left groin, and congestion and great œdema of the left lower extremity as well as of the buttock and lower part of the abdomen. The tumour lay precisely in the situation of external iliac aneurism, was smooth and rather firm in most of its surface, but was in part lobulated and soft. As it was so large as to raise the structures above, its beat was visible. The pulsation raised the hand laid on the tumour, expanded it slightly when the tumour was grasped, and was felt more strongly when the femoral artery was compressed. It was stronger at the soft prominences than at other parts of the surface; and the external iliac artery was felt running over its anterior part. The tumour presented a distinct bruit. The first symptom of the disease could be dated at three months before the patient was seen; the pain was severe and of a pulsatile character. The tumour was at first considered to be a mass of enlarged iliac glands; but as in the eight days in which it was observed it increased in size, and beat more vigorously, and thrust out a new lobe from its surface, at the same time that the general circulation became tranquil, it was then presumed to be an aneurism in which part of the blood had coagulated. As the tumour thus rapidly increased, and the pain became very severe, the common iliac artery was tied. The operation performed was similar to that described by Sir Philip Crampton, the external incision reaching from the extremity of the 12th rib nearly to the anterior superior spine of the ilium. The patient survived the operation forty-three hours, and died with peritonitis, failure of the circulation in the limb, and most marked disorganization of the blood. The tumour was the largest of several masses of enlarged glands affected with encephaloid cancer. It lay against the ilium, and was enclosed in thick fascia, which had given way at the soft prominences felt during life. It was somewhat tightly girt in almost a circle of arteries, the external iliac being stretched and flattened along its upper surface and beneath the fascia, the internal iliac lying in contact with its posterior part, and the obturator artery beneath it completed the circle, except where the tumour and pubes intervened between it and the external iliac trunk. Moreover, the large branches of the internal iliac passed through the tumour. There were small secondary cancerous depositions in the kidneys, and an encephaloid growth sprang from the back of the prostate gland (which was otherwise healthy), and extended upwards between the bladder and rectum. This appeared to be the primary growth. Some urine, pressed out through the urethra after death, was examined by the microscope, and was found copiously pervaded with cancer cells. That which had been observed during life, being clear, was not examined microscopically. The author concluded his paper by some remarks on the distinction of pulsating tumours and aneurisms, and on the importance of the last-mentioned fact as a possible means of diagnosis in another doubtful case.

### REMARKS ON THE PATHOLOGY OF HYDROPHOBIA, WITH AN ACCOUNT OF A CASE OF THAT DISEASE.

By GEORGE ROBINSON, M.D., of Newcastle-on-Tyne.

The author observed that the obscurity of the pathology of this disease gave importance to any additional facts that bore on its solution; and he thought that a case which had recently occurred in his practice, presenting the usual characteristics of this affection, suggested certain conclusions. The author entered at full into the history of the case, which presented nothing novel, whether of symptoms or of the progress of the disorder. A post-



mortem examination developed no condition not previously noted in similar cases. There was the usual congestion of the pulmonary mucous membrane, and the tubes filled with a tenacious mucus; the several parts of the encephalon were vascular and injected; lymph was observed at the base of the brain, on the cerebellum and medulla oblongata; and many red points were observed on section of the substance of the cerebral mass. The conclusions to which these facts led him were:—1stly. That the disease, from the moment of its manifestation, essentially consisted in a morbid irritability of certain parts of the nervous system, and particularly of the medulla oblongata and base of the brain. 2ndly. That this morbid irritability and inordinate excitement of that part of the brain most intimately connected with the nerves of deglutition and respiration, in accordance with the known laws of the pathology of the nervous system, produced spasmodic action of the muscles of the glottis and pharynx, and an unnatural sensibility of, and excessive secretion from, the mucous membrane of the pharynx and fauces. 3rdly. That the exhaustion consequent on the spasms thus excited, and the asphyxia ultimately induced by the introduction into the air-passages during inspiration of the viscid mucus thus copiously secreted, were the immediate causes of death. In regard to the treatment of this disease, the author thought that, from the general symptoms, as well as from the most simple views of its pathology, the propriety of tracheotomy in the first stage could not be questioned. He considered that this operation would prevent the accumulation of viscid mucus in the trachea; he was disposed to follow up this act by the use of terebinthinate, and subsequently of anodyne and antispasmodic enemata, and when practicable a general vapour-bath.

An abstract of a case of biliary fistula by the same author was also read. It occurred in a woman, the wife of a pitman, aged 64. Severe gastric and dyspeptic symptoms, followed by jaundice, ushered in the appearance of a tumour in the epigastric region. This tumour gradually softened, fluctuated, and pointed; after a time it was deemed advisable to relieve her by opening this prominent indication of abscess, and two quarts of a bright yellow, very offensive liquid, a mixture of bile and pus, escaped from the wound. The symptoms of the patient underwent immediate improvement; no constitutional disturbance followed; a good diet, with beer and cinchona, rapidly improved the general health; the discharge quickly decreased, and the opening made by the lancet simultaneously contracted. Three months afterwards, a yellow discharge continued from the fistulous opening, and which constituted her chief complaint, as her general health permitted her to engage in the least onerous of her domestic duties. By means of a suitable glass retained over the opening, a quantity of this yellow fluid was collected, and submitted to Dr. Bence Jones for examination, who pronounced it to be pure bile. The amount of the discharge varied under different circumstances and at different periods. The quantity was estimated at eight fluid ounces daily. The flow was more rapid after meals, also during the erect position; it was augmented also by straining or coughing. The alvine dejections had not recovered their natural colour, being light clay-coloured, many months since the opening was established. Of late the patient had become much more reduced. At the last visit the discharge of bile was as copious as in the early date of this fistulous opening. Rapid emaciation was proceeding, which the author thought partly due to the withdrawal of her beer and adequate nourishment, but nevertheless aided by the profuseness of the biliary discharge. —*Lancet*.

**FRACTURE OF THE RIBS.**—The two points of mechanical treatment in fracture of the ribs is, first, rest; and second, bandaging the chest, by fixing straps of adhesive plaster, circularly from the spine to a little beyond the sternum, on the injured side only, leaving the other free, as well as the abdomen on both sides. (Mr. J. Hilton.)

## ON EDIBLE EARTHS.

By EHRENBERG.

VARIOUS kinds of edible earth were known in China in very ancient times, and it may be presumed, that many of them are mixed or pure tripolitan fresh water bioliths—i.e. species of earths or stones, the elements of which consist chiefly of remnants of microscopic living beings. In the year 1839, Biot read before the Academy of Sciences in Paris a treatise, containing everything that was then known on this subject, to which his son, the oriental linguist, Biot, furnished translations from Chinese and Japanese works. From Schott in Berlin, Professor Ehrenberg obtained in addition the following information taken from Chinese sources. The first mention of edible earth dates from the year 744 after Christ, and is contained in the Chinese work Pen-tsao-kang-mu, where it is called Schi-mián, Stonebread, or Mi-án-schi, Breadstone; the article in the Japanese "Encyclopædia," which Biot has translated, is taken from this work. The Pen-tsao says, according to Schott, that stones contain several substances which are edible, especially a yellow meal and a fatty liquid, which is contained in the white Yü (a stone), and is, therefore, called the fat, marrow, or mucilage of the white Yü. An earthy substance, prolonging life, and called Schi-naó, is found in the very smooth stone Hoa-shi, which is supposed to be Steatite, and may, perhaps, be decomposed Steatite. The Schi-mián is only used as a substitute for bread in times of scarcity, when it is miraculously found in different localities, as is believed. The imperial annals of the Chinese have always religiously noticed its appearance, but have never given any description of the substance. The Pen-tsao quotes, under the emperor Huan-Tsung of the great dynasty Táng, in the third year Tíán-pao (744 after Christ) a spring in Wujín (now Liang-tschen-fu, in the province Kan-su), which ejected stones, that could be prepared into bread, and were gathered and consumed by the poor. (Schott.)

Under the emperor Hian-Tsung, of the same dynasty, in the ninth year of the period Yüen-ho (809 after Christ), the stones became soft and turned into bread. (Biot.)

Under the emperor Tschin-Tsung, of the dynasty Sung, in the fifth year of the period Ta-tschoong-Tsiang-fu (1012 after Christ) in the fourth month, there was a famine in Tsy-tschen (now Ki-tschen in Ping-yang-fu, in the province Schan-si), when the mountains of Hiang-ning, a district of the third rank in the same part, produced a mineral fat (Stonefat) resembling a dough, of which cakes could be made. (Schott.)

Under Jin-Tsung, in the seventh year of the period Kia-yeu (1062) stone meal was found. (Biot.)

Under Tschí-Tsung, in the third year of the period Yuen-fong (1080) the stones turned into meal. All these kinds of stone-meal were collected and consumed by the poor. (Biot.)

Very recently, in the years 1831 to 1834, similar kinds of earth have been found in China, and were used as food during the great famine, as has been reported by the Chinese missionary, Mathieu-Ly, who resides in the province Kiany-si. In the year 1834 he writes:—"Many of our Christians will surely die this year from starvation. The Almighty alone can aid them in such great distress. All harvests have been destroyed by the floods. For three years a large number of persons have lived upon the bark of an indigenous tree; others have eaten a light white earth which has been discovered in a mountain. It can only be obtained for silver, and not every one can, therefore, procure it. The people have first sold their wives, then their children, then their furniture, at last they have pulled down their houses and sold the wood. Many of them were, four years ago, wealthy men." The missionary Rameaux, also reported in 1834, from the province Hu-kuang, that many Chinese Christians have sent for him to administer to them the last sacrament, and foreseeing the hour when they were to die from starvation, actually died at that very time. The very dense population and industry which necessarily takes possession of everything.



are, in cases of earthquakes and deluges, the cause of these circumstances in China.

The districts where stone-bread has been found are the northern province of Schan-si, the east provinces of Schantung and Kiang-nan, on the mouth of the Yellow river (Huang-hu), the provinces Hu-kuang and Kiang-si, in the valley of the Blue river (Yantse-kiang). It is very desirable to know the masses, localities, extent of occurrence of these earths, as well as their geognostic character. The analysis of the two kinds, which the author has obtained, renders it very probable that all similar substances belong to antediluvian deposits, some of which are very probably tripolitan, fresh water bioliths of infusoria, while others appear to be clay mixtures or real clays. (Letten.)

*A White Edible Earth of 1834, from China.*—The author obtained, in the year 1841, by Humboldt, from Paris, a sample of the edible white earth, sent to Paris by the French missionary in China. One of the two pieces measured two inches in diameter, the other one inch. It has a white colour, similar to chalk, but is as light as *Kieselguhr* or Meerschaum, is somewhat fatty to the touch, not soiling the fingers, but very brittle. The pieces having been broken in those directions which were indicated by a previous crack, some of the internal surfaces had a rusty colour, but only superficially. Acids caused no effervescence. According to the analysis, this earth is merely silicate of alumina, the peculiar lightness of which is striking. If heated, it assumes a gray colour. In fifteen samples no organic mixture could be discovered by microscopic examination, which latter shows also no similarity between this substance and Meerschaum; there is also an entire absence of magnesia. This earth has much resemblance to lithomarge-like Kaolin, but its lightness and the different form of the microscopic parts, admit no identity between them. Irregular, mostly globular bodies of various sizes, with soft obtuse outlines, compose the whole mass. Perhaps it is a deposit of a precipitate from hot siliceous waters.

From the blackish mould left in the impressions of the smoothly scraped natural surface, it is obvious that the fossil has not been taken out from the midst of rocks, but was dug out from a black mould. Analyses have shown eighteen different microscopic forms, which are enumerated in the 294th analyses of the microgeological researches of the author.

*B. Yellow Edible Earth from China.*—In the year 1847 the author obtained from one of the great geological collections in London a small sample of this earth, which from a gray passes almost into a sulphur-yellow. It resembles a very fine clay, does not soil the fingers, but is brittle, and shapeable when moistened. Acids produce no effervescence, and when heated it becomes first black, then somewhat reddish. Its microscopic elements are a rather coarse, double refracting, mostly quartz sand, surrounded by a somewhat finer mould. Intermixed are isolated, small green and white crystals, mica, and Phytolitharia, with now and then traces of Polygastric shells and silicious casts of stone kernels of Polythalamia. In ten analytical examinations were found fourteen forms: one Polygaster, nine Phytolitharia, one Polythalamium, and three crystals. The substance is therefore, according to this, a loamy or clayey substance. All the Phytolitharia contained in it are in a corroded porous state, just as they occur in antediluvian tertiary layers. The presence of Polythalamia, and in particular of *Textilaria globulosa* in a stratum, very likely of the interior continent, indicates chalk formations in the vicinity of the place, or at least in the aquatic district of the river. This appears to prove that the clay similar to the edible Tanah ambo in Java, which it very much resembles, is a tertiary fresh-water formation in the modern sense of geognosy, incumbent on chalk, or mixed with fragments of chalk. The forms occurring in it are:—

1. Polygastric: *Trachelomonas levis*.

2. Phytolitharia: *Lithodontium Bursa*, *L. nasutum*, *L. rostratum*, *Lithosphæridium irregulare*, *Lythostylium clavatum*, *L. leve*, *L. quadratum*, *L. rude*, *L. Trabecula*.

3. Polythalamia: *Textilaria globulosa*.

4. Inorganic forms: green crystalline prisms, white crystalline prisms, plates of mica.

The sum of the discovered species is eleven organic forms and three inorganic ones; among which are ten fresh-water formations and one marine formation, *Textilaria*.—*Pharm. Central Blatt* and *Phar. Jour.*

## ON THE IODIDE OF POTASSIUM IN SYPHILIS.

THE following remarks upon this subject are made by the Reviewer in the *British and Foreign Medico-Chirurgical Review*:—Dr. Williams was the real discoverer of this influence, perhaps the greatest therapeutical discovery of the age, after that of the anæsthetic effects of ether and chloroform. His paper was read at the College of Physicians in 1834, five years before Ricord began his experiments; and so far from giving it indiscriminately in all cases, he took the greatest pains to investigate its real powers, and pointed out where it was efficacious and where useless; not with hesitation, but with all the open candour of his nature. In his "Elements of Medicine," while showing the marvellous certainty of its action in rupia and the hard periosteal node, he showed that its power was much less in roseola, purpura, and ecthyma, but still it was better than mercury; while in lichen, lepra, psoriasis, and iritis, he proved, with equal clearness, that mercury, either locally or generally, had far more beneficial influence than the iodide. He pointed out the curious fact, that while the action of the iodide on hard periosteal node was as certain and evident as that of quinine in ague, when once suppuration had commenced, sarsaparilla was the remedy, the iodide being useless. In soft node and prurigo, he showed the true power of sarsaparilla; and in syphilitic angina and rupia, the invariably good effects of combining local mercurial applications with the internal administration of the iodide. We witnessed many of his experiments, and for the last twelve years have been guided by his results, without having ever had cause to regret it; and after tolerably extensive opportunities of treating secondary symptoms, the only modification we have learnt to make in his practice, is the occasional use of the proto-iodide of mercury in lichen and in some of the affections of ligaments and synovial membranes. We almost always give the dose recommended by Dr. Williams, eight grains three times a day in water or camphor mixture; and when using the proto-iodide of mercury, begin with one grain daily in divided doses, increasing gradually to three or four grains in the day, made into pills with liquorice, or with catechu, if it acts on the bowels. Opium appears to destroy its power altogether. We never saw any good done by giving a mercurial course before the iodide, as many recommend, but often much harm. On this point, and on the relative powers of iodide of potassium and mercury in syphilis, we would refer to a work in which the investigation has been made in the true spirit of science by Dr. Hassing of Copenhagen.

## RECOVERY FROM POISONING BY STRYCHNIA.

By J. COOPER FORSTER, M.B. Lond., F.R.C.S.

Very little apology is needed, I think, for troubling you with the following interesting case. I am indebted to Mr. W. C. Hills, house-surgeon to the Surrey Dispensary, who first saw the patient, for the main facts:—S. S., aged 52, a dissolute hypochondriac, with a constitution and intellect considerably damaged, was under my care with indolent ulcers on both legs; and on account of dyspeptic symptoms, from which he also suffered, I ordered him one-twelfth of a grain of strychnia, to be taken three times a day. For convenience and accuracy in dispensing, an acid solution of strychnia is kept at the Surrey Dispensary, in the proportion of one grain to an ounce of water, and this patient had an ounce and a half of that solution given him, a teaspoonful of which contained the dose required. From inattention to both verbal and printed instructions, on his return home he took rather more than an ounce of the medicine, which he had not swallowed above ten minutes when he became violently convulsed. On discovering his



mistake, he immediately took copious draughts of cold water ; but the convulsions increasing in severity, his friends became alarmed, and he was driven in a cab to an hospital, when, being refused admittance, he was again brought to the dispensary. An hour and a half had now elapsed since the poison was taken, during the whole of which time his attendant stated he had been violently convulsed. When Mr. Hills first saw him, he had trismus, with the upper and lower extremities completely rigid, and paroxysms of opisthotonos and emprosthotonos occurring alternately. A paroxysm now took place every six minutes, each one lasting about two minutes, and during the emprosthotonic condition he uttered a violent shriek. He had half a drachm of sulphate of zinc given immediately, and was sent home, and placed in a warm bed. I saw the patient with Mr. Hills about four hours after the poison had been taken, and found that he had been slightly emetized by the zinc, and had also been most violently purged. The tetanic rigidity still continued; the paroxysms were, however, less frequent; the patient could only lie on his back, and the slightest exertion brought on the convulsive attacks. The bladder also seemed to participate in the general contraction of the voluntary muscles, and expelled small quantities of urine, as fast apparently as it flowed into that viscus; the pupils were natural; the pulse small and irritable; and the whole frame was evidently much exhausted and enfeebled. He was now ordered frictions over the spine by means of soap liniment, which afforded him great relief, and half a drachm of the compound spirit of sulphuric ether in camphor mixture to be taken internally every four hours. During the night he continued to have involuntary twitchings of the limbs, which lasted also through the following day; on the second night they became more severe, but were only of a few hours' duration, and then entirely left him. He has since returned to his work in his usual health.

I find Dr. Taylor states, in his valuable work on poisons, that he has been informed of a case in which a grain of strychnia had been taken, vomiting had supervened, and the patient had recovered; but he does not authenticate it, and moreover states that half a grain proved fatal to Dr. Warner in fourteen minutes. From this a doubt naturally arises in one's mind, whether the strychnia in the present instance was of good quality, as a dose far beyond the average was swallowed, and in solution, which so much favours absorption; and yet the patient recovered. The extreme urgency of the symptoms, however, I think, sufficiently proves the genuineness of the drug; and I can therefore only attribute the favourable result to the large quantity of cold water swallowed, which appears to have acted as a powerful aperient, carrying the poison rapidly along the alimentary canal. With regard to the treatment adopted at the dispensary, it appeared the only course left to be pursued, as no antidote is known; and the result, I think, proves the value of the zinc administered, and justifies the supposition that this drug acted as a stimulus to the distended intestines to get rid of their contents, as almost immediately after the emetic was swallowed violent purging took place, with only very slight emesis.—*Lancet*.

**IODINE INJECTIONS IN ASCITES.**—Notices have from time to time appeared in the French journals upon the treatment of ascites by iodine injections, some of which we have transferred to our pages. The chief advocate of the practice is M. Boinet, who has published a long memoir on the subject (*Gazette Médicale*), the completion of which has recently appeared. In this concluding paper a *résumé* of his experience is given, from which it appears that he has performed the operation in thirteen cases, eleven of which were successful. No injurious consequences followed the injection in any instance, if we may believe the reports; and one injection was generally sufficient. The deductions with which the author concludes his memoir are these:—1. That various fluids may be injected into the peritoneum without danger, and with manifest benefit, in the treatment of ascites. 2. That, of these various fluids, the tincture of iodine is indisputably the best, of which an abstract is given in the *Archives Générales*.

## CASE OF EXCISION OF KNEE-JOINT.

By G. M. JONES, Esq., Surgeon to the Jersey Hospital.

SARAH HANSFORD, aged 25, was admitted into the Jersey Hospital on the 1st of January, 1851, on account of a disease in the knee. When nine years old she had an inflammation in the knee, arising, it is supposed, from exposure to cold. Since then it has scarcely ever been free from pain, and has always been considerably larger than the right one. The catamenia came on at 16, and has been regular since. In April, 1848, she was admitted into the Reading Hospital, and the report of her case from the books of that charity is as follows:—"Disease of left knee, involving synovial membrane, probably cartilage, and also ligamentous and cellular tissue; knee much enlarged; the slightest movement gives pain."

**Present appearance.**—The affected joint is very much enlarged, more particularly on the inner part; it is exquisitely tender on pressure; the swelling throughout is elastic and glossy, and the superficial veins very much enlarged. The knee presents, in an aggravated form, the appearance described by Mr. May. For the last few months she has suffered more in it than she had done before; she sleeps but little in consequence of frequent lancing pain, and this sleep is unrefreshing; she has scarcely any appetite; pulse ranges from 100 to 105; has lately perspired freely towards morning. States that she has become much thinner.

As there could not exist a doubt respecting the nature of the case, or that the disease was progressing rapidly, it was decided, in consultation, that, in consequence of the absence of any very formidable symptom, this was possibly a case in which excision of the joint might prove successful; and as the patient was willing to submit to any operation or treatment, save the removal of the limb, she cheerfully acceded to a proposal which her repugnance to losing her leg had in a great measure suggested.

On the 19th, one week after the cessation of the catamenia, the operation was performed (the patient being under the influence of chloroform) in presence of several of my medical friends, some of whom kindly assisted me on the occasion. The patient was so placed on the table as to allow the leg and the greater portion of the thigh to hang over it. As a very minute examination, together with the appearance of the knee, indicated that extreme disease existed, I made my lateral incisions midway below and above each side of the joint, about five inches in length, cutting at once down to the bone. These were united by a transverse one, carried across immediately over the centre of the patella. The flaps were then dissected backwards and forwards, and the patella, which was soft and spongy, removed; the surrounding soft parts of the femur were then cautiously detached as high up as disease appeared to exist, and the crucial and lateral ligaments were divided; this allowed the assistant who had charge of the leg at once to bend it backwards, while the other raised the thigh from below upwards. By this means considerable facility was afforded for clearing the posterior part of the femur of its different attachments. The joint thus exposed discovered the cartilaginous surfaces of both femur and tibia destroyed by ulceration, and a considerable portion of the osseous surfaces in a state of caries. There was pus external to the joint as well as in the joint itself. The removal of the diseased part of the femur was accomplished with the common amputating saw; a large portion of the head of the tibia was also taken off with the same instrument. The fibula was found sound; neither spatula nor retractor was used. The hæmorrhage was very trifling; no vessel required a ligature. The length of bone removed was four inches. The edges of the wound were now brought together with sutures and a few adhesive straps, the bones placed in juxta-position, cold-water dressings applied, and the limb secured in a modern apparatus (in some respects similar to Sir Astley Cooper's fracture-box). The whole of the operation occupied twenty minutes.

The patient returned to consciousness very soon after being placed in bed. The pulse was extremely feeble and correspondingly quick, extremities cold, and features somewhat attenuated. She evinced much surprise on finding that the operation was over. Warm flannel was applied to the hands and feet, and brandy and water given. The pain being excessive two hours after the operation, 50 drops of tinct. opii, in camphor julep were taken. She has experienced much nausea, and has vomited twice, evidently the effects of chloroform, as similar symptoms occurred three days before, when its effects were tested on her. Nine p.m.: Still suffers much pain, and is inclined to be restless, but not



to the same degree as before the anodyne. Has taken nearly a pint of strong beef-tea, with pepper in it. The anodyne (same quantity) to be repeated. Midnight: Has slept by snatches since the last visit; pulse 115, and weak; much less nausea. Beef-tea to be continued, and port wine and water to be taken occasionally. 20th, Mane: has slept about two hours, and altogether feels more comfortable. No heat whatever of the limb. Pulse 110, very feeble; tongue moist, but rather coated. No return of vomiting or nausea. A glass of port wine every three hours, each glass to be preceded by one ounce of quinine mixture equal to two grains per dose. Beef-tea *ad libitum*. Vespere: Pulse 106; feels comfortable; but little oozing from the wounds; some tenderness, but only on pressure; tongue moist. The affected leg and foot the same temperature as the other. The kidneys act freely.

Feb. 28th: To have continued a daily account of this case from the last report to the present time would have been a tedious recapitulation of almost the same appearances and symptoms, together with the same treatment as have already been noticed. For the first eleven days after the operation, there was not a single unfavourable symptom, not one to cause the least uneasiness for the patient's life; and since that time she has progressed satisfactorily—perfectly so, as far as her health is concerned, for it is now considerably better than it had been for many months, and favourably also as regards the appearance of the knee; the tumefaction naturally resulting from an operation of this nature has considerably subsided; there exists scarcely any cedema of the leg; and although the discharge is considerable, and evidently from sinuses both above and below the parts once forming the knee-joint, still it is of a healthy character. Pressure on the parts can now be borne with much less pain than formerly. The appetite has also improved. The bowels are constipated (as they have generally been); care, however, has been taken that they should be relieved every second or third day. The renal secretion continues natural. The same dressings to be continued, and also the same nutritious diet. Quinine and port wine as usual.

March 20th: Felt feverish during the night, and experienced several rigors. Complaints of throbbing pains rather better than midway down the thigh. Two openings in the fore part of the knee have been closed for the last few days, and the pain complained of evidently arises from pent-up discharge; in other respects everything is going on favourably; pulse is rather accelerated—90 (till now it has ranged from 76 to 84); some thirst; tongue clean, countenance cheerful; bowels as usual. Porter and quinine to be omitted; saline aperient to be taken immediately, and the hot-water dressing with oil-silk, &c., to be applied over the fore part of the thigh and transverse incision of the knee. 21st: Feels comfortable this morning, and slept tolerably well the latter part of the night. The aperient acted twice. Pulse 80. A considerable quantity of healthy pus has made its exit through the former openings. Tenderness of the thigh has almost altogether subsided. Has for the last week complained occasionally of pain in the back, arising most probably from the catamenia not having appeared. Hot-water dressing to be continued. Wine and porter as before. The quinine to be omitted, and 3j of mist ferri. com. to be taken twice a day. 31st: Health continues to improve; appetite very good. There is much less discharge from the knee; nights are very good; catamenia has not yet appeared. Diet as usual; medicine also.

April 10th: The catamenia came on yesterday. The appearance of the knee continues favourable: feels weak; pulse is, however, good, and everything connected with the digestive organs healthy. Omit medicine. Food of the most nutritious kind to be continued. 30th: The leg was taken out of the box to-day, and gutta percha splints, moulded to the shape of the knee, applied. The wounds have all healed with the exception of one place about the size of a sixpenny piece, situated at the upper part of the inner lateral incision; from this there still continues a discharge, but by no means considerable. Complete bony union has not taken place, as there exists some degree of flexion and extension; she can, however, without any other assistance than that given by the splints, raise the whole limb, and keep it raised for some time. Her health has wonderfully improved.

May 15th: Has been down into the open air every day since last report, and finds herself stronger than she has been for two or three years past. The small wound has not healed, but looks healthy; with the assistance of a crutch

and a high-heeled shoe she is able to walk very tolerably. 24th: Was able to walk across the room without any assistance, and, notwithstanding my persuasions to the contrary, at the instigation of her husband, she left the hospital. On July 17th she was re-admitted. During her absence she had had many hardships to contend with; the ill-usage of a drinking husband, the sole care of a family, and scanty provisions; which, together with the neglect of dressing the knee, and the being obliged to move about every hour of the day, necessarily produced considerable mischief; so that instead of the small healthy wound which existed when she left the hospital, and which, had she remained there, would, I feel convinced, have disappeared within a month, I had now the mortification of finding several small sores communicating with sinuses, and a considerable discharge flowing from them. Perfect rest was again enjoined, and this, together with nourishing food and malt liquor, gives me every hope that her imprudent step will have no worse result than that of retarding the cure. The knee, at present, is almost entirely healed, and again (with the assistance of a very ingenious frame made by a gunsmith of this place) she is able to walk with a stick; and I confidently expect that ere long she will do so without this adventitious help. She has not a single ailment, and is much stouter than she has ever been before.—*Med. Times and Gazette.*

### ON LIQUID VACCINE LYMPH.

By Mr. CHATTERLEY.

I enclose you two little tubes made of gutta percha, with stoppers of the same material, into which are inserted blades, one of glass, the other of ivory. By collecting the fresh lymph on either of these blades, and replacing it in the tube, it is confined in an air-tight vessel, very light (weighing only from twenty to thirty grains, being about two inches long, and a quarter of an inch internal diameter), quite inflexible, capable of retaining the lymph in a liquid and useful condition for at least three weeks or a month.

I will not here enter into the discussion of the question as to how long lymph may be kept in a liquid state without undergoing decomposition, but will say, that I have used it successfully after having been stored in these tubes for about four weeks. When intended for transmission to great distances, to ensure that they are hermetically sealed, the stopper and mouth of the tube may be warmed in the flame of a taper, and united while hot; they may afterwards be separated by passing a sharp or warm knife a little below the mouth of the tube; in ordinary cases, if the stopper becomes fixed, it may generally be easily removed by grasping it with the corner of a handkerchief, or with a small pair of flat pliers, using in each case a slight rotatory motion. I am about to try some steel points, instead of glass or ivory, so as to render but one instrument necessary.

Mr. Chatterley has obligingly forwarded to us two of the little stoppered tubes such as he has described, and they appear to have been ingeniously designed; but probably he is not aware that, a few years since, vaccine lymph was supplied from the Vaccination Hospital, Battle-bridge, in half-drachm or drachm stoppered bottles, the stopper forming within the bottle a sharp-pointed cone, on which a drop of the lymph was deposited. Two children in the parish of Clerkewell were vaccinated from lymph thus supplied. It was taken from a remarkably fine, healthy child, on the eighth day after vaccination. The two children were of the respective ages of six and two months. The arms of both children became highly inflamed, the wound on the arm of the eldest child sloughed, and the infant died on the fourteenth day after it was vaccinated. The other child survived; but abscesses formed in the axillæ, the elbow, and wrist joints, and other parts of its body. Both children having been so severely affected, and one having died, an inquest was held on the body before Mr. Wakley, and the case was minutely and thoroughly investigated. Mr. Marson, of the Vaccination Hospital, was present at the inquest, and the lymph that remained attached to the point of the cone was submitted to a microscopic examination by Mr. Wilson, who proved, at the inquest, that it had become completely decomposed, and quite unfit for use. It should be stated that the children thus affected by the lymph in question were vaccinated between thirty and forty hours after it had been taken from the arm of the healthy infant. At the conclusion of the inquiry, Mr. Marson stated that the practice of sending out lymph in a liquid state, and in such a manner as to admit of its decom-



position, would be immediately and henceforward discontinued at the Vaccination Hospital.—*Lancet*.

Since the foregoing was in print, we have received a second communication from Mr. Chatterley on the same subject:—

SIR,—Since I wrote to you there has been a discussion at the Epidemiological Society, in which I took a part, and a report of which you will most likely receive from the Secretary. I have now to request that, if you intend to publish the communication I have sent to you, you will add the following, either as a paragraph or a postscript, as you may deem most appropriate.

After a very mature consideration of the arguments with respect to the decomposition of vaccine lymph, chiefly induced by the observations of Mr. Marson, at the last meeting of the Epidemiological Society, I venture to suggest a method which, in conjunction with the tubes I have had the honour to submit to the Epidemiological Society and yourself, will, as far as chemical principles are concerned, necessarily prevent the possibility of decomposition.

It is this—simply to drop one or two minims of ordinary coal-tar naphtha into the tube previously to enclosing finally the liquid lymph, so that, the tube being filled with the vapour of this hydro-carbon, no oxygen shall be present, and no decomposition can take place. At present, of course, there is no practical proof of this: but it is my intention to put it immediately to the test, as far as my opportunities will allow; and I venture, speaking theoretically, to say, that I have no doubt that the result will be in accordance with the views I have felt bound to suggest.

#### ON COD-LIVER OIL.

By Dr. F. L. WINCKLER.

The constituents of genuine cod-liver oil, are, according to Dr. De Jongh's analysis:—

<i>Gaduin</i> ? (a so-called organic substance)	Bilifulvin
Oleic acid	Iodine, chlorine, and bromine
Margaric acid	Phosphoric acid
Glycerine	Sulphuric acid
Butyric acid	Phosphorus
Acetic acid	Lime
Fellinic acid	Magnesia
Cholic acid	Soda
Bilifellinic acid	

Hence, therefore, its composition would be quite analogous to that of the other fatty oils; but with the addition of small quantities of some of the constituent parts of the bile and also of iodine, bromine, and gaduin. But my own investigations have led me to regard cod-liver oil as an organic whole, of a peculiar chemical composition, differing from that of all other fatty oils hitherto employed as medicines. I prove this assertion by the following facts:

1. If genuine cod-liver oil from Berg (the light clear sort) be saponified with potash, and the thus obtained and purified soap be decomposed by tartaric acid, we obtain oleic and inorganic acid.

2. If a mixture, consisting of a solution of six parts of caustic potash, twenty-four parts of distilled water, and twenty-four parts of cod-liver oil, be left for several days standing at the ordinary temperature and frequently shaken, then diluted with twenty-four parts of distilled water, and distilled, the distillate possesses the most intense odour of cod-liver oil, and contains a considerable quantity of a peculiar organic compound: oxide of propyle.

3. If nine parts of cod-liver oil be saponified in a porcelain vessel, by five parts of oxide of lead in the water-bath, and the required quantity of distilled water added, the cod-liver oil is decomposed into oleic acid, an inorganic acid, and a new acid—namely, *propylic acid*. The greatest portion of this acid, as well as of the oleic and inorganic acids combine, as it appears with the oxide of lead, to form a basic compound. Another, very probably, acid salt of lead, can be extracted from the plaster-mass by washing it with distilled water. Not a trace of the hydrated oxide of glycercyle is formed on this occasion. The mass smells very disagreeably of train oil and herring, and if exposed in very thin layers in the water-bath, to the influence of atmospheric air, it assumes a dark-brown colour after the

water is evaporated, at the same time the disagreeable odour for the most part disappears.

This colourization is a consequence of the strong tendency of the propylates to become oxidized, and by this to become dark. If the solution of acid propylate of the oxide of lead be treated with sulphuretted hydrogen, and the sulphuret of lead be removed, we obtain a perfectly colourless solution, which has a strong acid reaction, becomes coloured by evaporation in the water-bath, loses the very disgusting odour of train oil, and at last leaves an intensely brown coloured residue. Exactly the same is the case with the watery solutions of the neutral propylates of baryta and ammonia. The perfectly neutral, colourless, but undecomposed solution of the ammoniacal salt smells of herrings, but that of the salt of lead smells like concentrated broth.

4. If a solution of cod-liver-oil-soap, prepared as stated in No. 3, be distilled in a suitable spacious distilling apparatus, with an addition of caustic lime and chloride of ammonium (in the proportion of six drachms hydrate of potash, three ounces of cod-liver oil, six ounces of water, six ounces of fresh burnt caustic lime, and one drachm of chloride of ammonium), with the precaution that the mixture of lime and chloride of ammonium be added to the soapy mixture previously introduced into the retort, so that the lime mixture be perfectly impregnated by the latter, the generation of hydrate of lime takes place upon the application of a slight charcoal-fire, with a rather strong heat; at the same time a colourless liquid, clear, like water, is distilled over, and this is a concentrated aqueous solution of propylamine, without free ammonia. The crystallized sulphate of propylamine is easily obtained from this solution by saturating it with diluted sulphuric acid, and precipitating the resulting salt with spirit of wine.

This very simple experiment is sufficient to prove with certainty the proportion of the oxide of propyle in cod-liver oil; the propylamine possesses all the properties of that obtained from the brine of herrings or from ergot of rye.

*Conclusion.*—Cod-liver oil, when saponified with potash, yields oleic and margaric acids, and oxide of propyle; with oxide of lead it forms oleic and margaric acids and a pure highly oxidized matter from propyle; namely, *propylic acid*. In neither case of saponification is the hydrated oxide of glycercyle obtained: the glycercyle is replaced in cod-liver oil by propyle. The generation of propylamine, on the addition of ammonia, takes place only in cod-liver oil, and in no other official fatty oil, and its place in the *Materia Medica* cannot, therefore, be supplied by any other oil.

It is not my intention to draw, from these investigations, any conclusion as to the medicinal efficacy of cod-liver oil. I am not a physician; but when we reflect that the fat assimilated by the animal organism serves chiefly as a material for the process of respiration, the possibility of cod-liver oil undergoing during this process a decomposition similar to that which it undergoes by the influence of alkalies, is very plausible; and when we further consider that in such a decomposition, by the presence of the conditions requisite for the formation of ammonia, which, indeed, are never wanting in the animal organism, the formation of propylamine is highly probable, it is not surprising why cod-liver oil alone should prove so advantageous in many diseases, even exclusive of the slight proportion of iodine; and I think myself justified in concluding that the efficacy of this oil depends chiefly upon the peculiar chemical composition which I have discovered; as propylamine, according to my experiments, is to be found also in the normal urine and sweat.

The importance of the small quantity of iodine contained in the oil I shall endeavour to determine by subsequent experiments; for the present, I shall only observe that both the oxide of propyle and the propylamine are chemically very closely related to iodine, the first forming with it a compound (iodide of propyle), similar to iodide of formyle (iodoform), which becomes very easily decomposed.—*Buchner's Neues Repertorium für Pharmacie und Phar. Jour.*



## REVIEWS AND NOTICES OF BOOKS.

**THE SPIROMETER, THE STETHOSCOPE, AND SCALE-BALANCE;** their Use in discriminating Diseases of the Chest, and their Value in Life Offices, &c. &c. By JOHN HUTCHINSON, M.D., Assistant-Physician to the Brompton Hospital for Consumption, &c. &c. London. 1852. 8vo. pp. 79.

DR. HUTCHINSON'S name is favourably known to the profession in connexion with the valuable invention for determining the capacity of the lungs, termed "The Spirometer;" and in the small volume now before us, he has given the results of above four thousand distinct observations made with this instrument upon subjects of every age, in disease as well as in health.

The object for which the spirometer is intended, we need scarcely inform our readers, is to measure the volume of air expired from the lungs; and the amount which the individual is capable of expiring after making as full an inspiration as possible, is termed the "vital capacity." The measure of this volume Dr. Hutchinson has found to be modified by the height of the individual, by his attitude, weight, age, and remarkably so by disease. With respect to height, "the vital capacity is the same (the author observes) in all men of the same stature, quite irrespective of the size of the chest; and as the height of men differs, the measurement of this volume differs, and that too in an arithmetical ratio. Thus a man of 5 feet 8 inches can breathe 230 cubic inches of air (at 60 deg. Fah.) at one expiration, and a man one inch taller, 238 cubic inches, by a similar effort. On the other hand, a man one inch shorter—namely, 5 feet 7 inches, can only breathe 222 cubic inches, being eight cubic inches less than the man of 5 feet 8 inches."

The vital capacity is influenced also by position, being greatest in the erect posture; and the author found that in his own person there was a difference of 40 cubic inches in two different positions. It is, however, in disease, particularly in thoracic disease, that the indications afforded by the spirometer are of the greatest value. Phthisis seriously diminishes the vital capacity. "This difference is not entirely due (the author observes) to the deposition of tubercular matter, for we have found that when this did not exceed a few grains, the vital capacity was deficient 47 cubic inches; yet, at the same time, it is true, that with an increasing deposition of solid matter, we have a diminishing vital capacity." From a table given in this place, the author shows that, whereas a man between 5 feet 7 inches and 5 feet 8 inches, when in health, breathes 230 cubic inches, in the first stage of consumption his vital capacity is only 154 cubic inches, and in the second stage 108 cubic inches. "We often find (Dr. Hutchinson observes) a deficiency of 33 per cent. when only those morbid stethoscopic sounds are heard which indicate the friction-sound of air in the tubes to be changed: as harsh or feeble respiration, instead of the soft vesicular murmur, which gives the healthy volume."

The author next describes the spirometer, and the manner of using it, accompanied by figures of the several forms of the instrument. In the second part, under the head "Stethoscope," Dr. Hutchinson gives a condensed account of the healthy and morbid sounds heard on auscultation of the lungs.

The last part is addressed to the medical referees of life assurance offices. "The knowledge required by a medical man in the 'life office' and in the consulting-room is very different (the author observes); in the consulting-room the patient is full of complaints, ready to acknowledge all the symptoms of disease which he may experience; but in the assurance office, generally, the applicant acknowledges no complaint, he wishes to appear free from all diseases. In the consulting-room no information is withheld; in the life office the tendency is to withhold, or keep back, certain information; and here it is for the medical officer to sift out and de-

tect the existence of any condition which may tend to shorten life."

"It is now a custom in life offices to furnish a printed form of questions to be filled up by their medical officer. Questions are all-important, and questions must be asked of the applicant; but too often there is a long and needless list given to the medical officer. We have seen such a paper contain 101 questions, terminating with another demand of the referee's 'private impression' of 'anything else to be suspected.'"

This is injurious to an office; no man likes to answer a number of personal questions; moreover, the manner in which they are answered, particularly by writing, is generally cursory and vague: the office, in reality, is not more safely guided by the mass of questions.

An assurance office should rest upon the judgment of their medical men, and not upon the long printed list of questions; if the former cannot be depended upon, neither may the latter. An applicant for assurance visits an office, and it is for the medical officer to sift out in the most delicate manner, is this a 'good life,' or is it not so.

Let our printed questions be few—to the point, and let each one be well considered; indeed, we are disposed to think that they may all resolve themselves into—

1. What is the family history?
2. What are the habits of life?
3. What is the height and weight?
4. What illnesses since childhood?

These few questions, when well examined and judiciously considered in all their bearings, are sufficient for the protection of a life office."

Each of these subjects of inquiry is then fully illustrated; and this part is accompanied by numerous statistical tables bearing upon the more important questions.

Dr. Hutchinson's little work contains within a small compass much useful information, indispensable to all who desire to make a practical use of the spirometer. The author has also thrown together some valuable hints for the benefit of the medical referees of life insurance offices; we should like to see this part of the subject continued and extended; no one seems to be more capable of doing it justice than the author, and we think he would confer a benefit upon all who are engaged in such inquiries if he would undertake the task.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JULY 21, 1852.

## PERSONAL DIFFERENCES OF MEDICAL MEN.

WE have already expressed our regret that our columns should be found to contain matter painful to the feelings of two respectable members of our profession, and have taken blame to ourselves for having inadvertently been, to some extent, the cause of the publicity given to the dispute. We have this day to lay before our readers two more letters on the subject (we hope the last), and to express a hope that we shall not again have to apologise for a similar error. Not that we are at all squeamish as to our notions touching the "freedom of THE PRESS," or as to the inviolability of the characters of the members of our body, but because comments on alleged infringement of rules of medical ethics should, if possible, be restricted to cases involving general interests only. Between the two gentlemen who have appealed to the profession through our columns, it is impossible for us to interpose, lest we should be considered to give a tacit sanction to some principle which we might not approve. When public men lay hold of public institutions, public measures, and public interests to gain their own private ends exclusively, we acknowledge no obligation to refrain from bringing them before the bar of public opinion personally and by name; but where the



question is of a more private nature, it is otherwise. In that case the parties concerned are the proper persons to handle the matter, and we have only to take care that they do not handle it too roughly. We have often in the course of our editorial labours been amused at the virtuous indignation expressed by some gentlemen and their friends when we have expressed our doubts as to the correctness of their views respecting public questions, and the justice of their acts in accordance with such views. They fall into towering gusts of rage when their "motives" are impugned, and denounce us in no measured terms for daring to suggest doubts which they themselves anticipate. Fortunately, however, we have discovered that our editorial excesses in this respect are not such an usurpation of authority as might be supposed, seeing that our brethren, in dealing with each other, often exceed the bounds which we assign to our remarks. Even the case before us, although we have expressed our regret as to its occurrence, will probably operate beneficially, by showing how such cases affect general interests, and how liable such are to arise if great caution be not adopted. So intense is the competition between members of our body, that differences amongst them must take place daily, and the great aim should be, to let them pass with as little aggravation as possible. One of the most successful and respected of Dublin Surgeons had a saying, by means of which he often succeeded in throwing oil on the troubled waters. When a junior complained to him of ill-treatment by a brother practitioner, and sought his counsel as to the best method of retaliation, his reply generally was, "do you want to go through the world like a skinned eel?" And so it is; for if any man feels all the rubs which he necessarily encounters, he will lead but a very uncomfortable life of it. We have heard of another equally successful Dublin Practitioner's method of comforting his own son when he told him how he had been accused of killing one of his patients. His observation was: "How often have you had credit for curing cases without the slightest claim to it? Put one item against the other." It is true that cases must occur which flesh and blood cannot tolerate, but they are not of frequent occurrence, and may be dealt with better in a quiet way. What would some of our thin-skinned folk think of a competitor, or of his adherents or followers, who make it a practice to circulate reports leading to the conclusion that men are incapable of practising from age and infirmities, or that they had retired, or left the country? Yet such are found; and not only so, but applauded for their cleverness. The truth is, many simple members of our body have yet to learn that there is more of leave and licence amongst us to talk and act than is generally supposed:—

#### TO THE EDITOR OF THE MEDICAL PRESS.

MY DEAR SIR,—I beg leave to preface this communication by one or two explanatory observations. In the first place, I am perfectly sensible how little the professional public care for Dr. Lynn's and my private differences, and painfully conscious that we most unjustifiably occupy your valuable space, and cover ourselves with deserved ridicule by giving expression to them in the PRESS; secondly, your readers will be good enough to observe, that Dr. Lynn, having left his unfortunate case to speak for itself, has taken refuge in pitiful personalities, in which, for the first time in my life, I find myself accused of want of taste, want of temper, and want of truth—a climax of accusation more than sufficient to justify this rejoinder, and that on him consequently rests the entire blame of this prolonged trial of your and their patience. Without further preface, I shall give you the plain unvarnished history of the apology referred to, and of which Dr. Lynn's

last most extraordinary production furnishes such a meagre outline and such a distorted version.

On Wednesday, the 9th of June, I was called upon by Dr. McMunn, the lately appointed governor of our District Lunatic Asylum, a gentleman with whom I have been for fourteen years on terms of intimacy, and latterly of cordial friendship, to know had I stated that "Mr. Harrison was dying of consumption, and that he (Dr. McMunn) had been *killing him*." "Who is your informant?" I replied. "Dr. Lynn," was the rejoinder. I immediately sat down, and wrote the following letter:—

(No. 1.)

"Sligo, June 9, 1852.

Dr. Little presents his compliments to Dr. Lynn, and requests that he will be good enough to furnish Dr. Little with the name of his informant, 'that Dr. Little had stated that Mr. Harrison was dying of consumption, and that Dr. McMunn had ill-treated him:' the utmost publicity will be given to this scandalous fabrication, its source, and Mr. Harrison's emphatic denial of it, if a distinct and satisfactory explanation is not at once afforded."

This is the letter which Dr. Lynn designates as "very intemperate." Compare it with the provocation received, and I think any right-minded person will call it far too mild and forbearing. To this the following gentlemanly reply was sent in the course of the day:—

(No. 2.)

"'Dying of consumption' was not a part of the statement. For what Dr. Lynn did state, Mrs. Vernon Davys was his authority, Mr. Harrison having to Mr. Vernon Davys so expressed himself on the preceding evening: Dr. Lynn thought it right to mention the circumstance to Dr. McMunn as to a professional brother."

On this tasteful, well-tempered, and truthful production, I have to remark, that the very words used to Dr. McMunn, and subsequently, *but with much difficulty*, admitted by Dr. Lynn when pressed by Dr. McMunn, were, that I had stated Mr. Harrison "was dying of consumption, and that Dr. McMunn was killing him." From Mrs. Vernon Davys' letter of explanation, a copy of which I possess, and which was referred to at the arbitration, also from Mr. Harrison's letter of emphatic denial, which I hold, and which is equally public, and from a long personal interview with Mr. Vernon Davys, it appears that Dr. Lynn had not the shadow of a shade of a warrant for this strong language, and in fact that it was a mere piece of malicious invention. The spirit in which the communication was made to Dr. McMunn is best shown by the extraordinary fact, that on receiving my first letter he followed Dr. McMunn to the workhouse, and asked him "reproachfully (this is Dr. McMunn's own term) why did you tell Dr. Little the purport of my communication to you this morning?"

Naturally irritated by such a reply, I wrote the following, which I joyfully embrace this opportunity of making public:—

(No. 3.)

"Sligo, June 10, 1852.

SIR,—I received your attempt at an explanation yesterday on my way to Tubbercurry, from whence I have but just returned. As on more than one former occasion, it far from improves your position; and, as usual, endeavours to avoid the truth by mere verbal objections to an unimportant part of my charge. If you consider it upright professional conduct to pick up an uninvestigated slander of one medical man, and repeat it mischievously to another, with the design of creating ill-will and mistrust between known friends, you are peculiar in your notions of medical ethics, and I am happy to think will not find one gentleman in the profession to agree with you. I send a copy of Mr. Harrison's emphatic denial of the observations attributed to him; with Mrs. Vernon Davys I have nothing to do, nor is it my intention to take the least trouble to endeavour to reconcile the discrepancy between her version of the story, Mr. Harrison's, and yours. The only course to adopt with this unmanly system of 'stabbing in the dark,' is full and complete exposure. If, therefore, in the course of the day I am not furnished with a full and satisfactory written apology or expression of regret for the prominent part you have taken in the repetition of this cowardly and malignant falsehood, I shall lay the whole matter before the public, and in particular before every friendly brother in the county, with such comment on this and other parts of your conduct as I shall see fit.—I am your obedient

WILLIAM S. LITTLE."

After two or three days vainly spent by my friends and his own in endeavouring to point out to Dr. Lynn the propriety



and necessity of his apologising, I consented (for the proposal came from Dr. Lynn, though he so absurdly attributes it to me, when every one of the arbitrators can state the contrary) to an arbitration, when the matter was, as we all imagined, arranged by the following letters; my friends reserving for me full liberty to make what use I pleased of them, though Dr. Lynn states, in *italics*, that an understanding was entered into that the subject should "never again be alluded to by either of us," which I most emphatically deny, and defy him to substantiate by any evidence whatever:—

(No. 4.)

"Sligo, June 14, 1852.

SIR,—I beg to express my regret that you did not consider my reply to yours of the 9th satisfactory or courteous. It was not intended by me to give offence.—Yours obediently,

(For)

ROBERT LYNN.  
FRANCIS Y. GILBERT.  
THOMAS YEATES."

To Dr. Little.

(No. 5.)

"Sligo, June 14.

SIR,—In reply to yours of this date, I have to express my regret for having written to you my letter of the 10th inst. It was written under feelings of excitement, after having received yours of the 9th, and I now beg to withdraw it.

(For)

WILLIAM S. LITTLE.  
NOBLETT R. ST. LEGER.  
HENRY GRIFFITH."

(No. 6.)

"Sligo, June 14, 1852.

SIR,—Having read a letter from Mr. Harrison not bearing out the truth of a statement I made to Dr. McMunn respecting you, in reference to his treatment of Mr. Harrison, I have no hesitation in expressing my regret for having mentioned to Dr. McMunn what (before Mr. Harrison's letter of denial) I believed to have been true.—I have the honour to be, sir,

(For)

ROBERT LYNN.  
FRANCIS Y. GILBERT.  
THOMAS YEATES."

You will be good enough to observe, in reference to the foregoing correspondence, that the letters marked Nos. 4 and 5, are entirely extrinsic of the original matter in dispute, and as far as it is concerned, are of no manner of importance. With what taste, temper, and truth Dr. Lynn has presumed to send you those two, and to remain entirely silent on the subject of No. 6, I leave you candidly to determine.

Dr. Lynn has stated that a proposition was made by him, and he *believes* conveyed to me, that I should see his case. Will Dr. Lynn be good enough to state when or to whom such a proposition was made, as I solemnly protest this is the first I ever heard of it; but in point of fact, Dr. Lynn's entire letter is such a tissue of prevarications and *suppressiones veri*, that there is hardly one line of it which does not more or less commit him grievously in the very respects in which he has asserted me to be so deficient. Had he made such a proposal, I should in courtesy have acceded to it, not in order to be convinced that wrong was right, or black white, but as an opportunity afforded me for the inspection of such a surgical curiosity, as the officer who carried about in his brain for two years the breech of a double-barrelled fowling-piece, and others of a similar kind.

Upon reading Dr. Lynn's last letter, I immediately put myself in communication with my professional friends in the towns selected by Dr. Lynn as the imaginary theatres of my many professional squabbles. I have as yet only had time to receive (through cross posts) one most satisfactory reply. When they arrive, I must, in justice to myself, demand their publication in the Press after the next. I repeat, in the most emphatic manner, that I never, in the whole course of my existence, had one word of dissension with a medical gentleman anywhere on a professional subject.

For my friendly, and more than friendly relations with every gentleman in this county (with the single exception of Dr. Lynn himself), I refer to the following respected names, as those alone with whom I have had the slightest degree of professional connexion, in the way of consultation or otherwise—namely, Drs. Carter, Homan, O'Ferrall, McMunn, Wood, Kelly, Armstrong (sen. and jun.), Lougheed (sen. and jun.), Hamilton, Powell, Vernon, Allingham, and Johnstone. To each and every of these gentlemen, I refer with the utmost confidence that I shall be more than borne out by them.

What, then, I ask, is the object, where the foundation of these libellous aspersions on my character? Where are the temper, taste, and truth of the man who rushes into print with only such crude, and clumsy, and laughable fabrications in reply to what? A simple critique upon his practice! What on earth does he ~~mean~~ by summoning the MEDICAL PRESS

and the public papers as part of his evidence? The only correspondence of mine in the Press, or any professional periodical not strictly *medical* (save this), was my correspondence with the vice-guardians of Tuam and the poor-law commissioners, for which I received letter after letter of congratulation and compliment from over fifty men of the profession in various parts of Ireland; and the only matter in the public papers was a series of four letters between myself and Dr. Waters of Birr (whom I have never seen in my life but once, twenty-three years ago, when we were fellow apprentices of the late Mr. Carmichael), on the subject of the Medical Charities Act, and I have yet to learn that a controversy on the policy of an act of parliament is to be tortured into a private quarrel.

Dr. Lynn is perfectly welcome to quote my private and confidential letters, obtained under false pretences, from a third person. I should not care if any such were posted on the courthouse doors.—I am, dear sir, yours faithfully,

WM. S. LITTLE.

Sligo, July 10, 1852.

A few days before the receipt of the above, we received the following from Dr. LYNN, and in compliance with his request we append it:—

TO THE EDITOR OF THE MEDICAL PRESS.

MY DEAR SIR,—I trust the Sligo correspondence will now be at an end. If, however, there is any more of it, I must, in the first place, beg of you to correct one or two errata in my letters. The word "him" alters the force of the letter dictated for Dr. Little; the sentence should be—"one for Dr. Little, expressing regret for his letter of the 10th, as written under feelings of excitement, &c., and begging to withdraw it." The word "humble" instead of "desirable" enjoyment, is not worth alluding to.—I am, very sincerely, yours,

ROBERT LYNN.

## DIRECTIONS FOR THE ARBITRATION.

In the first place, to read the letters and statement connected with Captain Moriarty's case. The intemperate attack on me for doing what any medical man under the circumstances should do—namely, when accidentally within a few yards of the house, and hearing that Captain Moriarty was still alive (Captain Moriarty was my patient: Dr. Little had been feed'd and dismissed), four hours after he was reported dead, calling in. Even after finding out his error from Mrs. Moriarty herself, Dr. Little refused any apology to me in a letter still more violent, &c.

2. The letters or the extracts referring to Lady A.—. This, the turning point of any subsequent want of courtesy on my part, must come out. Is Dr. Little prepared to apologise for that "stabbing in the dark?" His own words. I could have looked on all connected with Captain Moriarty as arising from mistake, or as an exhibition of temper, &c., and made allowance for it.

It will not do to say it was marked "private;" that would be still more "stabbing in the dark," and will not justify the circulation of such falsehoods. Dr. Homan (for I showed the letters to some members of the profession) will bear testimony that the extracts are according to what he saw in the original; he might be asked his opinion of them. Even if the statements were true, there can be but one opinion among medical men.

3. His uncalled for attack on me in the MEDICAL PRESS. Was it gentlemanlike, or in good taste, to hostilely criticise the treatment of one on such terms with him as I have been since Captain Moriarty's affair? What had he to do with it? Had he seen it? was it to reëxcite all the angry feelings again, or was it simply because he was not called in? Had it not been for that case I would not have seen Dr. McMunn or made any communication to him that day; but what, after all, did it amount to? Simply to this. That having heard a report disparaging to a medical brother, I mentioned it to him as a *privileged communication from one medical man to another*, and thus gave him an opportunity of clearing himself. The statement made to me, on investigation proved to be incorrect; but when applied to for my authority I gave it up. I regret I did not do so with more courtesy, and expressed my regret for having mentioned to Dr. McMunn what proved on investigation to be untrue. Dr. McMunn had acted with similar kindness to me, when a few hours after Dr. Little had seen the late Mr. Christian with me, Dr. Little's friends were circulating the report that I had mistaken his complaint, and that Dr. Little had discovered what



had escaped Dublin doctors and all! Dr. McMunn very properly put me on my guard. I have never had the slightest misunderstanding with any other medical man in our professional attendances; but we have always cordially and in good faith united for the benefit of our patients, not fearing that our motives for a kindness should be misconstrued, &c. Dr. Little had differences with Drs. K., H., and McM. It is painful to bring in the names of other medical men, but in self-defence and a private investigation; nor have I quarrelled with private individuals. Finally, I am willing that Dr. Little and I should both pledge ourselves never to mention each other's names, on paper or otherwise, except to a medical man, and that as seldom as possible; secondly, to salute each other in the streets, that the public may know nothing of professional differences; thirdly, I think we owe it to the public not to decline meeting in consultation, and advising to the best of our abilities for the benefit of the patients. If Dr. Little desires more than this, he must first get me out of the difficulty about answering his criticisms on my case, for I must begin by denying on the part of my medical brethren and my own, that the "great majority of such cases, whether in or out of the infirmary, pass through his hands." I will, with Dr. Homan who saw the case, explain more clearly than I did in my report, and I will call with him on the patient, and Dr. Little can then say, "that having heard more particulars he is satisfied the treatment was justified." He should also express regret for some older matters, and for the violent language he used in his letters, sufficient to prevent explanations when called for. Captain Moriarty's case could in the simplest way have been explained, if explanation had been kindly asked for. What need is there to speak in one's family on medical matters or medical differences? Mrs. Lynn did not know of Dr. Little's Moriarty-quarrel with me for months after, or know that Miss L. and I did not speak for a year and a half; and she would not have known of this last unpleasant affair only for Mr. St. Leger's calls at my house, coupled with my anxiety of mind at the trouble and vexation I have been the cause of in the family of Mr. Davys.

ROBERT LYNN.

*Extracts from Letter referred to No. 2.*—"During my father's illness, Dr. Lynn attended her once in a miscarriage also, when he suffered a second foetus to remain in-utero for thirty-six hours; knowing nothing about its existence, and having taken no steps to ascertain it, till after an almost fatal hæmorrhage it was expelled by the natural uterine efforts. During this period he was walking about the room in a state of distraction, wringing his hands, and crying out that he would give a thousand pounds that Dr. Little (the elder) was in attendance." If this has to come before the public, what will the "conscript fathers" think? In a subsequent miscarriage the lady was attended by Dr. Little, and died. On that occasion Dr. Little told me he would give a hundred pounds he had never come to Sligo.

I have had a very extensive midwifery practice in Sligo (not, however, in the proportion of 99 to 1), and never lost a midwifery patient (to whom I had been previously engaged), otherwise such a falsehood (which was circulated to my prejudice in Dublin, Mayo, Leitrim, &c., but which I never expected to see under his handwriting) would have done me serious injury. What courtesy did I owe him after that letter coming to my knowledge?

### OBSCENE ADVERTISING.

We have not for a long time been directing the attention of our readers to this lamentable chapter in the history of the present generation, hereafter to be written, because we found the effort to divert the reproach hopeless and useless. Then, these disgusting evidences of the moral and religious tone of mind of society, as it now exists, must serve to justify the sentence of the historian. How many parents will respond to this appeal? how many will forbid the perusal by their children of beastly allusions to "the secret infirmities of youth," "the physiology and functions of marriage," "the treatment of spermatorrhœa," "generative debility," "excessive indulgence," and "preventive lotions?" How many will throw the newspaper in the fire when a little daughter inquires: "Pa, what is *fluor albus*, or falling of the womb, or syphilis, or stricture, or urino-genital disease?" all which she finds set forth

on the scrap with which she curls her hair. Here, however, is the appeal to which we allude, cut from the columns of the *Times* newspaper:—

I am the rector of a rural parish—the father of a family. I am one of those who have acknowledged in many ways the value I set on those periodical publications which have appeared of late years, conveying instruction while they afford amusement. For my present purpose, I particularize the *Household Words*, edited by Mr. Dickens—a work I have ever felt to be a great acquisition where there are young people in a family. With scarce a glance at its "contents," I had hitherto no fear in handing it over to the perusal of my own daughters. Conceive then my disgust when, having just taken up the last number of that periodical, on proceeding to cut the leaves, I found the printed slip I enclose placed artfully between them. With some experience of the world, I can truly say it never was my ill-fortune to see anything more morally filthy, more grossly indecent, put into print. To make the matter worse, it professes only to give to you the subject-matter of a work, to be had by post for two shillings, which work is to give, in Latin and English, all the foul detail of which this advertisement is only a synopsis. I applied at once to my bookseller—a most respectable man—to know how this detestable thing got where I found it. He tells me it is placed in many of those periodicals in London, and he has ever torn it up when he could discover it. How are fathers of families to be guarded from this evil? And the worst of it is, that it is clear that the thing itself is the offspring of what, forsooth, is called a religious movement; as such, we may yet see such things placed in the leaves of the Bibles we may order to give away. I can only hope now, by your permission, to warn fathers and mothers of families, that they may take what steps they can in the matter. We can watch our books, or leave them off; I see not what else we can do. But I entreat of you to use your all-powerful voice to check this disgusting practice. I enclose to you the identical slip of printed paper of which I have spoken, and other proofs in the matter: they will speak for themselves. [The printed slip referred to has been forwarded to us by our correspondent, and we can bear witness to its being most filthy and indecent.—*Ed. Times.*]

Since the above was put in print, we have found that the "filthy and indecent" slip alluded to was not one of the obscene medical advertisements, but something just as bad. So we leave the matter as it stands, allowing those whom the cap may fit to wear it.

### MEDICO-LEGAL COLLOQUY.

MEDICAL CERTIFICATES AND EVIDENCE.—Rachel Evans was brought before Alderman Farebrother, at Guildhall, charged with cutting and wounding Sarah Cook, with intent to do her some grievous bodily harm. It appeared that the complainant and the prisoner were quarrelling, when the latter struck the former on the forehead with some sharp instrument, which she thought was a knife, and inflicted a wound over the left eye. She was taken to the hospital, where her head was dressed and strapped up. A certificate from the house-surgeon of St. Bartholomew's Hospital was here put in, stating that "Sarah Cook was admitted, suffering from a lacerated scalp wound." Alderman Farebrother—Take this certificate back to the surgeon, and tell him he must attend himself, or write something that is intelligible; we know as well as he does that the woman is suffering from a lacerated wound in the scalp. Take a summons, officer, and if the surgeon refuses to come, bring him with you. In a few minutes the surgeon arrived. Alderman Farebrother (to the surgeon)—We could save you a deal of trouble by dispensing with your services if you would only send us an intelligible certificate. Surgeon—I thought it unnecessary to state anything else on the certificate, knowing you could judge of the nature of the wound from the appearance of it. Alderman Farebrother—That may be very true; but the information we require for our satisfaction is, as to the kind of wound, what weapon it was probably inflicted with, and if it was likely to be attended with any dangerous results. Surgeon—It shall be done so for the future, sir; with regard to the wound received by the complainant, I should say it was not inflicted with a knife or any sharp instrument. Alderman Farebrother—Then it is your opinion that the wound might have been caused by a water-pail, as stated by the prisoner. Surgeon—Certainly, sir. Alderman Farebrother—I regret



being obliged to trouble you, but you have brought it on yourself, and I hope I may not have to send for you again. [Though the remarks of the magistrate in this case may appear hypercritical, it cannot be too strongly impressed upon the minds of our brethren, particularly the junior members of the profession, to use no technical language in certificates, or in giving evidence. The language should be plain, clear, and explanatory. The medical witness is called upon for his opinion of the nature of the probable consequence of the injury, and he must not leave the appearance to be judged of by those sitting to administer justice.—*Ed. Lancet.*]

### ON THE MERITS AND DEMERITS OF THE OVARIAN SECTION.

THE following are the conclusions which the "British and Foreign Medico-Chirurgical" Reviewer arrives at after a careful consideration of the whole of the cases bearing upon this point, although they must only be considered on the whole as approximations to truth:—

1st. That in any case in which it is considered advisable to remove an ovarian tumour, it is justifiable to make a small preliminary incision into the abdomen, for the purpose of determining whether the tumour be adherent or not.

2nd. If the tumour be adherent, the incision is to be immediately closed entirely, or to such an extent as merely to leave an aperture the size of that made by an ordinary trocar, and we may then expect that this operation will not, on the average, be followed by much more fatal results than common tapping.

3rd. That where the tumour consists of a simple cyst or cysts, with but small solid deposit, it may be extirpated with as good a chance of success as attends the performance of the more serious surgical operations, and with the further prospect of the cure remaining permanent.

4th. The existence of much solid deposit, or of extensive adhesions, absolutely forbids the operation, which should be brought to a termination immediately on the discovery of either.

Finally, we may add our belief, that the plan proposed by Mr. Wilson, of tying each bleeding vessel separately, so as to dispense with the ligature round the pedicle, is an important improvement; and that, if experience show that it is sufficient for the cure of the disease to remove only a part of the cyst, the operation will be rendered considerably more hopeful.—*Brit. and For. Med. Rev.*

### ON DISLOCATION OF THE THUMB.

M. Roux's method of reduction.—M. Demarquay has published in the *Bulletin de Thérapeutique*, certain experiments of his which were undertaken to ascertain the actual state of parts in luxation of the thumb. The case which directed M. Demarquay's attention to the subject, is the following:—

A lady, in leaving her carriage, fell upon the pavement with outstretched arms, and a dislocation of the thumb ensued. M. Demarquay thus describes the state of the parts:—The thumb was forced backwards, and formed an obtuse angle with the corresponding metacarpal bone, whose phalangeal articulation projected under the muscles of the thumb. The ungual phalanx was flexed, and all movements of further flexion or extension were impossible. M. Demarquay used all known means of reduction without success, and M. Roux was called in previous to muscular secretion. The latter surgeon used the same tractions as had before been done; but before flexing the thumb he rotated it inwards, whilst he made forcible flexion, and reduction was thus obtained.

M. Demarquay was struck with this result; he made several experiments on the subject, and found that in a complete luxation of the thumb backwards, the following changes take place:—The metacarpal extremity of the first phalanx comes to rest on the posterior portion of the articular surface of the first metacarpal bone; and the phalangeal extremity of the latter projects under the skin, after having passed through the two portions of the flexor brevis pollicis, the external portion being frequently torn. This phalangeal extremity of the first metacarpal bone is thus caught in a loop formed externally by the outer part of the flexor brevis and the adductor, and internally by the inner portion of the flexor brevis, the adductor pollicis, and the strong tendon of the flexor longus pollicis. That these are really the phenomena which take place has been ascertained by the experiments of Messrs. Pailloux, Vidal, Malgaigne, Lisfranc, and Laurie.

Inspections of individuals who have died with this luxation, have shown besides that the anterior ligament is always ruptured close to the metacarpal bone, and that it is carried along with the posterior portion of the luxated first phalanx. As in the above-mentioned experiments both lateral ligaments, or at least the external, were always ruptured, the theory of Dupuytren and Rey falls to the ground. If then the difficulty of reduction cannot be ascribed to the persistence of the lateral ligaments, nor to the force of the anterior ligament, the main obstacle must lie in the muscular loop, which is slung round the head of the metacarpal bone.

In summing up, M. Demarquay gives the following rules: 1st: To use a sufficient amount of traction (with Charrière's forceps) on the luxated bone, in the direction of the axis of the thumb. 2nd: To push back with the operator's thumb, or left index-finger, the head of the metacarpal bone, and keep it quite steady, so that when flexion is made, the head may not be thrust further into the palm of the hand. 3rd: When extension is carried to a sufficient extent, rotation either towards the outer or inner side should be made, so that the head of the metacarpal bone may be freed from the muscular loop which is keeping it strangulated. This being done, the traction should be continued until the posterior part of the first phalanx has reached the level of the head of the metacarpal bone. Flexion is then to be made, whilst at the same time the left thumb of the operator forces backwards the displaced part of the first metacarpal bone.—*Lancet.*

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DR. J. F. DUNCAN, Treasurer, acknowledges with thanks the receipt of the following sums since the Report was printed:—

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19, Gardiner's-place, July 19, 1852.			

### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July 4th,	74	59	29.950	
Monday,	5th,	82	53	29.950	
Tuesday,	6th,	76	61	30.064	
Wednesday,	7th,	77	59	30.168	
Thursday,	8th,	85	58.5	30.200	
Friday,	9th,	82	59	30.050	
Saturday,	10th,	81	54.5	30.280	
Sunday,	11th,	76	53	30.250	
Monday,	12th,	80	63	30.120	
Tuesday,	13th,	82	65.5	30.050	
Wednesday,	14th,	79	63	30.000	.030
Thursday,	15th,	81	63.5	29.916	.040
Friday,	16th,	75	60	29.916	
Saturday,	17th,	72	60	29.750	

### PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
July 4th,	70	52	29.604	69.7	63.2	59.1	.004	SSW
5th,	76.5	60	29.612	68.3	60.1	54.2		SW
6th,	75	56	29.758	64.7	57.5	52		NW
7th,	71	51	29.848	63.8	56.4	50.5		NW
8th,	72.5	51.5	29.882	69.5	63.2	59.2		Calm
9th,	77.5	52	29.700	66.2	61.1	57.7		SW
10th,	76	50	29.748	67.1	61.7	58.2		SW
11th,	77	49	29.728	66.2	60.4	56.5		WSW
12th,	78	51.5	29.746	68.3	62.7	59.1		WSW
13th,	78	53	29.728	68.1	63.5	60.7		W
14th,	77	45	29.696	65.4	61	58	.328	SW
15th,	71	59	29.594	69.1	63.2	59.5	.022	S
16th,	72.5	47	29.606	66	60.5	56.7	.014	SSE
17th,	69.5	56	29.468	67.1	63	60.5	.136	SSW

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- On the Pathology of Inflammation and Fever. By H. Freke, A.B., M.B., M.R.I.A.—  
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## ORIGINAL COMMUNICATIONS.

### THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. FREKE, A.B., M.B., M.R.I.A.

(Continued from page 391, Vol. XXVII.)

(The Function of Nerves continued.)

In my last communication I was desirous of attempting to investigate as a general question (that is, applicable to all varieties of nerves indiscriminately) the following, as I regard it, not unimportant inquiry—viz., "What is the nature of the specific physiological function of nerves?" I say nature of that function, inasmuch as such (in conformance with the plan or arrangement laid down for the present inquiry) constitutes the first question proposed for investigation in relation to the function of nerves.

Before proceeding to the consideration of the second division of the inquiry directly before us—namely, the second question proposed for investigation in relation to "the function of nerves;" that is, in other words, before attempting to inquire into—2ndly, "the provision or arrangement which has been adopted by Nature whereby nerves shall be caused (in a normal or natural manner) to discharge or develop that function;" before, in a word, searching for the several varieties of specific stimuli provided by Nature for the several varieties of nerves in existence, it will, as I regard it, be desirable (for perspicuity, and that my subsequent observations may with facility be intelligible to all) to occupy a moment of the reader's attention with one or two well-established general facts in relation to the anatomic construction of nerves. It will, in other words, be conducive, as I regard it, to perspicuity and clearness, briefly to lay distinctly before the view of the reader one or two facts which have been well established, and are generally recognized, in relation to the several distinct component parts (and their functions respectively) which, upon an

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anatomic examination of the nervous system of man, are invariably found as constituents of his nerves.\* I have been led to regard it as desirable, in this place, to direct the reader's attention to these facts, from a feeling that is of moment to the general inquiry at present before us, and to a clear recognition of the full bearing of my subsequent observations, that he should keep distinctly and clearly before his mind that general plan or arrangement adopted by Nature in the anatomic construction of human nerves, to which I am now about to recal his attention.

A nerve (as the reader is already aware) is composed anatomically of two distinct parts. In other words, each nerve may be divided (as regards its first or primary anatomic division) into two component or constituent parts essentially distinct in the nature of their anatomic construction.† To the one of these parts (from the peculiar vesicular nature of its construction) anatomists have given

\* The reader will please to bear distinctly in mind that, throughout these observations, I refer exclusively to the nervous system of man, without any reference whatever to such modifications in the general anatomic arrangement of nerves as may be found in some of the lower orders of animals. It is (as the reader is doubtless already aware) the opinion of some physiologists that, in certain of the lower tribes of animals (in which anatomists have yet been unable to demonstrate the existence of nerves), that nervous matter exists, "diffused," in some way, through the other tissues of which such animals are composed. Upon (what to me might appear to be) the probability or otherwise of such being the fact, I here express no opinion whatever, but confine my observations, for the present, exclusively to the plan or arrangement which we see to have been adopted by Nature in the anatomy of the nervous system of man.

† I have used the words "first or primary" anatomic division in the above paragraph, inasmuch as I do not consider it necessary at present to occupy the reader's attention with inquiries into the ultimate or minute anatomic composition of nerves; that is, in other words, it not being essential, as I regard it, to a clear exposition of the question before us, to investigate how far the ganglionic and the fibrous portion of a nerve may, either or both, admit anatomically of being subdivided into different structures, I have not considered it desirable at present to contemplate such question.



the name of the vesicular or *ganglionic* portion of that nerve. The other (from the nature of *its* constitution) has been designated the *fibrous* portion of such nerve. These two parts in conjunction (*viz.*, "*ganglionic*" and "*fibrous*") constitute what we understand by "*a nerve*." Now, this natural division of one and the same individual nerve into two anatomically different parts, implies that *each* part has some duty to perform which is *peculiar* to itself; that is to say, in other words, this distinction in construction implies distinction in function. We are hence called upon to inquire into the nature of this latter distinction, or (which amounts to the same thing) we are led to ask, What is the nature of the *relation* in which these two distinct parts of a nerve stand towards each other? In other words, a recognition of Nature's division of a nerve into two distinct parts at once suggests the following question—*viz.*, What is the *special* part performed by *each* individual portion of a nerve while contributing *its share* to the *general* function of that nerve? This question has received a satisfactory reply, with the contemplation of which I would now, for a moment, occupy the reader's attention; and first, as to the "*ganglia*" of nerves.

The ganglionic portion of a nerve (as the reader is already aware) is that wherein is originated or developed, or (if the term "*generation*" so employed be not regarded as inappropriate) wherein is *generated* that agency or principle (whatever it be, or whatever be its nature) to which physiologists have given the several names—*nervous "influence," "agency," "principle," "force," &c.* It matters, as I regard it, but little (provided always we connect *no hypothesis* with the expression we employ) which term we select to express simply this—*viz.*, the *unknown cause* of recognized results. That to *generate* or *develop* such nervous "*influence*" or "*force*" is the special duty or function of the *ganglionic* portion of a nerve is, I believe, the opinion universally entertained by physiologists. The same statement may for perspicuity be otherwise expressed in these words—*viz.*, in the *ganglionic* portion of a nerve is *developed* or *generated* that agency (whatever it be) which, on exercising its influence upon some organized structure anatomically connected with nerves, *stimulates* (as was my effort to make apparent in my last communication) that structure to the discharge of its physiological function. If such be the acknowledged function of the *ganglionic* portion of nerves, the following question will naturally suggest itself to some minds—*viz.*, What *necessity* can there be then for the *additional* element referred to—namely, that termed the *fibrous* portion of nerves? I shall explain myself more clearly. If (as is I believe universally acknowledged to be the fact) the specific physiological function of the ganglionic portion of a nerve be to develop or generate that agency or principle which we designate nervous "*influence*" or "*force*;" and if (as I endeavoured to make apparent in my last communication) the specific function of that "*influence*" or "*force*" (when its generation has taken place) be to *stimulate* to the discharge of its physiological function some other organized structure (*i.e.*, distinct and apart from that nerve) placed by Nature in anatomic connexion with nerves; if it be true that these two statements are facts, then, I say, it might naturally suggest itself to the mind of some of my readers that, in "*ganglia*," we must have *all* that can be required of a system of nerves, inasmuch as all that can be required is nervous "*influence*" or "*force*." That "*ganglia*" *alone* (since *they* can *develop* that required nervous "*influence*" or "*force*") should be adequate of themselves, without any additional element, to constitute a *nervous apparatus*; in a word, that a "*ganglion*" is essentially "*a nerve*." Why, then, we may naturally ask, if such be the case, is there a necessity for an *additional* element? Wherefore is it that that ganglion, without the superaddition of a separate structure, is not competent to discharge the *entire* function of nerves? Why is it that the second anatomic

division above referred to is *invariably* found to constitute a component of our nerves? In a word, *what* is the *function* of the *fibrous* portion of our nerves, or wherefore is it that there is a necessity for *its* existence? The function of that portion has, in like manner, been satisfactorily learned, with the nature of which function I shall occupy but a very few moments of the reader's attention. The function of the *fibrous* portion, in the case of *some* nerves, is *twofold*; or in other words, *some* nerves require for the discharge of their function *two distinct fibres*. The necessity for the provision of one or both of such fibres, I shall now attempt to place concisely and distinctly before such of the readers as may possibly not have perfectly clear views upon the subject.

As its "*ganglion*" may be regarded as constituting the (more indispensably) *essential* portion of a nerve, I shall (for a moment, for the sake of perspicuity) regard that ganglion as constituting the *entire* nerve. Let us now contemplate any such ganglion or nerve in two altogether distinct relations which, we are aware, every such ganglion or nerve must of necessity have been placed in by Nature; that is, let us contemplate such ganglion or nerve—1st, in its relation to that agency, object, or entity (whatever it be, or whatever be its nature) by which that ganglion or nerve is *itself* to be stimulated to the discharge of its function; and 2nd, in its relation to that object (*viz.*, the organized structure with which it has been placed by Nature in physiological contact) upon which that ganglion or nerve has to exercise or discharge *its own* physiological function (*viz.*, that of *stimulating* such organized structure to the discharge of its function). I trust I convey myself clearly. Lest, however, it should be otherwise, I shall endeavour to be more explicit. The specific physiological function of a nerve is (as I attempted to make apparent in my last communication) to stimulate to the discharge of its physiological function some *other* class or order of organized structure (such, for example, as that structure we name "*voluntary muscle*") with which that nerve has been placed in physiological contact. But that nerve, in the discharge of that physiological function, has been *itself* made in all respects subject to identically one and the same *general* arrangement or law (*viz.*, with regard to the *requisites*—that is, the required conditions—for developing function), as the muscular fibre, or other structure with which such nerve is connected. That nerve, in common with muscular fibre and with *all* organized residual products which develop phenomena of animal life, requires (in addition to the operation of some general cause—namely, an incidental stimulus, *viz.*, oxygen gas) the presence and operation of some *specific* cause of the disturbance of its condition of quiescent vitality and consequent manifestation of its physiological function. In a word, that nerve, in common with all organized structures which develop a vital phenomenon, demands the operation of some *specific* stimulus which is competent to *cause* it to develop such phenomenon. Hence it is obvious that *some* object, agency, entity, or attribute (whatever it be, or whatever be its nature) *must* of necessity have been provided by Nature, to which she has imparted the faculty or function, or upon which she has conferred the attribute, ability, or power of stimulating to the discharge of its physiological function each of the several varieties of nerves in existence. That such is a fact cannot admit, as I regard it, of question. Such being the case, a nerve (or its more essential part—*viz.*, the ganglion under consideration) may be regarded as being placed, as it were, *intermediately* between two entirely distinct and separate objects, with *each* of which it is designed by Nature that that nerve or ganglion should communicate; or in other words, with *each* of which it has been placed in a certain, special, or definite relation. Between these two objects (which are physiologically disunited, except through the intervention of nerves) that nerve may be regarded as acting, as it were, as a bond of connexion. The nature of that connexion is this—namely, through the intervention of that nerve (and exclusively and alone through *its* intervention as a *normal* event) some physiological change or effect can be produced by the one upon the other of those



two objects between which that nerve has been placed. From the one (*viz.*, of the two objects referred to), that nerve *receives* such stimulation or impression as can call into operation *its own* function; to the other (*viz.*, of the two objects referred to), that nerve *communicates* such stimulation or impression as can call into operation the function of that other. Consequently, *intermediately*, as it were, or *between* those two disunited or separate objects, the *ganglionic* or (more indispensably) *essential* portion of that nerve *must* of necessity have been placed in order to admit of each of those objects holding, as it were, intercourse with that ganglion.

If, then, these two disunited or separate objects (*viz.*, those with *each* of which the ganglion in question is required to communicate) could have been so placed or positioned by Nature (*viz.*, in the general arrangement or distribution of the several tissues in man); if, I say, these two objects could have been so positioned or placed (with regard both to each other and to the ganglion which intervenes) as to admit of their coming *directly* into physiological contact, *each* with that ganglion which it is required should communicate with *both*; if, I say, such had been the arrangement adopted by Nature, *then* there is reason to suppose that there might have been no necessity for the existence of the *fibrous* portion of nerves. I shall attempt to express myself more clearly. If Nature, in her distribution (that is, relative arrangement or disposal) of the several distinct orders of organized structure which enter into the constitution of man, had *so placed* those several structures as in *all cases* to admit of the two objects under consideration, and the ganglion with which they communicate, all three occupying such position as that—1st, *one* of those objects could *directly* (that is, without the intervention of anything) produce the requisite physiological effect upon the *ganglion*; and 2nd, that the ganglion could *directly* (that is, without the intervention of anything) produce the requisite physiological effect upon the *other* of those objects (that is, upon the organized structure which the nerve or ganglion in question has to stimulate to the discharge of its function); if, I say, such *had been* the arrangement adopted by Nature, *then* there is no reason to suppose that the superaddition to that ganglion of the *fibrous* portion of a nerve would (as we now find to be the case) have been requisite. But such *has not been* the arrangement adopted by Nature; but her arrangement, as the reader is well aware, has been far otherwise. So far from *each* of the objects under consideration having been in all cases placed *directly* in physiological contact with the ganglion with which they communicate, *both* those objects are frequently placed at a *remote distance* from that ganglion (I say “frequently” so placed, for such, as we shall presently see, is not *always* the case with regard to *both* of those objects.) To connect each of those objects (which, as I have just observed, are not infrequently distantly separate), to connect, I say, each of those objects *physiologically* with the ganglionic, or (more indispensably) *essential* portion of a nerve, is the special function of the *fibrous* portion of nerves; consequently the function of that fibre *may be* (as I have already remarked) *twofold*; or in other words, a ganglion may require to have attached to it *two distinct fibres*.\*

Through the agency or instrumentality of one of those fibres, an impression (or the effects of a specific stimulus) is propagated or conveyed to the ganglionic portion of that nerve to call into operation *its* function. Through the agency or instrumentality of the other of these fibres, nervous “agency,” “influence,” “energy,” or “force” (or

the effects of its action), is propagated or conveyed from that ganglion to call into operation the function of some other structure.

The function, then, of the *ganglionic* portion of a nerve is *to develop or generate*; the function of the *fibrous* portion is *to propagate or convey*; and these two portions conjointly constitute what we understand by “a nerve.”

Every nerve may, then, *physiologically* speaking (that is, in reference to the discharge of the function of such nerve), be regarded as having of necessity *two distinct points of relation and contact*; that is, in other words, a nerve (in relation to the development or the manifestation of its function) may, in the strictest propriety of terms, be looked upon as having been essentially constructed with *two distinct points of communication*—namely, points at which one and the same nerve can communicate with two altogether distinct objects. These two distinct points of relation and contact, I would now, for a moment, for the sake of perspicuity and clearness (although, *anatomically* speaking, such expression may not, perhaps in all cases, be received, as strictly correct), these two points, I say, of relation and contact, I would now, for the purpose of making myself clearly and distinctly understood, venture to term *the two extremities* of a nerve.\* A nerve, then, may be regarded (*physiologically* speaking) as having two distinct and opposite extremities, one of which I would for perspicuity term *its recipient extremity*; the other, its extremity of *communication*. At its recipient extremity a nerve *receives* an impression communicated to itself by that nerve's own specific stimulus; with which specific stimulus the recipient extremity of that nerve is invariably placed by Nature in *direct* physiological contact. At its extremity of communication that nerve *communicates* an impression (*viz.*, the stimulus of nervous “influence” or “force”) to such organized structure as that nerve has to call to the discharge of its function; with which organized structure the extremity of communication of that nerve is invariably placed by Nature in *direct* physiological contact.

The *relative position* of the two extremities of a nerve is not constantly the same, but on the contrary, is subject to variation, and the variation found in Nature of that relative position suggests a natural division of nerves. Of this relation (*viz.*, as to the *position or locality* of what I have termed the *extremities* of nerves), it will be sufficient for the object I have at present in view, to enumerate the three following varieties.—*viz.*, 1st, the *recipient extremity* may be placed in a *peripheral or circumferential position* (*viz.*, in relation to the general frame), and the extremity of communication in an *opposite or central position*; or *vice versa*; 2nd, the *recipient extremity* may be placed in a *central position*, and the extremity of communication in a *peripheral or circumferential position*; or 3rd, *both extremities* may be placed in *one and the same position*—that is, with regard to periphery and centre. These three natural divisions of nerves (each of which is to be found in the human organization) are all those to which it will be necessary for my present purpose to direct the reader's attention. I shall now make a few observations upon each of the foregoing three natural divisions of nerves, and my observations thereon shall have relation to each of the three following considerations; *viz.*, I shall endeavour to contemplate some nerve or nerves belonging to each of the three divisions referred to—1st, in its relation to *its own* specific stimulus (that is, in its relation to the object or entity provided by Nature for calling it, in a normal or natural manner, to the discharge of its own physiological function); in a word, in its relation to the entity which *calls it* into action; 2nd, in its relation to the organized structure which it is destined to stimulate to the discharge of its function (that is, in its relation to the residual product with which that nerve has been placed in anatomic connexion); in a word, in its relation to the

\* I have used the words “may be,” “may require,” &c., in the above paragraph, inasmuch as such does not appear to be *always* the case, but a *single fibre* (*viz.*, to convey nervous influence from the ganglion to the structure to be stimulated) appears to be all that in some instances has been required; in other words, a ganglion (as we shall presently perceive to be the case) may receive an impression *directly* (that is, without the intervention of a fibre) from its own specific stimulus, or which amounts to the same thing, a ganglion has in some instances been placed in *direct* physiological contact with the stimulus which calls it into action.

\* Although such form of expression is, as I regard it, *physiologically* speaking, in all cases, strictly admissible and correct, I am aware that in some instances it does not appear to be *anatomically* applicable; such, however, does not (as it appears to me) render the above employment of it objectionable.



entity which it calls into action; and 3rd. as to the *locus* or position of the ganglionic portion of such nerve.

First, then, with regard to those nerves whose recipient extremity has been placed in a peripheral or circumferential position, and whose extremity of communication is central. Of this natural division of nerves, we have an example in what are called our nerves of sensation, including both the nerves of special and of ordinary sense. Let us, then, inquire into the *natural relations* of our nerves of sensation; let us, in other words, inquire *between what two distinct objects* have our nerves of sensation been placed, as it were, *intermediately* by Nature? Between what disunited or separate objects do these nerves act, as it were, as a bond of connexion? The answer to this question will disclose to us the two following facts—viz., 1st. the various specific stimuli provided by Nature for our various nerves of sensation; and 2nd. the organized structure or residual product with which those nerves have been placed in anatomic connexion, and which they have been destined by Nature to stimulate to the discharge of its function.

The question as to the natural relations of our nerves of sensation admits of an easy reply. Those nerves have been obviously placed by Nature in physiological relation and contact with each of the two following disunited or separate objects—viz., 1st. with those properties or qualities in external creation which we term the *sensible attributes* of the objects in the world that surrounds us; and 2nd. with that organized structure or residual product which has been specially constructed and adapted by Nature for conveying the effects thus produced (viz., by the operation of those attributes upon our nerves of sensation) to that (whatever it be) which within us is conscious. Of conveying, I say, or of communicating those effects to the conscious part of our existence or being. In other words, our nerves of sensation have been anatomically connected at their extremity of communication with that portion of the encephalon through which, as through their channel, the effects produced by surrounding creation (through their recipient extremity) upon those nerves are, as it were, presented or introduced to the mind. For the reader will bear distinctly and clearly in mind, that as there has been but one channel provided by Nature through the agency of which its food can be conveyed or introduced to the body, which channel has been termed "the alimentary canal"; so, in like manner, there has been but one channel provided by Nature through which its food (if such term be allowed), viz. impressions from external creation, can be conveyed or introduced to the mind, and that channel is what has been termed "the seat of sensation."

In the former, the two foregoing disunited or separate objects (viz., in the sensible attributes of the objects of external creation); the reader will at once recognize the specific stimuli of our nerves of sensation. At its recipient extremity (placed in a peripheral or circumferential position—viz., at the surface of our frame) each such individual nerve of sensation has been placed by Nature, in direct physiological relation and contact with some object, agency, attribute, or entity (be it what it may), in surrounding external creation (such, for example, as the colours, respectively, of what are said to produce visible, audible, oliferiferous, tangible, &c. impressions); has, I say, been placed in direct physiological relation and contact with some entity or attribute which, and which exclusively and alone, has been specially adapted by Nature for communicating to that special or individual nerve the peculiar species of stimulus which has been made indispensable essential to the calling of that special or individual nerve to the normal discharge of its function; that peculiar species of stimulus (and consequently specific), in the absence of the operation of which no other arrangement has been provided by Nature whereby it is possible (in conformance with existing arrangements) that the special nerve under consideration could, in a normal or natural manner, develop its function. In other words, the recipient extremity of each individual nerve of sensation has been placed by Nature in physiological relation

and contact with that special entity or attribute to be stimulated by which (that is, to be adapted for receiving therefrom the stimulus specially requisite for the normal disturbance of its condition of quiescent vitality); to be adapted for being stimulated, I say, by which, was the special design Nature had in view in constructing that nerve; that is, of giving to that nerve whatever is peculiar or specific in its construction.

The remote cause, then, of that change or alteration in the state or organic condition (viz., what I have termed the process of degeneration) which Nature has made it essential should be in operation in that portion of the encephalon termed "the seat of sensation" while in the act of discharging its function; that is, during "the feeling of a sensation"; the remote cause, I say, of such change or degeneration is the object or attribute in external creation which has been specially adapted by Nature for communicating the required specific impression to the recipient extremity of some nerve. The proximate cause of that change (or degeneration) is, as I conceive, the nervous influence caused thereby to be shed upon "the seat of sensation."

Where, then, we are led to inquire, does the nervous influence thus shed upon that "seat of sensation" come from? Where (that is, from what locality or position) is the nervous influence thus called into operation obtained? Where, in a word, is that nervous influence developed or generated? This brings us to the investigation of the third topic of consideration in connexion with the inquiry more directly before us—viz., as to the locus or position of the ganglionic or (more indispensably) essential portion of our nerves of sensation. The reader is, doubtless, familiar with the anatomy of the nervous system of man, and will consequently meet with but little difficulty in finding the locality of these ganglia. In the spinal nerves, for example, he will find the ganglia of the nerves of ordinary sense placed upon what is termed "the posterior root" of the spinal nerves (viz., in the intervertebral foramina, that is, located somewhat about midway between the recipient extremity and the extremity of communication of those nerves). (The general appearance of such nerves is somewhat as follows—viz., one continuous cord, somewhat about the middle of which a ganglion is placed.) The reader has but to run over in imagination the anatomy of the several nerves of special sense, upon each of which he will find, some where, a ganglion.

I have now (in conformance with the plan or arrangement proposed for the present inquiry) attempted to take a rapid and cursory, but consequently but imperfect and unsatisfactory glance at the nature of the two following relations—viz., 1st. as to the manner in which the united results of the regenerative process are related to surrounding creation; and 2nd. as to the manner in which individual results of that process are related to the one or the other. I have endeavoured, in other words, to place concisely before the reader a brief general outline or sketch of the reply to each of the two following questions—viz., 1st. how nervous tissue, cerebral matter, and muscular fibre in man, are collectively related to the world which surrounds him; and 2nd. how each of those final or ultimate results of the process of generation is individually related to the one to the other. Feeling that it would be undesirable, in connexion with the subject of present inquiry, to attempt (in accordance with my original intention) any minute inquiry into the nature of mental operations, or any detailed

The reader is doubtless aware that in speaking above of the cause of the degeneration of what is termed "the seat of sensation," I of course refer exclusively to the specific cause of that degeneration; the incidental cause of the degeneration of that structure, in common with all organized structures in creation, is (as the reader is aware) oxygen gas.

It is unnecessary for the present purpose to point out the exact position of each of those ganglia, inasmuch as that position varies with the various nerves of special sense, and its demonstration would consequently occupy, unnecessarily, much space. The reader, however, will feel no difficulty in finding out this position.



investigation into the special functions of individual portions of the brain. I shall at present merely recapitulate the foregoing observations.

It was my original intention, when commencing the publication of these papers, to have ventured to submit to the consideration and judgment of the readers of the Medical Press some observations and opinions of my own in relation to what are termed "the operations of the mind," and upon the development of mental phenomena generally. I then felt desirous of attempting, if possible, to lessen in any degree, however trivial, the extreme obscurity in which such considerations (so far as I am informed) appear to me to be at present involved; and with such motive I contemplated venturing upon a few observations and opinions upon each of the six following topics, viz., 1st, upon the formation or development of what are called ideas; 2nd, upon the deposition or storing of those ideas (when their formation or development has taken place), whereby we are enabled (by the faculty termed "memory") at some future period (and observe in the total absence of all impressions from objects in external creation) clearly and distinctly to re-produce before the mind the impressions long since communicated by objects in external creations; 3rd, upon the decomposition of ideas in the formation of what logicians call judgments; 4th, upon the comparison of judgments in the process termed reasoning; 5th, upon what are termed "inactive phenomena;" and 6th, on emotional phenomena. Upon these subjects, I say, it then occurred to me to hazard a few opinions of my own. Reflection, however, has convinced me that it would be more desirable to abandon the consideration of all such topics in the present series of papers, and that, among other reasons, from an apprehension that the investigation of such questions, in a strictly medical and chiefly practical publication, would in all probability be regarded by the great majority of its readers as inappropriate. I have consequently, upon consideration, resolved, in the present series of papers, to endeavour to confine myself, as much as possible, to the exclusive contemplation of such topics as I conceive to bear directly upon the general inquiry before us, or else to such as may appear to me to be essential to the rendering of my observations, with perspicuity, clearly and distinctly intelligible to all. It may be necessary for me here to observe, that to me it appearing to be not only desirable but important, clearly and distinctly to discriminate in the mind between nervous tissue and those organized structures through whose agency or instrumentality are developed what we term mental phenomena (from what logicians term "simple apprehension," to the most elevated intellectual developments). I have treated of these tissues throughout these observations as two distinct and separate orders of structure. It does not appear to me to be a philosophical division of structures to classify under one and the same order of tissue (viz., nervous) two structures so widely different in the nature of their physiological functions as a nerve which has simply to develop that which is called into operation during what is termed "a reflex action;" and that organized structure which has to develop the simplest conceivable mental phenomena, and, a fortiori, the loftiest intellectual operations, named "reasoning." It does not, I say, appear to me either to be a philosophical classification, or to contribute to a simplification of the science of physiology, to designate both such structures by any common appellation, such as "nervous matter," "ganglionic matter," "ganglia," &c., simply because (it may possibly be arising from the imperfection of our senses, of our instruments, or of folly; simply, I say, because we may not be enabled to recognize between these two structures any distinction in anatomic construction. Distinction in function would to me appear to be a far more legitimate source of classification (that is, ground for divisions into classes, orders, &c.) of the objects of the science of physiology, than distinction in constitution or construction. Two organized structures, apparently differing somewhat in the nature of their constitution or construction, but appearing to be one and the same with regard to the nature of their functions (say, for example, what are commonly called "the ganglionic nerves," and what we term the "nerves of voluntary motion," the fibrous portion of the former of which is gray, while that of the latter is white, consequently they differ somewhat in construction); two such structures, I say, may, as I regard it, with propriety, be classified under one and the same generic term "nerves." But two organized structures, though apparently alike in anatomic construction (such as the ganglionic portion of a nerve, and what I have termed "cerebral matter"), if mani-

That within us, which feels, and thinks, and wills (whatever it be, or whatever be its nature), may, for perspicuity and without involving hypothesis, be designated—the conscious principle of our nature or being. The reader will bear in mind that I make use of such terms (in like manner as I have already employed the like terms "nervous principle") simply to express this, viz., the unknown cause of recognized results. That principle (so long as it remains associated with what we term "material creation") can—1st, be called into operation or action; and 2nd, discharge or develop its functions, exclusively and alone, through the agency or instrumentality of certain organized structures or residual products (collectively named "cerebral matter," with which (during its connexion with physical matter or sojourn on earth) that principle has been intimately associated by Nature. The several organized structures or residual products which constitute, if I might so term it, at once the dwelling and the field for the operations of this principle (collectively named "cerebral matter") have been constructed by Nature with the following design—namely, of placing this conscious principle so in relation with surrounding creation as that—1st, it may itself (viz., that within us which is conscious) be acted upon by the objects in the world that surround it, and be thereby aroused or stimulated to the discharge of its functions; and 2nd, that it (viz., the conscious part of our nature) thus aroused to the discharge of its functions, may direct its operations in either or both of the two following channels—viz., 1st, it may react, as it were, in the direction of external creation—viz., upon those nerves which are connected with our voluntary muscles (through whose agency we are brought into relation with the objects that surround us); or 2nd, it may act upon those organized structures or residual products (viz., cerebral matter) which develop or give manifestation to what we term "intellectual," "emotional," &c., phenomena. According (as I conceive) to the specific or individual residual product (of the accumulated products "cerebral matter," upon which this conscious principle directs its operations, will there, as it appears to me, be a variation in the nature of the phenomena developed.

Now, that portion of cerebral matter (viz., the seat of sensation) through whose agency or instrumentality are developed the first class of phenomena referred to; that is, which communicates to the conscious part of our nature the impressions it receives from external creation; that portion, I say, of our encephalon has not been so constructed by Nature as to be adapted for receiving the impressions or stimuli (required for the development of its functions) directly from the objects in surrounding creation; but, on the contrary, it has been made essential (to

feels widely dissimilar in the nature of the functions they are respectively called upon to discharge, may not, as it appears to me, with propriety be classified under one and the same common appellation, such as "ganglionic matter," "ganglia," "nervous matter," or the like. It was for the purpose of attempting to keep this distinction clearly before the mind of the reader, that in the above observations I have given to all these structures whose function is to develop mental phenomena (from what is termed "simple apprehension" to the most lofty intellectual developments) the common generic appellation "cerebral matter," in contradistinction to "nervous tissue." I am not unaware that objections might possibly be urged against such term being employed for this purpose, but to this I attach, in the present instance, but little importance, inasmuch as I am at present simply desirous of convincing the reader of the propriety of adopting some distinction in terms to specify a distinction in structures which differ so widely in the nature of their physiological functions. I adopted the term "cerebral matter" simply from a reluctance, already expressed, to any attempt at inventing new terms. When first I introduced the expression "cerebral matter" into these papers, I contemplated attempting to proceed much further with an investigation into its functions than I now consider would, in this place, be desirable. To the functions of the cerebellum, and to its relations to other parts of the brain, I have not considered it desirable at present to refer, not appearing to me of necessity to bear upon the subject directly before us.



the normal discharge of its functions) that those impressions should be conveyed to that structure indirectly through the agency or intervention of what we term "nervous influence or force." Hence, a variety of nerves (constructed with an adaptation or ability, 1st, to generate, and 2nd, to propagate the requisite nervous influence or force) have been placed by Nature in direct anatomic connexion, at their extremity of communication, with the special portion of cerebral matter under consideration (viz., "the seat of sensation"); while the recipient extremity of each of those nerves has been placed in relation and contact with some object in external creation specially adapted for communicating to that nerve its requisite stimulus. The impression communicated by these nerves to what is termed "the seat of sensation," calls into operation its function, whereby the conscious principle of our being is called into action, which principle directs its operation in either or both of the two channels referred to. These, as I conceive, two distinct orders of organized structure—namely, 1st, cerebral matter, to develop or give manifestation to mental phenomena; and 2nd, several varieties of nerves (viz., adapted to the several varieties of sensible objects or attributes in creation) to stimulate that cerebral matter to the discharge of its functions; these two distinct orders, I say, of organized structure in conjunction constitute the apparatus constructed by Nature for the development of the phenomena of mind. This apparatus, complete in itself, and composed, as I regard it, of two essentially distinct parts (viz., 1st, of a system of nerves to generate and propagate nervous influence or force; and 2nd, of cerebral matter to develop phenomena altogether peculiar to itself); this apparatus, I say, complete in itself, and composed, as I regard it, of two essentially distinct parts, has been, as it were, superadded to, or superimposed upon, a nervous apparatus (complete in itself) constructed for the motor requirements of the system. I say motor requirements; meaning thereby those nerves which are employed in the production of the movements which take place in the system.

Now, the movements which take place (under the control or regulation of nerves) are of a twofold description or nature—namely, some of those movements are regulated or controlled by our will, while others are altogether free or independent of volition. The nervous apparatus constructed for the motor requirements of the system must consequently be divisible (as we find to be the case) into two distinct or separate systems—viz., what are termed voluntary and involuntary nerves. The former of these systems (viz., our voluntary nerves) is connected with cerebral matter by what we term volition; the latter (or involuntary system of nerves) is connected with cerebral matter through the agency of what are termed our emotions.

Upon the connexion of cerebral matter with our voluntary system of nerves, I shall make a few observations in my next communication.

(To be continued.)

### CASE OF OPEN FORAMEN OVALE.

By JOHN STRUTHERS, F.R.C.S., &c.

(Read before the Edinburgh Physiological Society.)

This heart presents,—1st, an open foramen ovale; 2nd, a large Eustachian valve; 3rd, contraction and hypertrophy of the right ventricle, with contraction of both its orifices.

The foramen ovale admits the little finger—i.e., is equal in size to a circular opening of the diameter of half an inch. Its valve is imperfectly developed, thick, and muscular-looking. It does not reach to the upper margin of the foramen, although its horns on each side reach higher than the opening.

The Eustachian valve is very large and loose, much more so than at any period of fetal life. It measures nearly an inch (7-8ths) from its attached to its free border; and when lifted upwards, it reaches for one-third of its depth above the upper margin of the foramen ovale. It is cribriform, especially at the right half of its attachment, and also above, near its free margin.

**Right ventricle.**—The walls are 3-16ths of an inch in thickness, whilst those of the left are from 3-16ths to 4-16ths. In addition to hypertrophy of the walls, there is likewise contraction of the cavity, which is apparently about one-half the size of the left.

**Tricuspid orifice** admits the little finger (4-8ths inch), whilst the **mitral orifice** admits the forefinger (5-8ths). **Vena cava superior** admits little finger with difficulty. **Vena cava inferior** admits forefinger easily. **Foramen ovale** admits little finger moderately, as already noticed. **Tricuspid valve** much thickened. **Corda tendinea** shorter and thicker than on left side, and **musculi papillares** large. **Mitral valve** appears healthy, except that there are a few vegetations on both its flaps, where the cords chiefly join them. **Aortic valves and orifice** natural. The orifice measures 3-8ths of an inch in diameter.

**Pulmonary orifice and valves** much contracted and altered. The semilunar valves are united together into one solid mass, with a small aperture in the centre. Seen from above, there is the appearance of a nipple, smooth and rounded, and perforated in the centre by an aperture not larger than a crow-quill, the whole somewhat resembling a cervix and os uteri. Surrounding the base of this nipple-like projection, and separated by partitions which join the central papilla, are four semilunar recesses, corresponding to the sinuses of Valsalva, and to the cavities of formerly existing semilunar valves. One of these is nearly as large as the other three together; it is left and posterior; one of the smaller is anterior; the other two are on the right side. Seen from below, the orifice appears blocked up by four irregular tubercular projections; two anterior, and two posterior; one of the posterior is large, the others are of equal size. They are firm and irregular, but covered by a serous membrane; and in between them is the small aperture which leads up through the central papilla. On pushing the probe down into the sinuses of Valsalva, it pushes out the membrane at a considerable distance below the tubercles.

The **ductus arteriosus** admits a small wire with difficulty, and was therefore practically closed. Both lungs are studded with tubercles of the size of small peas or grains of corn, on their surfaces as well as throughout their substance.

**History during life.**—A month before death, there was difficulty of breathing, the lungs appeared healthy, and the case much resembled one of disease of the mitral valve. Ten days before death, occasional blueness of the surface made its appearance, lasting only a short time, without any paroxysm of difficult breathing; and then passing off. Death occurred suddenly. The case belonged to my friend Dr. Campbell, for whom I conducted the post-mortem examination, and to whose kindness I am indebted for this use of the preparation.

**Remarks.**—A more or less open foramen ovale is well known to be the most common imperfection of the heart, but the causes of this condition are perhaps not generally understood or agreed upon. We may refer it to two causes—1, an impediment to the free passage of the blood through the right ventricle, from contraction of one of its orifices; and 2, to an imperfect development of the valve by which the foramen is usually completely closed at, or soon after, birth.

1. The connexion between contracted pulmonary orifice and open foramen ovale has been remarked by various observers. M. Louis regards it as the most common cause of the open foramen, and farther looks upon this pulmonary contraction as almost always a congenital condition. Out of 53 cases of imperfect heart quoted by Dr. Joy in the "Library of Medicine," the foramen was open in 33, the pulmonary artery contracted in 22; and it is not unlikely that in many cases the open state of the foramen ovale has been recorded, whilst the condition of the pulmonary artery and its orifice had not been carefully examined. The case I have related illustrates this connexion between open foramen ovale and contracted orifices of the right ventricle. Still the question occurs, Why should there so frequently be valvular disease and contracted orifice on the



right side in the fœtus and child, and not in the left, as in the adult. I do not think that this can be explained by the supposition that the right ventricle has, relatively to the left, more labour to perform in the fœtus than in the adult. In the fœtus, it is usually remarked as interesting to observe that the walls of the right ventricle are as strong as those of the left, or nearly so; but this I think has been overstated by some. In the fœtus between the fourth and fifth month, now before the Society, it will be observed that the left is twice the thickness of the right; and in the other fœtus I now show—at the third month—the difference is already well marked. We can see no reason then, why, during the latter two-thirds of fetal life, and in early childhood, the right ventricle should be the seat of hypertrophy and valvular contraction, and not the left. The fact of the foramen ovale being open, seems to be sufficient proof of the correctness of the view of M. Louis, that the pulmonary contraction is congenital, otherwise in the meanwhile the foramen would have become closed. Still it is not apparent why in the fœtus the pulmonary orifice should be the seat of malformation or disease more than the corresponding aperture of the left and stronger heart. The view may occur, that this contracted state of the orifices of the right ventricle and pulmonary artery, is not the cause but rather the result of the condition of open foramen ovale. This view might accord with the state of simple contraction of the pulmonary artery or its orifice, as part of the blood which should pass through them has found another channel; but it certainly will not account for diseased or malformed conditions of the right ventricle and its orifices.

I may observe that in the case I have related, it was the orifice merely which was contracted, not the artery, as, a short distance above their orifices, the measurements of the pulmonary artery and aorta were the same. Some cases have been recorded of contracted or obliterated pulmonary artery, in which the ductus arteriosus remained open so as to allow of a recurrent circulation to the lungs, but in this case the ductus arteriosus was practically closed. From this it may be inferred that the severe contraction of the pulmonary orifice had not been of very long standing, possibly not before the symptoms became aggravated, and occasional cyanosis made its appearance, about ten days before death.

2. Passing over the possibly correct view of some that the foramen ovale is occasionally again opened, or burst open, by severe falls, prolonged fits of coughing, or severe straining,—the next cause of open foramen ovale is the imperfect development of its valve.

In connexion with this, it is necessary to understand clearly the natural means by which the closure of this aperture is effected after birth. In the well-developed fetal heart, the inferior vena cava terminates so that it may be said to open into both auricles, and each opening is provided with a valve. The Eustachian valve partly guards or lies over and diminishes its opening into the right auricle; and its opening into the left auricle, which is the foramen ovale, is guarded behind by the valve of that foramen—the *valvula foraminis ovalis*. It is still a disputed question, whether the blood of the lower cava mixes with that of the upper. Now there is nothing to prevent the blood of the lower cava from coming forwards into the general cavity of the right auricle, only it must turn forwards at right angles to its previous course, around the free margin of the Eustachian valve; and that part of it does so, appears evident from the consideration that the inferior cava is larger than the foramen ovale, whilst the tricuspid orifice is as large as those of both cavæ put together. This is seen in the fœtus, between the fourth and fifth month, now on the table; and the foramen ovale becomes smaller as fetal life advances, for although it attains, as usually described, its maximum size about the sixth month, still, relatively speaking, the communication between the two auricles gradually decreases from the first appearance of the auricular septum about the ninth week. Whilst, then, that blood which does go by the foramen ovale is still entirely of the purer current, from the lower cava, it fol-

lows, as the foramen is of less size than the vein, that some of the blood of the latter, that which the foramen ovale cannot take in, will enter the right auricle and mix with the other current. This, therefore, appears to be one of four points where there must occur some mixture of the pure and the less pure currents of the fetal blood—the second is in the left auricle, where the blood which has passed through the foramen ovale is mixed with that blood which comes, whatever its quantity may be, by the well-developed pulmonary veins; the third, where the arch of the aorta and ductus arteriosus join, where it does not appear how some of the blood of the former can avoid passing down to the thoracic aorta; still, however, this is not till the vessels of the head have been filled by the purer current; and the fourth, or rather the first and chief point of mixture, is where the blood of the hepatic veins and ductus venosus is mixed with that of the vena cava inferior. A great part at least, therefore, of the blood of the lower cava passes through the foramen ovale. But to prevent this after birth its valve is provided. This valve is rather a provision for closing the aperture at birth, than for any part it has to perform before this time. Although, many years ago, it was the subject of much attention in France, it has perhaps been a little overlooked by some, partly, perhaps, for want of a distinctive name. It is the "*valvula foraminis ovalis*," and I may venture to suggest for it the term *obturator valve*, as its office is to shut up the foramen at and after birth. According to most authorities, this valve begins to be developed towards the end of the third month. It is not until the end of the second month that the septa of the ventricles and bulbus arteriosus are completed, and then an imperfect auricular septum is formed, leaving the foramen ovale at its lower part. The true or defined foramen ovale is itself, therefore, not formed or marked out until, at least, after the end of the second month. Some have found the valve, at the end of the second month (Senac and Portal, according to John Reid), and in the fœtus now before the Society, which I have ascertained to be near the end of the third month, this valve is developed so far that it rises up above the middle of the foramen, and is as high as the free edge of the large Eustachian valve, which lies in front of it. At the end of the fifth month, according to Cruveilhier, this valve is large enough to cover over completely the orifice of the foramen ovale; and this will be seen to be the case in the fœtus between the fourth and fifth month now before the Society. The valve in its lower 2-3rds grows from the sides of the foramen ovale, but, above, its horns pass upwards and outwards from the opening as far as 1-16th of an inch above it; and, when the valve is lifted or floated up, it is more than sufficient to cover over the foramen ovale.

We see then that, as early as the middle period of uterine life, this valve, or obturator membrane, is so fully formed as to be capable of shutting up the foramen completely. At birth it is floated up by the reversed current, and applied against the foramen; and becoming united or glued to it, the septum auricularum is completed.

We can understand, then, how an imperfect development of this valve will give rise to the condition of open foramen ovale, as there is no other means by which the communication between the auricles can be closed; and if in any case we find this valve so undeveloped that, on being raised, it cannot shut up the foramen ovale, we may justly consider its non-development as a sufficient reason for the foramen ovale being open.

This imperfect condition of the valve may be attributed either to its simple non-development, as the growth of this, as well as of various other parts, may be withheld without any apparent physical cause; or it may possibly be due to obstruction at the orifices of the right ventricle. Were the latter condition to exist, thus rendering impossible the closure of the foramen ovale at birth, although its valve had been well formed, analogy would lead us to expect that the valve should present a thin and reticular appearance, like an ordinary wasting Eustachian valve, rather than appear simply small and undeveloped; but were the pulmonary orifice to become malformed or contracted during



the two first months of fetal life, before the time for the development of the valve had arrived, this might possibly influence the non-development of the valve, besides causing all the other appearances which the heart presented in the case I have related to-day. However, whilst contracted pulmonary orifice is undoubtedly a frequent concomitant and, it may be, precedent, of open foramen ovale, it is at the same time by no means invariably or necessarily so. In examining cases of open foramen ovale, I would suggest that care be taken to examine especially into these two points:—1, whether there is contraction of the pulmonary or tricuspid orifices, as compared with the aortic or mitral; and 2, whether, with or without this, there is deficiency of the obturator valve, which, lying on the left aspect of the foramen ovale, should be found in its fully developed state more than sufficient, when lifted up, to shut up the aperture.

These, then, it appears to me, may be laid down as the two causes of the condition of open foramen ovale. In the one case its obturator membrane may have been fully formed, but it is kept open by the blood which cannot find a free passage through the right side of the heart; in the other case, the membrane, which should be ready to close it up, is too small, and it remains open for want of any provision to close it; and again, these two conditions may be found to coexist, as in the case I have related to-day.

Another question in connexion with open foramen ovale after birth is—Whether any mixture of the blood occurs, and, if so, to what extent, and under what circumstances? It is well known that this foramen has often been found open to a considerable extent in those in whom such a condition was not suspected during life. I mean a much larger opening than the small oblique slit which is very often found at the upper part of the fossa ovalis. Now, to understand this, let us first see how it is in the fetus. I believe it is the common idea that the foramen ovale is merely a hole from one auricle to the other, and that the right auricle drives the blood through it to the left. But it cannot be so. There is no reason to believe that the auricles do not fill and contract together as in the adult, and so also the ventricles. Now the right auricle would require to contract first, were the left filled by it through the foramen ovale, and thus at the same time the right ventricle would be filled before the left auricle had time to contract and distend the left ventricle. We must conclude that the auricles and ventricles act synchronously as in the adult.

The fact is, that the lower cava fills the left auricle just as the upper fills the right, both auricles being filled during their conjoint diastole and repose; and it may be that, after all, this is a purpose, designed by the mode of entrance of the lower cava, and by the foramen ovale as much as that the two currents should be kept separate in order that the purer blood may go to the upper half of the body. Whilst either purpose separately would have required this arrangement, both are at the same time accomplished by it.

In the fetus, then, the auricles being filled at the same time in this way, they contract; but no mixture can occur at this time, as the valve of the oval hole will not allow any blood to pass back from left to right. Previous to the third month this does not hold, as the valve is not developed; but until then it may be said that the two auricles simply form one, the lower cava opening to the left side, the upper to the right. But what I desire to demonstrate is, that when the parts are well formed, as during the two latter thirds of fetal life, there is no exchange of blood between the two auricles from the mere existence of the foramen ovale; that the right auricle does not fill the left through the foramen ovale, nor does any regurgitate through it from left to right; but the left auricle is simply filled from the lower cava, as the right chiefly is from the superior cava.

Now, it appears to me that after birth it will be very much the same, when the foramen remains more or less open. Supposing that there is no contraction of the pulmonary orifice, which certainly would occasion the employment of the foramen ovale, still it appears to me that there cannot but be some amount of passage of venous

blood into the left auricle, and this to a lesser or greater degree according as the valve is developed or not, as the lower cava still pours its stream in the direction of the aperture, through which it must partly pass and encounter and mix with the blood entering the auricle from the pulmonary veins. Still the admixture occurs during the diastole and repose of the auricles; and is not from the cavity of the right auricle, but from the inferior cava, although this can make no difference on the symptoms or to the patient.

Even in those common cases where there is a small oblique slit only, I do not see but that there must be some amount of admixture. This occurs, it is well known, as often as in one out of every five or six subjects. There is usually (from the manner in which the valve shuts up the opening at birth) at the upper part of the fossa ovalis a recess, which occasionally presents a small unobscured passage admitting a probe or even a quill. Of this I have brought a preparation now before the Society, where a common quill readily passes through a very oblique passage, and along with it is seen a corded condition in front of the oval fossa, and an extremely reticular condition of an old Eustachian valve; and there is in my museum a preparation taken from a female aged 66, in which the aperture is twice this size; also the Eustachian valve is large and strong. It is commonly remarked, that this condition can allow of no admixture on account of the obliquity of the passage. But whilst I am aware that obliquity of perforation is productive of a very perfect valvular effect, as in the case of the termination of the ureters and bile ducts, still the circumstances are reversed here. The force which shuts the oblique passage—the passive flow of the pulmonary blood into the left auricle—is not stronger than and is not so direct as, the force which tends to open it, viz., the current of the lower cava; and as the direction of this is exactly in the direction of the slit, it seems to me that there cannot but be, during each diastole, a small quantity of venous blood sent into the left auricle. This, however, can be only to a very trifling extent, and would not, perhaps, be worthy of notice, were it not for the sake of fully reasoning out the effect of the various conditions of open foramen ovale. *Monthly Journ. of Med. Soc.*

## TWO CASES OF VITILIGOIDEA

By W. FOSTER, Esq., Huntingdon.

About twelve years ago I saw a young lady with a curious affection of the skin of the neck, traversing the left side diagonally from the ear towards the sternum, about one inch in width. At first sight it appeared as the scar of a burn, or skin removed from some superficial cause, not unlike a prolonged scar from the pustule of vaccination, but at the lower part the skin was elevated for a short distance, smooth, and of a colour something like a permanent wheal of urticaria; it seems that it spread by this elevation, which was succeeded by the scar-like appearance; there was no pain or uneasiness, the general health good. The appearance was anything but prepossessing, but as no indication of treatment presented itself, the case passed away with the impression on my mind that I knew nothing about it. I saw the young lady the other day, there is a very slight elevation just above the collar bone, and the scar-like appearance is much more superficial and has now nothing more than a dirty appearance.

I saw no other case until last autumn, when a young gentleman, just about to enter Oxford University, showed me what I recognized as the same disease. It appeared in his case after suppressed perspiration, as he supposed; it showed itself just above the left eyebrow on the forehead in one or more patches. I recommended him to try collodion and live well. I could not give him the name of the disease, nor say more about the treatment. I heard from him soon after, when he stated the same affection had all at once darted up his head for about an inch and a half in length, and one in width, entirely destroying the hair at the roots. He applied the collodion assiduously, took more animal food, and a few weeks since I saw him, the



disease was evidently stayed on the head (but the hair had not grown in the least), also on the forehead it was healed, but just on the eyebrow it was not gone. He complained of a sense of stiffness over the parts affected, and expressed himself very anxious as to the results. Very soon after this latter case presented itself, I found this disease described by Drs. Addison and Gull in Guy's Hospital Reports, vol. vii., p. 2, under the name of "Vitiligoidea."—*Prov. Jr.*

#### REVIEWS AND NOTICES OF BOOKS.

**ARTICLES ON REFORM IN PRIVATE LUNATIC ASYLUMS.** By HENRY MONRO, M.B. Oxon, &c., &c. 8vo. pp. 110. London, 1852.

THIS book is a republication of several "articles on improving the condition of the insane," which have appeared, from time to time, in the *Medical Gazette*, the *Lancet*, or the *Psychological Journal*, and contains, perhaps for this reason, such frequent iterations of the same views with reference to insanity, that we cannot avoid remarking, that the work might have been easily recast and reduced to half its present size with advantage. The principal objects of the reform contemplated by the author, are stated to be—"to make the commissioners and other public inspectors as responsible as possible for the conduct of private lunatic asylums; to remove all civil responsibilities from medical proprietors as much as may be; and to leave them, what is quite sufficient alone, the medical care and the charge of carrying out the details of the economy of the house." Those objects, which are considered by Dr. Monro absolutely indispensable, as well for the welfare and protection of the insane in private asylums as for the security and comfort of medical proprietors, could, in his opinion, be readily accomplished through the agency of more frequent visitation; in other words, by such an increase in the number of inspectors as would enable them to visit this class of asylums every month or three weeks, or oftener if necessary, instead of every quarter of a year as at present. The responsibility which it is proposed in this way to transfer from the medical proprietor to the inspector, is said to be chiefly that which arises in reference to the detention or discharge of a partially insane person who has been legally sent to an asylum, or of a convalescent patient about whose continued residence there is much cause of doubt; and the principal reasons adduced to show the necessity of the proposed change may be briefly stated to be—in the first place, that the commissioners being a disinterested body will be a fairer tribunal for the decision of such questions than the proprietor who has an interest in the detention of the patient; secondly, that the prejudice on this subject existing in the public mind (in England) is so strong that a proprietor has no chance of a fair hearing in a court of justice when a question of this nature comes to be investigated; and lastly, that there is, under these circumstances, something so "terrible" and intolerable to a refined and sensitive mind in the contemplation of the consequences of such responsibility, that it is only persons who have become callous through the influence of certain processes that are able to endure its pressure. It may be well, however, to place before the reader a few extracts from the work itself with reference to this subject, which may enable him to form some idea of the author's style and of the tone and spirit in which the book is written:—

"I aim at this end (the transference of responsibility to the inspectors), first, from the conviction that the public and in consequence their representatives are, and must be, the most unbiassed judges in many matters of great importance connected with the welfare of the insane; second, from the conviction that the public have proved themselves to be the most trustworthy depositories of this responsibility; third, from the conviction that little short of this can render the position of any officer of a private asylum, who has a sensitive regard for his character, comfortable, in the present day, when the public are naturally so suspicious of the private system.

I will, in a few words, state my reasons for these conclu-

sions.—First, as to the fact that the public are the most unbiassed judges, there can be no doubt, for they, and they alone, can have no private interest either in the detention or release of a patient. This consideration must be satisfactory to all; and one of the best results of this belief is, that the appeal to the commissioners has been a source of comfort to many patients before they have become acquainted with the good intentions of those they are placed with. Second, that the public has proved itself to be the surest defence to the insane, is a matter so conspicuous and significant, that it has led me to consider the sound sense and good feeling of the same public the best antidote for the morbid sense of the insane, and a refuge more to be depended upon than the care of either relatives or medical men. Experience of the past has declared this truth in a manner not to be mistaken; common sense shows us the reasons for this fact; and if such is the case, humanity demands that their voice should be attended to. For example, experience has proved to us that the care and affection of friends, with good intentions, were not in former times equal to the task of ensuring the best treatment to their suffering relatives; and common sense tells us that this deficiency was occasioned, partly by a blind trust in others and a belief that nothing could be done; and partly, by such morbid fears and false shame as caused persons so closely allied to the sufferers to stop their ears. In these cases (which I am thankful to say, are becoming daily more rare under the influence of greater enlightenment of mind), sympathy seemed to have reached its boundary, and self-protection to urge flight from a disease which shocks the feelings; and thus, too often, even tender minds endeavoured to become callous at almost any hazard. On the other hand, general philanthropy proved itself able and willing to stand the shock which the more sensitive feelings and the selfish fears of friends quailed before. The public sympathy resembled in this respect a rock in the ocean, which can offer a firm hold to him who is sinking beneath the waves; while private affection exhibited the helplessness of a companion a little stronger than his fellow, who refuses to reach out his hand lest he should be dragged into the abyss which awaits one less happy than himself. Again, experience of the past, and common sense, have declared that the various officers of asylums, allowing them to be humane and honourable gentlemen, are unfit to have the sole charge of the insane without aid or observation. Thirdly, but the motive which presses most cogently upon me, in urging the removal of the civil responsibility, incurred by detaining a patient, from the officials of an asylum to the commissioners, is, that this responsibility is on certain occasions intolerable to the former if they have not become inured to it by a process of habits and associations which it would be well for all to avoid, but which capricious fashion sometimes allows even in the pursuit of an honourable profession. As matters are at present, I believe that many men of refined feelings would refuse to undertake the proprietorship of private asylums, unless the circumstances of family connexion, &c., almost compelled them into this course. There is something so terrible to a sensitive mind in the possibility of his motives being misinterpreted, and his actions misjudged—and that, especially, in a case where all the world is inclined to suspect him, and where his less conscientious colleagues often deserve suspicion—that no wonder he withholds his steps before he enters upon ground which has so much the nature of a quicksand; and thus the event is, that those who are really best suited to this anxious and responsible work are excluded. On the other hand, could he feel that he had a competent superior to rely upon, for freeing him from aspersion, and assisting him in difficulties, he would no doubt feel the ground sufficiently secure to invite him."

"With respect to the secondary advantages which it is supposed would result from the transference of all responsibility to the inspector, it is scarcely necessary to do more than enumerate them.

Thus, in the first place, it is said—"Frequent visits are necessary to free the minds of patients of injurious anxiety." The reason assigned being, "that it frequently happens that an insane person is clear-headed enough to know that a private gain is obtained by the proprietor out of his residence in the asylum, and cannot be persuaded that justice will be done to him, and that he will be released soon, his discharge can be permitted with any propriety."

Second—"Frequent visits are necessary to free the mind of the proprietor in doubtful matters of discharge." It is obvious



that if Dr. Monro's plan of reform were adopted, no difficulty of this kind could arise to the proprietor, whose mind would be left perfectly free and easy in reference to all such matters; but we have quoted the passage, partly to exhibit the vague and unsettled character of the author's views, and partly to exemplify by another quotation his mode of treating the subject. Thus, the propriety of discharging or detaining a convalescent patient being at times a matter of some doubt, "the proprietor (he writes) is in a dilemma, and can hardly help feeling biassed one way or the other, for the points of the argument before him are these:—I doubt whether the patient should remain; I know that it is for my own advantage that he should remain (these two facts must almost of necessity arise before his mind—it is useless to pretend that the second is wholly forgotten). But the third point is very differently settled by different minds; for the sensitively refined mind says, at this juncture, 'he shall leave me;' while the less refined man says, 'I will keep him.' Both verdicts are biassed: the one dreads self-interest too much, the other dreads it too little. In such a case as this, then, the arrival of the commissioners is a boon," &c. &c.

Third—"Frequent visits are wanted to settle matters of unavoidable disagreement between patients and their ordinary superintendents and advisers;" such as differences between the doctor and his insane patient, as to "kindness of treatment, the degree of liberty permissible, and other matters of daily conduct."

Fourth—"Frequent visits will afford a reference to a disinterested tribunal a short time after a patient's confinement; and fifth, will assist to disarm that morbid suspiciousness to which most patients are prone."

And lastly—"Frequent visitation is necessary to free the minds of the commissioners of those inaccuracies of judgment which rare visitation engenders; while they would, in the same way, be enabled to supply the public with such complete reports on private asylums as would furnish the friends of the insane with satisfactory evidence of their comparative value."

We have already devoted more space to this book, and given a more extended analysis of its contents, than many of our readers will probably think it deserves; but it seems to us that any work professing for its object an improvement of the condition of that unhappy class of persons who must of necessity be so much committed to the care of strangers, ought to receive an attentive consideration from the profession. In offering some few remarks, which we deem it our duty to make on it, we are anxious at the outset to state, that we could on many occasions agree with the author if we found him agreeing with himself; but this is very far indeed from being the case. Thus, though he asserts again and again that the principal object of his labours is to have the responsibility which attaches to the management of a private asylum transferred from the proprietor to the inspector, the whole tenor of his reasoning or his reflections leads to the conclusion that every advantage he desiderates for the insane would be obtained by frequent visitation alone, without any such transference of responsibility. These contradictory views (and no views can be more opposite in principle) seem to be continually floating in his mind, and clash in every page of the book. We have no objection to frequent, systematic, and strict inspection, as long as it is restricted to its proper objects; and if, as Dr. Monro asserts, a stated quarterly visit to a private asylum constitutes the whole duty in that respect of the Commissioners of Lunacy, we agree with him in thinking it is insufficient, and may, in some cases, tend rather to foster than reform abuses. We think also that his efforts would have been deserving of much praise if, under such circumstances, he had put clearly before the public the necessity and advantages of more frequent communication between proprietors and inspectors in a calm and sober manner, eschewing the flowers of rhetoric and common-place declamation, which only encumber and obscure his views. At the

same time we must add that we are far from adopting the rather extravagant estimate formed by the author of the value of inspection as a safeguard for the insane. Inspectors are human as well as proprietors—subject to the same weaknesses and faults, and Dr. Monro has not to learn that there are many failings and defects, besides the blindest selfishness on the one hand, or an indecision of character approaching imbecility on the other, which may incapacitate a man for the proper discharge of duties of this nature. The inspector, as well as the proprietor, may be cold and callous; or he may be sensitive and timid; or he may be ignorant or inexperienced; or he may be a mere routinist. But even though he be none of these, and be, on the contrary, a person of ability and experience, well qualified to discharge such duties, there are many circumstances connected with the welfare of the insane—their daily, hourly care and treatment—which he can only imperfectly appreciate. We cannot, therefore, but smile at the proposal of Dr. Monro (who is himself, we infer, a proprietor) to establish in every asylum a Court of Appeal, under the presidency of the inspector, in which the insane patient and the doctor could appear as plaintiff and defendant, and, enjoying the benefit of the recent statute, cross-examine each other as to the measure of liberty permitted, the degree of kindness exhibited, &c. &c.

With respect to the advantages anticipated by the author from his favourite hobby—the transference of responsibility—they are altogether visionary. He appears to have no clear conception of the separate and distinct nature of the duties of the medical attendant and inspector. In the cases supposed, the medical attendant alone can have had the opportunities for acquiring such an intimate knowledge of the character of the mental malady as would justify an opinion that the patient may with propriety be discharged or detained. If the inspector were to visit every day, instead of every month, he must still be in an unfavourable position, as compared with the medical attendant, for coming to a positive decision in an obscure and doubtful case of this nature. In such circumstances, the inspector could not with safety incur the responsibility unless he had the sanction and concurrence of the medical attendant; and therefore the result, as far as the insane patient is concerned, would be practically the same in either case—his detention or discharge would mainly depend on the opinion and views of the medical proprietor. The proposed change would, therefore, have the effect of removing the responsibility from the persons upon whom it justly and properly devolves, without affording any additional security or advantage to the insane; and instead of acting as a corrective of the malpractices of mercenary proprietors, it would rather tend to encourage them; for however selfish and mean the proprietor of an asylum may be supposed to be, he cannot be altogether indifferent to the consequences of the responsibility that attaches to his acts, and to place this responsibility upon another person, who could scarcely act without his concurrence, would be only enabling him to indulge his trading propensities with less apprehension and restraint. Under the present system, if the proprietor be embarrassed as to what course he should take in a doubtful case, he can avail himself of the assistance and advice of the inspector, which is all he has a right to expect. But Dr. Monro feels also that it would be a great comfort to the refined and sensitive class of proprietors if they were relieved from the pressure of this responsibility, which is "intolerable" to them. We have no doubt it would be so, not only to them, but, as we have said, to the selfish proprietor also. We cannot, however, agree with him in thinking this a good reason for conceding to the proprietor of a private lunatic asylum what no man in society should expect—immunity from the responsibility that attaches to the discharge of his professional duties. If a medical proprietor be so refined and sensitive about his character as to shrink from the performance of his duty to his patients, he is unfit to have the care



or management of the insane; and his incapacity in this respect will be found equally injurious to them whether the responsibility of discharging or detaining a patient falls on himself or on some other person.

We cannot conclude without remarking, and we do so with regret, that Dr. Monro appears to have formed a very low estimate of the intelligence, the morality, or even the honesty of the members of his own profession, and not to have taken into account the many counteracting motives to a sordid, unreasoning selfishness which influence a medical man in the discharge of his professional duty. We are at a loss to know amongst what class of practitioners in England he has found grounds for this opinion; but if the statements or insinuations scattered through this book against medical proprietors be true, it would be better at once to abolish such establishments than attempt an inefficient and impracticable reform, such as he proposes. With respect to this part of the subject, we leave the proprietors of English asylums to defend themselves, merely expressing a conjecture that the evils complained of are for the most part imaginary, or grossly exaggerated. We should not, however, omit to mention that the ultimate object of the author's reform seems to be the extinction of this class of asylums. He nowhere, indeed, distinctly states this, and, on the contrary, has introduced a *saving* section "on the peculiar advantages of private asylums;" his convictions on this subject being, he thinks, entitled to more weight from the circumstance that he began his professional life with a strong prejudice against asylums. When we come to examine this section, however, we find it to be merely a statement of the advantages of an asylum over "a private house or the domestic circle" for the treatment of insanity; while an entire article is devoted to the consideration of a plan for the "establishment of public asylums for the middle classes," which are to be managed by a committee of subscribers with a resident medical officer; and in the Introduction to the book we find "that in the provinces an asylum of this nature has already been established on a large scale, and that schemes of a similar description are receiving much support in other quarters." It would be premature at present, with the imperfect information we have before us, to offer any opinion as to the probable results of these schemes on the insane and their medical attendants.

#### MEDICAL TRIALS.

##### NISI PRIUS COURT, NEWCASTLE.

(Before Lord Chief Justice CAMPBELL.)

Smith v. Lynch.

THIS was an action for compensation for damages alleged to have been sustained through want of care and skill on the part of the defendant, who is a surgeon in practice at Cowpen.

It appeared that James Smith, a youth about 13, the son of the plaintiff, who is a pitman, in the early part of December last accidentally fell from a limekiln, and sustained a compound fracture of the thigh-bone. On being taken home, Mr. Lynch, the defendant, was sent for, who set the broken bone, and applied splints in the usual way. A short time afterwards, the youth had a succession of fits, and the bones were displaced. The operation of re-setting was performed, but the case, which did not appear to present any formidable difficulty in the first instance, in a short time assumed a more serious aspect. Mr. Lynch attended his patient daily, and also obtained the assistance and coöperation of Mr. Cockburn, another medical practitioner in the locality. The mother and nurse of the youth, however, seem to have become alarmed at the symptoms presented, and discharged Mr. Lynch from attendance, and called in Mr. Mann and Mr. Ward, who, on examination, decided that amputation was necessary in order to save the life of the patient. Before operating, however, they deemed it prudent to confer with Mr. Fife of Newcastle, whose professional skill and scientific knowledge,

the judge remarked on sending the case to the jury, would seem to be hereditary, and whose experience enabled him to decide in the most difficult cases. Under Mr. Fife's direction, amputation was performed, and then it was discovered that the part of the bone between the fractures had ceased to possess vitality, and, therefore, never would have united. These several parties were examined on behalf of the plaintiff, the examination being directed to show that the splints were not such as ought to have been applied, and that the treatment of the patient from the first was improper, whereby amputation was rendered necessary; but on all these points the evidence failed to support the case, it being admitted, on cross-examination of the witnesses, that the splints were similar to those used in all the great hospitals of the kingdom, and that it was the duty of the surgeon to endeavour, if possible, to preserve the limb, and only resort to amputation when there appeared no other way of saving the life of the patient.

The learned JUDGE, on hearing the evidence of the medical witnesses, remarked that in his opinion the plaintiff had failed to make out his case, for that instead of proving that there had been negligence and want of skill on the part of the defendant, he proved the contrary. He left that, however, to the consideration of the jury, and remarked that if they wished to hear the counsel for the defendant, they might do so, but, for his own part, he thought that quite unnecessary.

The jury, after laying their heads together, determined upon hearing the counsel for the defendant; after which,

His LORDSHIP endeavoured still further to elucidate the case by a luminous though brief address.

The jury then, without retiring, returned a verdict for the defendant.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### MEDICAL REFORM.

DR. ROBERTSON said he had been called upon to move a resolution relating to the Medical Reform Bill. The subject had been before the notice of the profession for a number of years, and they had had frequent opportunities of discussing it. He might observe that Mr. G. Hastings (son of Sir Charles), barrister, who had been concerned in the drawing up and preparation of the bill about to be submitted to parliament respecting it, was in attendance to explain its leading provisions. The resolution was as follows:—That this Association consider that the Draft Bill for Medical Reform, which has been prepared by the Central Council, embodies the principles uniformly advocated by the Association, and that the bill be referred to a committee, who are hereby empowered to make such alterations and modifications in the bill as to them may appear expedient, and also to negotiate with the Home Secretary, and with the medical corporations, with a view that such bill, on the earliest opportunity, be presented to parliament, in order to its passing into a law.

MR. P. CARTWRIGHT, in seconding the motion, said, it was important that a committee should set to work actively to carry out the Draft Bill emanating from the central council; it was the more necessary as there was reason to fear that the apathy of the profession on this long debated question was so great, that when all differences were nearly adjusted, the final and crowning measure of the whole would be lost for want of energy. The Draft Bill (if not a perfect measure) had given much more universal satisfaction to the profession at large than any other measure submitted to it. It was unnecessary for him (Mr. Cartwright) to enter into details of the construction of the bill, as that would be much more ably done by a talented barrister (Mr. George Hastings), who would fully explain the provisions of the bill to the meeting. The construction of the bill was simple, not interfering with any strictly professional corporations, and appointing such penalties only as were necessary to correct irregular practice. The bill was based on the adoption of the two new charters of the Colleges of Physicians and Surgeons, which were framed in a liberal spirit,



and the latter of which has already come into operation, and tended much to heal those disputes which had existed between the College of Surgeons and their members (applause). The governing body (in the present bill) was to be formed by one-third of its members being appointed from the College of Physicians; one-third from the College of Surgeons; and one-third independently selected from the bulk of general practitioners by the Secretary of State; the council would also receive weight and dignity from the addition of the Regius Professors of Oxford and Cambridge, and from the Presidents of the Colleges of Physicians and Surgeons. It was his firm opinion that a council so selected, from the *élite* of the profession would carefully watch over the interests of the general practitioner, and would be found of much greater utility, more effective, and more agreeable to the profession, than any third incorporation. Mr. Cartwright would here appeal to those gentlemen who had favoured the proposed third incorporation? As it was now clearly impossible to carry out the institution of a third incorporation, he suggested that the appointments of such an independent medical council as the bill provided for, would form a neutral ground on which the members of the Institute of General Practitioners could unite with the promoters of this bill, and provide effectually for what they were all deeply interested in—the improvement of the status of that hardworking and deserving class, the general practitioners of the country; he hoped the appeal he now made would end in some of the Institute gentlemen being now appointed on the committee. The advantage of this would be, that if by mutual concessions an understanding could be come to, they could approach the Colleges of Physicians and Surgeons as one body, united to obtain a bill for the general benefit of the profession. It was already known that the College of Physicians approved of the measure; he hoped the College of Surgeons would listen favourably to their requirements; and such unanimity on all sides would greatly enhance the favourable opinion which the Home Secretary was disposed to entertain of the measure. In fact it had been stated, that if it could be presented to Mr. Walpole under such circumstances, it would be adopted as a government measure. He would urge the committee to push forward to such a consummation, and in the hope that ere long this long-anticipated and most important measure would be honourably and satisfactorily arranged by legislative enactment, he would conclude by seconding the nomination of the committee proposed by Dr. Robertson to carry out the proposed Draft Bill of the Central Council (applause).

Mr. G. Hastings (barrister) then rose, and at considerable length explained the steps he had taken in the preparation of this measure, under the direction of the committee of the association. He observed that it was at first desired to include within the scope of its provisions Scotland and Ireland, but from the difficulties ascertained to exist, it had been deemed advisable to confine its action to England and Wales, as reciprocity of practice could only be secured by uniformity of education. It was his belief that had Sir G. Grey remained in office, so impressed was that gentleman with the importance of the subject, a measure would have been passed by the late government which would have proved acceptable to the profession generally; but the change of administration had prevented his doing so, and singularly unfortunate was it that such change occurred only a day before Sir G. Grey would have taken up the bill. After the formation of the present ministry, he (Mr. Hastings) had an interview with Mr. Secretary Walpole, to whom (having the honour of a personal acquaintance) he explained his views more fully probably than under other circumstances he could have done, and Mr. Walpole assured him he would give the matter his best consideration, and that if a bill should be laid before him which should have the support of the profession generally, he should feel it his duty to bring it before parliament; he (Mr. H.) consequently thought that they might expect ample justice at the hands of the Home Secretary (applause). He had in the course of his proceedings endeavoured to ascertain the feeling of the House of Commons on the subject,

and with that view had asked the opinion of several influential members, the result of such inquiry being the raising of a belief in his own mind that the members of that house were heartily sick and tired of medical reform, as there had been already a number of bills before them relating thereto, and it had in consequence become very distasteful to them. Such being the case, he was induced to think, that if a bill meeting the views of the general body of the profession were submitted, the house would gladly pass it, in order to get rid of the subject and its (to them) attendant annoyance (applause). After having given a short description of the principal provisions, he said, in drawing the draft of the bill, it had been his earnest study to meet the views and carry out the wishes of the great body of the medical profession throughout England; and it was his belief, that if the association failed in the endeavour to carry out medical reform, no other single body would be able to take the matter up, and it must be allowed to drop; the consciousness of this ought therefore to incite them to a continued, vigorous, and united action. Mr. Hastings gave down much applauded.)

Mr. WALLACE expressed his dislike of the manner in which the representative council was to be constituted under the proposed bill, and which he believed would not satisfy the profession, who required the representative principle to be fully carried out. He had stated this objection when the draft of the bill was under discussion by the committee, and he hoped that the part relating to the constitution of the council would be struck out.

A MEMBER said that while two medical colleges had been spoken of as having been consulted (the College of Surgeons and the College of Physicians), no mention has been made of a third and no less important one—the Apothecaries' Company, to whom they were so much indebted. He thought that, with respect to the council, the selection ought to be made one-half from the general practitioners; and also that in the promotion of the bill, the opinion of the Society of Apothecaries should be taken, and their support solicited.

Mr. STEDMAN, observing that the meeting was under obligations to the legal gentleman who had so ably addressed them, said the gentleman who had last spoken had expressed his regret that the Society of Apothecaries had not been consulted; he, however, had to mention that another equally important institution had been passed by the Institute of Medicine and Surgery. As a member of the council of that institution, appointed by 4000 members, he could not allow the omission to pass without noticing it.

Mr. G. Hastings said it was but right he should state, that when drawing up the draft of the first medical bill, he wrote, at the same time forwarding a copy, to the Society of Apothecaries, as well as to the Colleges of Physicians and Surgeons, stating that he and the committee were anxious to have their opinion in writing, or if they would favour him with a personal interview, he would explain any portions they might wish. The Apothecaries' Company took no notice whatever of his letter; and when the second draft was drawn, he did not think it worth while to trouble them with it. As to the Institute of Medicine and Surgery, a similar course was taken in the first instance, which resulted in their giving notice of opposition to the bill; and no application had been made in the second instance.

Mr. BOWLING, of Hanmersmith, regretted that in the bill there was no provision made for examinations in midwifery. He thought there were more lives unnecessarily lost in that branch of the profession than in any other. Some stringent statutory regulations were required to ensure to the public proper obstetric education.

The Rev. Mr. BELL said, that though the practice of medicine was no longer his occupation, and though he had assumed a still more sacred calling, yet he was proud to continue to be a member of this association, and had always much pleasure in participating with his medical brethren in the advantages of these annual meetings (applause). Many years ago he had advocated changes not very different from those which were now so likely to be harmoniously carried out. He did not, however, like to trust all the



details to any committee, and he would wish to add to the motion a clause directing the proposed committee to convene a special meeting of the association to consider their amended edition of the bill.

After some debate, it was at last agreed (on the suggestion of Sir C. Hastings) that the committee should be instructed to communicate their amended bill to the central council, by whom, if the alterations involved great changes, a special meeting of the association was to be called. This arrangement gave general satisfaction, and terminated a discussion which at first seemed likely to occupy a long time.

Mr. Lonn, of Hampstead, eloquently insisted upon the claims which general practitioners had upon society: their position was not an inferior one, inferiority was the result only of misconduct and ignorance, and these might as easily degrade the pure physician and the pure surgeon as the general practitioner. He feared the representative system had been too much lost sight of in the bill, but if a good committee were appointed, he pledged himself to be contented with what they did, even though he felt that the bill might not give all that was required by the profession.

## MEDICAL PRESS.

DUBLIN, WEDNESDAY, AUGUST 18, 1852.

## MEDICAL REPRESENTATIVES IN PARLIAMENT.

We do not now for the first time agitate this question. Ten years ago or more we mooted the point, and from time to time alluded to it as one of the means by which the Medical Institutions were to be rescued from the hands of diploma jobbers and rapacious traders in academic honours. Our London contemporary, too, occasionally devoted such a measure, and as he now resumes the subject we give place to him, with the hope that his arguments may convince our readers that we have not been mistaken in our views or too sanguine in our hopes respecting the matter.

Looking back on the many years that have passed since medical reform became one of the requirements of the profession, there is nothing that affords us more inexpressible pleasure than the fact that it was our good fortune to obtain a hearing before a parliamentary committee for a few of those general practitioners who entertained the views on medical reform which we have unceasingly advocated. Those views were at that time at discount, and supported but by a comparatively small number, yet the proposals which were put forward were not only heard, but by order of the government its projectors were heard at a conference with the College of Physicians and Surgeons, and the result was that each party was leaving its own and making such an adjustment as they thought would answer for themselves. *Parliamentary Evidence.*

But, alas! alter visum est, the opinions of that small minority have triumphed. A remodelling of the charter of the College of Surgeons (strenuously declared impossible) has been effected, and the excuse for a new College of General Practitioners no longer exists. We had from us to refuse to the gentlemen of the Institute an acknowledgment that they were driven by aggravated grievances to demand a College of General Practitioners. We admit and believe it was only as a means to an end, and not for personal aggrandizement that a great majority of its active advocates sought it, but we always lamented that they should have allowed themselves to be withdrawn from the legitimate vindication of their rights, and the redress of their wrongs, in reforming the charter of the College of Surgeons, to try a dangerous experiment in creating a new institution for the profession which had experienced annoyances and heartburnings enough from the corporate powers already in existence. Since the deputation of Associated Surgeons from the provinces, which waited upon Sir George Grey in May, 1850, together with a deputation from the Provincial Medical and Surgical Association, the latter body has taken a distinguished lead a medical reform; and at their late important

meeting at Oxford the subject was brought prominently forward by that estimable veteran physician, Dr. Robertson of Northampton, in proposing the appointment of a committee for carrying out the draft bill which has been prepared under the auspices of the association for a reorganization of our profession. An extended report of the debate that ensued (see page 107, *MEDICAL PRESS*) we published in our last number, and for an analysis of the bill we must refer to the able speech of Mr. Hastings, the barrister, and to the bill itself. The bill commends itself to our notice by its simplicity and practical application. It is based on the great of new charters to the Colleges of Physicians and Surgeons. Every man who shall hereafter practise medicine and surgery must give satisfactory evidence to the State that he is qualified for the duty: one similar examination, or series of examinations, is provided for all in the first instance. Thus all will enter by one common portal; no other titles will be recognized but those which immemorial custom has sanctioned; all will be controlled under the two heads of "Physicians" and "Surgeons," and the fee that every member will pay for his enrolment and legalization (as a qualified practitioner) will become an annual contribution to a provident fund for the support and maintenance of those who, through the inscrutable dispensation of Providence, may chance to suffer sickness and sorrow, or cruel penury—a liability common to all, however bright their prospects in early life and however irreproachable their conduct. Every one who attended the splendid annual meeting must have been gratified to hear Mr. Hastings state that however much the bill had been commended by many who had written to him, by far the greatest number of anonymous had fallen to the share of the registration and provident clause. If this draft bill of the association falls short of perfection, and does not embrace all and everything we have anticipated, we nevertheless pronounce it to be a just, fair, and practical measure, eminently calculated to improve the education and exalt the status of the general practitioner. If the representative system, in the formation of the medical council is not on that broad scale that some might desire, but to which insuperable obstacles are opposed, let it not be forgotten that it is formed from colleges having new charters, in which the said system fully exists, and by selection of the Secretary of State of a certain portion from the general practitioners themselves, to whom other honorary or *ex-officio* members are added. We are inclined to concur in the judicious observations that fell from Mr. Cartwright in seconding the proposal for a committee on the draft bill. That a council so selected from the *élite* of the profession would carefully watch over the interests of the general practitioner, and would be found of much greater ability, more effective, and more agreeable to the profession than any third incorporation such as was proposed. We might add, that the construction of this council is the first initiatory step to amalgamate all classes into one brotherhood; and whilst it interferes in no way with those titles and distinctions which long usage has made familiar, and which will exist as long as the world exists, it draws all of us closer together in the bonds of good fellowship and community of interest, and melts and blends our common profession. It would exceed our limits to analyse the whole of this debate. We shall again recur to it, and more particularly to the important feature—the conciliatory appeal made to those gentlemen who have hitherto advocated a separate incorporation of the general practitioners. *Lancet.*

In all this there is nothing which any man can call unreasonable. Why should not the Physicians and Surgeons of Ireland have a representative of their own choice as well as the Graduates of Trinity College, an heterogeneous constituency having no common interest or common object?

There cannot be less than three or four thousand Physicians and Surgeons in Ireland with great interests at stake, none of them having representatives even in the Colleges from whence they derive their qualifications except about five hundred Fellows of the College of Surgeons of Ireland.

Why should this state of things be permitted? We complain not of the allowance of two representatives to the very limited constituency of Trinity College, preposterous as the privilege is to a body of men who are not allowed an



single representative on the governing board of their own body; we wish they had as many more, but we claim for others, as well if not much better entitled, similar advantages. At the moment we write a state of affairs has arisen which nothing but the most searching parliamentary scrutiny can fathom, or the most fearless discussion expose; and such parliamentary inquiry can be effected by some clever member only, who shall have been properly instructed as to cabals and intrigues, which now threaten to bring the public service into discredit, as well as to lower the medical profession in public estimation.

#### MEDICAL LIFE IN LONDON.

London, August 7, 1852.

In alluding to the practice of medicine and surgery in England, and those pure fountain-heads from which the refreshing springs of practical medicine should flow—the Royal Colleges of Surgeons and Physicians—we would not wish to be understood as attacking any person or court of examiners, but a system rotten at the core; a system, in the case of the College of Surgeons, which ignores the A B C of physic, leaving it to the utterly uneducated prescribing chemists, and, compared to the College of Surgeons in Ireland, sending out swarms of most indifferent surgeons; a system more mournful still in the case of the College of Physicians, which keeps its double-shotted batteries for the real legitimate M.D., while every shade and variety of quackery is not only countenanced, but in many instances coquetted with and fostered, the so-called chemists doing, meanwhile, the real prescribing practice.

It was Midas, wasn't it, that did such miracles with gold. We have seen lately wonders quite as great. Little petty chemists, 50 years old, turned with a Harlequin touch into surgeons; and one such member with blazing blue bottles transmigrated into a fellow of the college. Myriads of poor fellows it would be a mercy to make bootmakers, going out as surgeons in emigrant ships; and other men, really well educated, also fitting themselves for their southern expedition. Medicine, meanwhile, in London is allowed to take its own way; and, as we mentioned too often, the chief practice is confined to the chemists and quacks—no protection whatever is given the man with the diploma. There may be as many poachers on the preserves of the college as possible. There may be as much necessity for active vigorous measures to keep the commonwealth of legitimate medicine in good condition, but like the luckless surgeon Saneho Panza met at Barataria, the college knows no cure for such distempers—as it never tried.

In the societies and foreign journals something novel occasionally turns up. If we will leave the colleges to the drowsy porters and water carts, perhaps we may turn to something new. In matters of every day interest, perhaps I may mention a paper that has just created no small amount of conversation among the more "grumpy" members of the profession (there's a word for you not in Entick or Johnson), that of Tyler Smith on the Pathology of Leucorrhœa, based upon the microscopical anatomy of the os and cervix uteri. Granting that from the time of Swift and Gulliver, there are always men looking for sunbeams in cucumbers, and that the present age is mightily given to abstract notions, and a good deal of ophthalmic, histiologic, and bamboozologic nonsense, at both sides of the channel, we will say at once that this paper of the obstetric attendant at St. Mary's Hospital is one of no little value, and opens up some new notions of practice of very great value. Need we say in practice what a large amount of patients come to us with uterine diseases; how very marvellously in the dark in hysterical, epileptical, and all diseases of the lumbago tribe in females, we too often find ourselves? Any key, then, to uterine diseases must be of value—any generalisation of a heap of crudities left us by

the last generation of old women, or, shall we say it under favour, what is worse than old women, according to Lord Palmerston, old men. Even our recondite College of Surgeons has at length recognized the existence of such a thing in the world as obstetrics, though long since it looked with favour on—what shall I say—homœopathy. Midwifery, of course, is not the most scientific department of the profession, but it is a grave question whether it may not be made so. Tyler Smith is known here favourably, as having first suggested the connexion of labour itself, and the various phenomena of labour, with Marshall Hall's doctrine of the reflex and excito-motor system of nervous action. In the paper under notice, he seems to have planted his scalpel somewhat farther into chaos, and tells us how the os uteri itself is a *large open gland*, the chief seat of leucorrhœa and of the many ills to which feminine flesh is heir, existing at this point of the utero-vaginal tract. An exaggerated idea which will correct itself, is perhaps sometimes better than no idea at all; so that Hassall's beautiful plates exhibited at the society, which makes it plain to the "meanest capacity," will ultimately settle down into new and valuable notions of this part of the economy. Arthur Hassall, perhaps we may say, is, body and bones, the "Analytical (or what's this is it is?), Sanitary, and Microscopic Commission" of the *Lancet* on nutmegs and infusoria; and a man well qualified for microscopic inquiries on "Ovula Nabothi," and the ten thousand follicles of which the healthy virgin cervix uteri is made up—according to these researches.

In the "Marble Halls" of Sir Patrick Dun's it will be something new for Dr. Montgomery to learn that "Ovula Nabothi," which, in his very valuable lectures, he treated as obstructed follicles, our clearer lights in London put down as an "eruptive disease" analogous to a cutaneous disorder; that in practice this explains why they are more frequently found in women of strumous habits and leuco-phlegmatic temperament; why many similar affections of the vagina and uterus are best treated constitutionally; not forgetting, in all proper cases of ulceration, nitrate of silver to the os uteri topically, about which in London we have had an "ullabolloo" on the part of men who knew not one single thing about the matter. The glandular character of the cervix will, in fact, suggest to practical men many matters of the very first importance. It would be curious, did time permit, to go back into the dusty graves of some of our old authors and see did they not think the "os tincæ" a gland, or highly glandular. We witnessed a large piece of the tongue not long since removed at the London Hospital by a wire made red hot by the electric battery, and thought curiously how this very manifest improvement bears a likeness to amputations as practised scarcely a hundred years ago with red hot knives. Could we stop reciting always old authorities, and kick manfully out into deep water, we might do something new, or re-discover the wonderful truths of our forefathers. Compression in aneurism, chloroform, Marshall Hall's excito-motor system, the stethoscope, the many facts revealed by the microscope, our perfect knowledge now at length of the anatomy of the brain and spinal axis, the value of tartar emetic in febrile diseases, and many other points familiar to the practical man, sufficiently show what a harvest, in spite of jealousies of journals, has been gathered into the garner.

On some points, of course, we are still quite at sea. The distinction of malignant and non-malignant tumours, phthisis, and equitable insurance offices. On these, it is expected, in official quarters, we are to go on till the day preceding the day of judgment. In Edinburgh a crusade has been commenced against humbug and dishonesty, and in their "colloquial" moods, it is hoped, much good will be effected: if shams are to be put down, it is perhaps by the light feathery artillery of the press. Matters of serious grave importance come every day under consideration; only at the Medico-Chirurgical and



other societies, however, can any approximation to the truth be obtained. The unhealthy scrofulous flush on the cheek of our hebdomadries, is as much like the flush of wholesome science as opera goblets and painted claret are to the veritable wine, so to speak, of our tables.

Mr. Luke not long since stated he only lost two out of forty patients at the London Hospital on whom he had operated for hernia without opening the sac, though previously one in three was a fair average. Mr. Fergusson has given us his experience on the point; Mr. Bransby Cooper also. Some of our young men could settle the thing in ten sentences, from an analysis of all the cases published, like Marshall Hall, or Hassall, or Bennet, or Tyler Smith; however, he would be blown to small bits if he did. The quack gentlemen with their stages and medicines, the pharmaceutical chemists like the plague of frogs spoken of by Moses, the homœopaths, may all settle down on the land, and bask in the sunshine of a half year's subscription; but in London any man that attempts anything new or useful is a doomed man.

Some cases of "morbus coxæ" at St. Thomas's, have given Mr. Solly occasion lately to make some clinical remarks in addition to the facts already established by the Dublin School, where the disease is so thoroughly understood. The remarks of Mr. Solly are excellent. He thinks, however, caries of the head of the bone may occur without symptoms: he thinks it essentially scrofula. He is, of course, for sea air, cod-liver oil, issues, &c. We have met pharmaceutical chemists and general practitioners treating the disease, who knew as much about it as of the inscriptions on the five legged bull of Mr. Lazard in the British Museum: ankylosis, atrophy, death, and a long bill, the normal law of things in their minds. In eye diseases, what sad havoc have we not witnessed, where one-third the money given to poor Dalrymple, Alexander, or Wharton Jones would have set the patient all right. The pharmaceutical chemist, however, if he has very large pharmaceutical bottles in his window, and subscribes to the *Lancet*, will do every thing, except snuff the moon.

Of 4091 persons admitted into the Small-pox Hospital with small-pox, considerably more than one-half had been so-called vaccinated; and any one who has ever witnessed this operation among the pauper classes of the population in London by the chemists' assistants, must mourn for Jenner and vaccination and the shifting sands on which our statistics of this disease are built up. Any kind of milky pustule is got hold of, and any kind of children with scrofula or cutaneous diseases are haply induced to undergo an additional dose of some horrid infection, placed in the current of their absorbents. Gregory is for restricting inoculation, and wishes very properly for some change in the law of 1840; but forthwith it becomes a party question, only equal in virulence to whether bitter ale has got strychnine in it or Mr. D'Israeli is to jump into a quart bottle. Many matters of this sort the good common sense of the profession will always be proof against in the higher walks of practice, but among the middle and lower classes in all our large towns, medicine is a solemn mockery; and the deterioration of the health of the present generation from scrofulous and malignant diseases, is one of the most painful facts in London hospital practice. In all towns, of course, there are various shades of practice, and various shaped diplomas; but, somehow, in London the men without any conceivable diploma at all, are those who derive the largest practice. Mr. South complacently tells parliament the diploma of the college is merely permissory or honorary; giving the luckless M.R.C.S. no right at all to practise. If a barber, no doubt the learned ex-president would find some archæological statute still in full force.

I am quite aware it would be more amiable and more valuable, individually, to cease complaining, and get up into that heaven of invention spoken by Shakespeare, and practised by many of our flash writers here. But there is little of real value after all in medicine or morals but the diamond grain

of truth at the bottom of the rubbish one sees around him. Medicine as a noble art here is unknown. The good men live in bodily terror of rival reviewers. From France, and Germany, and New York, and even old Edinburgh, new ideas and researches pour in upon us; in Dublin, too, one watches with no little interest the valuable and most useful facts of your pathological school, and the sterling good sense indicated in your journal; but with Hassall, Tyler Smith, Marshall Hall, Gregory, and scores of such men, it is a perpetual warfare, and medicine itself is like nothing I remember but the sad daughter of Hippocrates in poor old Sir John Mandeville, occupying her island territory in the shape of a dragon a hundred fathoms long, and waiting in weariness of soul for the day some adventurous knight shall restore her to her once comely shape.

### ARTIFICIAL EYES.

We do not think that Surgeons are fully aware of the value of this resource as a means of relief from a most distressing deformity; and we know that the public at large are altogether unacquainted with its merits, and incredulous as to the possibility of its application. Our object in alluding to the subject is to dispel all doubts respecting the matter, by assuring persons interested in it that there is no question whatever as to the success of the contrivance; in fact, artificial eyes are as easily adapted as artificial teeth, and are as easily worn; nay, perhaps they have been used before substitutes for lost teeth were generally employed. To those unacquainted with the thing, it is necessary to say that it is a shell of vitreous material formed and painted to match the sound eye, and that it is slipped in between the lids and the remaining portion of the injured one. Here, if properly formed and fitted, it remains, causing no more inconvenience than the gold plate of artificial teeth does to the gum, and affording a relief from deformity much more conspicuous than that generally derived from the dentist's skill. We are induced to call attention to the subject at the present moment in consequence of a communication from M. BOISSONNEAU, late of Paris, but now of London, stating that he proposes to visit Dublin at the latter end of this month to offer his services in this department of mechanical surgery, which he has much improved. Great difficulty having been hitherto experienced by Surgeons desirous of obtaining artificial eyes for patients in this country, in consequence of the want of a means of obtaining suitable ones from the makers in Paris and London, we announce this for their information, without entering into details or expressing any opinion as to the comparative merits of contrivances upon which M. BOISSONNEAU will doubtless in process of time offer every information. As to his method of doing business, or the arrangements he proposes to make with Surgeons in attendance on the cases requiring his aid, we know nothing, and have therefore only to say respecting this point that people with money in their pockets are not to expect gratuitous services in this more than any other department; in other words, people requiring artificial eyes must pay not only for the article itself but for the safe and perfect fitting of it.

### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DR. J. F. DUNCAN, Treasurer, thankfully acknowledges the receipt of the following sums since last report:—

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From Executors of the late James Parker, Esq., of Limerick, first instalment of his bequest of £100, 71 8 7

19, Gardiner's-place, Aug. 16, 1852.



## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 1st,	83.5	61	30.128	
Monday,	2nd,	75	57.5	29.800	
Tuesday,	3rd,	77	58	29.360	.120
Wednesday,	4th,	76	54	29.300	.180
Thursday,	5th,	72	56	29.280	.100
Friday,	6th,	69	56.5	29.200	.140
Saturday,	7th,	66	53.5	29.200	.220
Sunday,	8th,	70.5	53.5	29.368	.090
Monday,	9th,	72	54	29.468	.170
Tuesday,	10th,	72.5	54	29.600	.060
Wednesday,	11th,	73	53.5	29.360	.027
Thursday,	12th,	68	53	29.520	1.015
Friday,	13th,	74.5	52	29.734	.010
Saturday,	14th,	75	52	29.800	.050

## PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Aug. 1st,	74.5	57	29.820	67.9	61.8	57.7	.007	NNW
2nd,	70	54.5	29.538	69.1	61.2	55.8	.001	SW
3rd,	72	54	29.088	65.2	59.3	55.1	.378	NW
4th,	67	49	29.003	62.9	57.2	52.8	.008	SW
5th,	66	51.5	28.947	61.4	57.3	54.2	.228	SW
6th,	66.5	48	28.863	62.7	59.1	56.6	.124	SW
7th,	67	49	28.893	60.5	57.1	54.6	.107	WSW
8th,	66	49	28.956	61.4	57.2	54	.048	W
9th,	65	50	29.008	61.6	58.1	55.5	.056	WNW
10th,	64.5	48	29.126	62.7	57.8	54.2	.258	NW
11th,	65	48	29.165	62.5	58.2	55.1	.239	NNW
12th,	66	49	29.229	61.3	58	55.6	.240	N
13th,	65	47.5	29.426	62.8	57.2	52.9	.079	NE
14th,	65.5	47	29.482	64.1	57.3	54	.136	Calm

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Wednesday, August 18, 1852.



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STAMPED.

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## SUCCESSFUL REMOVAL OF A PAROTID TUMOUR.

By ROBERT L. MACDONNELL, M.D.,  
Surgeon to St. Patrick's Hospital, Lecturer on Surgery,  
St. Lawrence School of Medicine, &c., Montreal.

ABOUT the middle of June, 1851, my friend, Dr. Mount, requested me to examine a young man from the country. The patient's face and head were concealed from view by a large piece of linen, which, on being removed, disclosed a frightful phagedenic-looking ulcer, which had almost completely removed the left cheek, exposing the teeth of the upper and lower jaws, the side of the tongue, &c. From this ulcer exuded a foul fetid discharge, mixed with saliva and particles of half-masticated food.

The edges of the ulcer were irregular and sloughy, but not indurated, and the parotid gland appeared to be implicated in the disease, for it was enlarged and prominent, and advanced down for nearly an inch below the level of the angle of the lower jaw. At this examination, the patient being in the street near my own house, I concluded that the ulceration had been caused by malignant disease, and advised that palliatives should be employed, and no attempt at eradication should be resorted to. Being at the time on my way to an urgent case, I paid no further attention to that now under consideration. Some time after, Dr. Mount mentioned to me as a very curious fact, that he had learned from a friend of the patient's, that the ulcerated aperture had become closed, and that the disease had been arrested without any application whatever being employed. The patient entered St. Patrick's Hospital under my care in the month of February, 1852, when the following particulars were ascertained, of which we had hitherto been ignorant:—The disease commenced about two years previous to our first examination, in the form of a small, hard tumour, situated in the region of the *socia parotidis* gland. This tumour gradually increased, and soon attained the size of an egg, the parotid itself undergoing increased size, and becoming hard and painful subsequently. During the progress of this tumour, much

pain was experienced in all the movements of the jaw, in the act of mastication and speaking, and laughing and yawning were excessively distressing. He also observed that symptoms indicating paralysis of the portio dura manifested themselves—the mouth was drawn to the opposite side, and in eating, portions of food used to lodge between the cheek and gums, &c. Not obtaining any relief from regular practitioners, he sought advice from an itinerant "cancer doctor," who applied a plaster, which was allowed to remain on the tumour for forty days, and at the expiration of this period, the original tumour and the greater portion of the cheek sloughed away. It was soon after this event that he presented himself to Dr. M., who then brought him to my residence, but being at the time much hurried, the cursory examination already described was all that was made, and the patient returned home immediately. According to his statement the ulcerated surface quickly granulated, the chasm in the cheek was rapidly filled up, and the parotid tumour remained stationary at first, but recently had commenced growing, and was extending downwards below the posterior digastric space, and backwards under the insertion of the sterno-mastoid muscle, and this extension of the disease was accompanied by severe neuralgic pains along the superior branches of the portio dura, and also along the course of the occipital and spinal accessory nerves; he had also severe constant pain in the ear, and deep seated pain in the locality of the glenoid fissure, and adjacent parts. The tumour was hard, regular on its surface, not painful to the touch, moveable to a certain extent, particularly above, the integument covering it was healthy, not presenting anywhere a malignant aspect, and apparently the communication between this tumour and the region around the former one, was quite cut off; in other words, it appeared as if it had been, from the commencement, a separate and distinct growth. The superficial portion of the tumour gave one the idea of the whole mass being about the size of a turkey's egg, but its exact dimensions could not be determined accurately. The patient's appearance was remarkably healthy, and all who saw him were surprised to see one who was to all appear-



ance in rude health, the probable subject of malignant disease. As both the patient and his friends were extremely anxious to have the tumour removed, I acceded to their request, the more willingly as the result of the cancer plaster proved a strong disposition in the system for repair, and the duration of the disease, as well as its being so little influenced by the irritation immediately around it, seemed to justify me in expecting a successful issue from the operation, provided the tumour *could be removed*. Moreover, the cicatrix which followed the sloughing was firm and good, and exhibited no trace of degeneration, and there was no enlargement of any of the lymphatic glands in the neighbourhood. Accordingly, on the 13th of March, I operated in the following manner:—The tumour was exposed by dissecting off the integument in three flaps, converging at a centre which corresponded to the most prominent part of the tumour. This being done, the difficulty of the operation commenced, and that consisted in detaching the superficial cervical fascia from the growth, for it had become condensed, hard, and gristly, and bound down the growth so firmly, that at one time it appeared almost impossible to detach it from the mass, so as to enucleate or dissect it out. Some idea may be formed of the resistance this apparently insignificant structure presented, when I state, that I was obliged to have recourse to a second scalpel, the first (a new one by Weiss) having been soon blunted. The more I cut, the deeper I got, but no nearer, as it seemed, to the isolation of the disease, when it occurred to me to use a director, and having shoved it under layer after layer of the fascia, they were in succession divided. As soon as I had succeeded in isolating the circumference of the tumour, its extraction from its deep-seated relations next occupied attention, and in this stage the edge of the knife was kept close upon the tumour, and all suspicious structures carefully examined before being divided, and the handle of the scalpel was freely used. It was now found that the disease went down farther on the neck than was supposed, and that it also sent a process dipping into the substance of the sternomastoid muscles, where the spinal accessory nerve passes through that muscle (which it did in this instance much higher than usual), and proceeded in a posterior direction until it impinged upon the cervical plexus, which nerves, together with the spinal accessory, were fully exposed in the progress of the dissection, and seen by all present when the tumour was removed. Some parts of the disease which dipped into the net-work of the plexus were carefully dissected out, and a portion of the sterno-mastoid was removed along with them. The mass being removed, the finger passed freely upwards under the zygoma, under the angle of the jaw, between the pterygoids and inferiorly to the cervical plexus; it could also be passed into the fossa corresponding to the glenoid cavity, at the bottom of which the strong pulsation of the external carotid was very perceptible, and the styloid process and the muscles attached to it were likewise observed. No other structure was perceptible. A small degree of hæmorrhage from the surface took place at the beginning of the operation, and only two small vessels, branches of the anterior auricular and occipital (?) required ligatures.\*

On examination, the diseased mass presented the character of a fibrous tumour, in some points degenerating into scirrhus; this latter feature was not, however, strongly marked. It was much smaller than was supposed before the operation, for a great part of the size of the tumour was formed by the sterno-mastoid which overlapped one portion of it, and was intimately connected with another part.

The wound was filled with a pledget of wet lint, and the

flaps brought loosely together. Five hours after the wound was dressed, some oozing had taken place, and one more small twig required a ligature. The edges of the wound were now brought into contact by means of sutures, a space in the centre being but loosely united, that the discharge might freely escape. A compress and bandage served to obliterate the cavity, and were retained for three days, when the sutures were withdrawn, and union by the first intention was found to have taken place to a great extent. It would be useless to detail the changes of treatment which the varying condition of the wound suggested, suffice it to say, that at the end of sixteen days he was discharged at his own request, the wound being then perfectly healed, and he himself free from all his sufferings.

There are some points connected with this case not devoid of interest to the practical surgeon, to which allusion will now be made; and first I shall speak of the opinion so generally advanced by anatomists, that the parotid gland cannot be extirpated, and which is as strenuously denied by surgeons. Not only in this, but in many other particulars do we find that the skilful anatomist is not always the best guide to the operating surgeon; and that diseased anatomy frequently runs counter to normal anatomy, and the facility or difficulty with which an operation may be performed, cannot always be determined with exactness by our knowledge of the normal structure in which the disease has originated. Can a stronger proof of the truth of what I now advance be adduced than the fact, that it was necessary to tie but three small vessels in the operation under consideration, when we reflect upon the numerous arteries that supply, and pass through the region, in which the mass lay.\* It is needless, then, to advance the certainty of alarming hæmorrhage as an argument against such operations. But it has been said that in the instances of supposed removal of the parotid, it was only the socia parotidis that was extirpated. This may be so in some cases, but in the example now before us, the mass extended into most of the recesses usually occupied by the parotid, and advanced into regions in which that gland is never found in its healthy condition, and as neither the parotid itself, nor any part of it, was noticed during or after the operations we must infer either that it had degenerated into a morbid mass, although a change to which the salivary glands are by no means prone, or that it had been partly absorbed by pressure, some parts of it, in the deeper regions between the external and internal carotid, around the masseter, and deep at the glenoid fissure, still remaining. Such may have been the case, but I cannot consider it as similar to those in which a tumour has been peeled off the parotid; one of which has recently been published by an eminent surgeon, as a type of parotid tumours, but of which variety most surgeons have seen examples.

This case also exemplifies the difficulty occasionally experienced in determining the size of cervical tumours, and the direction they take; for I need not say, that I did not suppose the disease took so irregular a course, or was connected with so many and such important parts, though I was prepared to abandon the operation at any stage of the proceeding, if impossible to complete it without subjecting the patient to too great a risk. In illustration of this difficulty I may mention that my friend and former clinical clerk, Dr. McCallum, informs me that he recently saw Mr. Lawrence at St. Bartholomew's obliged to abandon an operation, in a case of cervical tumour, after he had proceeded to a considerable extent, in consequence of the great and unsuspected attachments of the tumour.

On the other hand, the surgeon not unfrequently meets with tumours which appear to be deeply attached, and which, on the integuments being removed, admit of easy extirpation. On this subject, more extensive clinical observation is much needed.—*Canada Med. Jour.*

\* Had the carotid been tied previous to the operation, as recommended by Mott and others, this immunity from hæmorrhage would, no doubt, have been attributed to this precautionary measure.

\* The arteries that may be wounded are, in addition to the carotids, the transverse facial, the temporal, the auricular, the mastoid, the stylo-mastoid, the occipital, the internal maxillary, the inferior pharyngeal, the lingual, and the facial.—*Malgaigne's Operative Surgery*, page 368, *Am. Ed.*



## ON THE USE OF MANGANESE AS AN ADJUVANT TO IRON.

M. PETREQUIN quotes various authors to prove that manganese is a normal constituent of animal and vegetable tissues; and believes that wherever iron is present in appreciable quantity, manganese coexists with it. Hence iron alone will not always succeed in blood-diseases. M. Pétrequin has observed many cases of chlorosis, which have resisted iron as obstinately as anæmia connected with cancer or organic degeneration. Other cases again, after deriving a certain amount of benefit from iron, remain stationary. Others again appear cured by iron, but the cure is not permanent. The remedy required in these cases, M. Pétrequin finds to be manganese. He does not give it or iron alone; but combines them.

It is especially in *diseases of the blood* that ferro-manganic medicines are useful. They have a special action on the vascular apparatus, on the formation of the blood, and on the circulating fluid itself. They do not act merely as tonics or astringents; but are regenerators of the blood. They have succeeded admirably in anæmia following hæmorrhage, operations, polypi, metrorrhagia, &c., also in the chlorosis attending puberty, which is a more common disease than is generally supposed, and occurs even in males. M. Pétrequin has also frequently found the combinations of iron with manganese of benefit in the diseases of women at the critical period. He has often seen, in these subjects, *metrorrhagia*, accompanied with an aspect of the surface which would lead to the suspicion of organic uterine disease: the hæmorrhage, however, was but a complication, and the patients, apparently in a hopeless state, have recovered under the use of ferro-manganic preparations, conjoined with tonics and ergotine.

In *amenorrhœa* and *dysmenorrhœa*, the patients often imagine that they require to be bled; but care must generally be taken not to comply with this request. M. Pétrequin has more than once seen cases of amenorrhœa with severe chlorosis, in which it has not been desirable to hasten the appearance of the catamenia—the consequent loss of blood aggravating the disease. The general state of health must here be carefully attended to. Œdema of the lower limbs sometimes occurs in these cases; but it is a less severe complication than when it attends metrorrhagia. It often disappears, as the patient recovers, under the use of iron and manganese.

These medicines are no less efficacious in the treatment of *anæmia* resulting from prolonged intermittent fevers, prolonged suppuration, strumous, syphilitic, or cancerous affections, phthisis, &c. Pills and the syrup of the iodide of manganese and iron are preferable in these cases.

In all these cases, the ferro-manganic preparations do not merely act on the stomach and nervous system, but they are absorbed and assist in the formation of hæmatosine and new blood-globules, so as to restore the blood to its normal condition. Their effect in this way is greater than that of iron alone.

In the *functional affections of the heart* connected with chlorosis and anæmia, and which must not be mistaken for organic disease, a combination of iron and manganese with digitalis and other moderators of the heart's action is advantageous. The same remark applies to the *functional disorders of the lungs*, attending the same constitutional states. *Disordered states of the nervous system* are intimately connected with those of the blood. M. Pétrequin has found that the ferro-manganic preparations succeed well in these, even though uncomplicated with chlorosis. He, as well as M. Gubian, has observed that iron is here better tolerated when combined with manganese. He has also seen benefit from the use of iron with manganese in many cases of *dyspepsia*, *gastralgia*, and *gastro-enteralgia*. Nervous affections of the digestive organs are often the result of chlorosis; and, where stomachics and cinchona have failed, iron has often been found (especially the carbonate, by some English physicians) to be of service. *Gastrodynia* complicating chlorosis has often yielded to the use

of ferro-manganiferous water, and to pills of carbonate of iron and manganese.

In *nervous affections connected with exhaustion* from venereal excesses, onanism, rapid growth, &c., as well as in leucorrhœa, diabetes, &c., M. Pétrequin has a high opinion of these medicines. He is continuing his researches on their action in certain cases of sterility from asthenia, and in some hyposthenic affections of the scalp, such as early baldness, alopecia, &c.

M. Pétrequin has confined his observations to a limited number of the ferro-manganic preparations; and has made many observations before publishing the formulæ which he finds most useful. Having found, even at an early period, that the medicines were liable to adulteration, he has availed himself of the assistance of competent pharmacists. Since the publication of his first memoir, in 1849, these medicines have been extensively used in the south of France and in foreign countries.

The formulæ are few and correspond to the preparations of iron generally used in France. They are: 1. *Pills* of carbonate of iron and manganese, or of iodide; 2. *Lozenges* of lactate of iron and manganese; 3. *Syrups* of lactate or of iodide of iron and manganese; 4. *Ferro-manganic chocolate*; 5. *Effervescing solution* of iron and manganese.

It has been observed that manganese not only preserves water, but purifies that which has undergone change—(Martin-Lauzer). Ferro-manganic waters (of which there are many in France and other parts of the continent) can be preserved and carried to a distance;—which cannot generally be done with simple ferruginous waters.

M. Pétrequin commences by giving a powder of iron and manganese, with some vinous drink; he then administers two pills daily, one before breakfast and one before dinner, replacing them soon by the lozenges. The syrups and chocolate complete the treatment. He gives the medicines at meal time. The syrup he gives before breakfast, in doses of a teaspoonful; and he finds it useful to administer directly after it some infusion of centaury, or of chamomile flowers and orange.

Large doses are unnecessary and useless; for they are liable to produce irritation of the stomach and exhaustion of the nervous system; and the reparation of the blood is slow and progressive, and cannot, even were it desirable, be effected rapidly. Besides the iron and manganese are not absorbed in any greater quantity, if large doses are given.

## PREPARATIONS OF MANGANESE AND IRON.

M. BURIN-DUBUISSON of Lyons, who prepared most of the ferro-manganic combinations used by M. Pétrequin, has published an interesting *brochure*, in which he gives the necessary details relating to the subject. The following formulæ are extracted from it:—

*Powder for Effervescing Solution of Manganese and Iron.* Take of coarsely powdered bicarbonate of soda, 20 parts; tartaric acid, 25 parts; powdered sugar, 53 parts; finely powdered sulphate of iron,  $1\frac{1}{2}$  part; finely powdered sulphate of manganese,  $\frac{3}{4}$  parts: mix carefully, and keep in well stopped bottles. A teaspoonful is mixed with each glass of wine and water drunk during meal time.

*Pills of Carbonate of Iron and Manganese.* Take of pure crystallised sulphate of iron, 75 parts; pure crystallised sulphate of manganese, 25 parts; crystallised carbonate of soda, 120 parts; honey, 60 parts; water, a sufficient quantity. Pills of 20 centigrammes (3 grains) are made; they keep easily, without becoming oxidised, in well-closed vessels. From two to four are given daily.

*Ferro-manganic Chocolate.* One part of carbonate of iron and manganese is first mixed with four of sugar, and divided into large lozenges; of these, 100 parts (grammes) are mixed with 500 of chocolate paste, in the preparation of which 100 parts of sugar have been left out. This will make 800 lozenges, each of which contains about 3 centigrammes (nearly half a grain) of carbonate of iron and manganese. The chocolate decomposes the hydrated carbonate of manganese and iron of the saccharate into hydrated sesquioxide of iron and manganese; there is no metallic taste.



**Syrup of Lactate of Iron and Manganese.** Take of lactate of iron and manganese, 4 parts; powdered sugar, 16 parts; rub together, and add of distilled water, 200 parts; dissolve rapidly, and pour into a mattress over a water-bath, containing 384 parts of broken sugar; filter the solution. This syrup contains about 15 parts of lactate of iron and 5 of lactate of manganese in 3000 parts. One or two spoonfuls are taken daily.

**Lozenges of Lactate of Iron and Manganese** are made by adding 20 parts of the lactate to 400 of fine sugar, with a sufficient quantity of water. The mass will make 840 lozenges; of which six or eight are taken daily.

**Syrup of Iodide of Iron and Manganese.** M. Burin-Dubuisson forms a solution of iodide of iron and manganese, in the proportion of one part by weight to two of water; the proportion of the salts is about three of iodide of iron to one of iodide of manganese. Six parts of this are mixed with 294 of simple syrup; of this, M. Pétrequin gives one or two spoonfuls daily.

**Pills of Iodide of Iron and Manganese.** Take of the official solution prepared by M. Burin-Dubuisson, 16 parts (grammes); honey, 5 parts; some absorbent powder, 9½ parts. Divide into 100 pills. The honey and the solution are first mixed, and evaporated at first rapidly, then more slowly, to ten parts. Then add the powder, and divide the mass into four parts, which must be rolled in powder of iron reduced by hydrogen; each of these must then be divided on an iron plate into 25 pills, and again rolled in the iron powder. Finally, they are covered with a layer of tolu, according to M. Blancard's process.

All these preparations must be made very carefully. M. Burin-Dubuisson has ascertained that the commercial salts of manganese frequently contain copper, and even arsenic; he hence insists on the necessity of calcining the sulphate of manganese, twice, or more frequently, at a dark red heat, and of carefully testing the solution.—*Lond. Jour. of Med.*

## NEW FORM OF VARICOSE ANEURISM.

By M. BERARD.

Two different lesions may follow as a consequence of the simultaneous wound of a contiguous artery and vein. In certain cases the blood passes directly from the artery into the vein; the latter becomes dilated either in the exact locality of the wound, or at some distance between it and the nearest branch. This is *aneurismal varix*. In other cases a tumour is formed, the size of which is limited by the surrounding cellular tissue, and into which the arterial blood penetrates. The communication of the tumour with the vein gives it some other peculiarities, and it is called *varicose aneurism*.

Writers have generally mentioned the following as the characters of varicose aneurism:—A canal, of greater or less length, runs between the artery and the vein, establishing a communication between the two vessels; at some point there is a sac, bounded by cellular tissue. This lesion, which is more rare than the other, has only been submitted to dissection three or four times, and therefore M. Berard reports the following example:—

A man, aged 40, who was in the habit of being bled for some cerebral affection, had the artery opened by mistake in 1840; a bandage was placed on the puncture. In the morning after, the man complained of a pain in the arm, with the sensation of burning along the course of the vessels. Attributing this to the bandage, he loosened it, when the limb began to swell; the tumefaction reached the shoulder and wrist, the skin becoming at length quite black; soon after pulsation became perceptible in the fold of the elbow and lower part of the arm.

After the tumefaction had subsided, a soft fluctuating tumour was found on the inner side of the tendon of the biceps; its pulsations were distinct and isochronous with those of the arteries. The entry of blood into the tumour was accompanied with a distinct bruit. In addition to this a bruit was propagated along the veins, but of a distinctly different character from that which was heard in the tumour. From these signs the author at once per-

ceived that he had a combined case of varicose aneurism and aneurismal varix. After a variety of treatment he found it necessary to tie the brachial artery.

Compression being made accordingly in the superior two thirds of the track of the vessel, an incision was made in the bend of the elbow, exposing the anterior portion of the sac; this was likewise opened, giving issue to dark fluid blood, mixed with clots. The upper portion of artery when it entered the sac was then ligatured. It was now found that, although the vessel was tied, blood continued to pour into the sac from below, and the author with great difficulty found the lower opening of the vessel, which was hidden from view by the interposition of the vein; in fact the exact condition of the parts was this:—The artery presented a large transverse wound on its anterior surface; in front of the artery lay the vein, glued to it, and itself pierced beneath by a wound corresponding to that of the artery, and above by another of the same dimensions. Above this was the aneurismal pouch, so that the blood from the artery traversed the vein in reaching it.

The explanation of these lesions given by the author is, that during the venesection the vein was pierced through, and the artery opened; the lower puncture in the vein remained open, while the upper cicatrized, and an aneurismal varix ensued. After a time the impulse of the blood upon the upper surface of the vein caused the puncture to reopen, and an aneurismal pouch then formed in the external coat of the vein and cellular tissue.—*Memoirs de la Société de Chirurgie.*

## ON THE TREATMENT OF HIP-JOINT DISEASE BY THE STRAIGHT SPLINT.

By S. COOPER FORSTER, F.R.C.S.,  
Surgeon to the Surrey Dispensary, &c.

THE author advocates a measure of great importance, first, as he informs us, introduced by Mr. Key, and in his own practice found eminently successful. The plan is not unattended with some little trouble to the surgeon, and requires constant attendance and watching, and therefore perhaps a numerous class of patients will be frequently neglected, and a class indeed to whom it is of the greatest importance that a very serviceable leg should be obtained. From the author's experience amongst the poor, what with previous neglect and misapplication of remedial measures, or the total indifference of parents, many children and young lads are doomed to drag on either a miserable existence, a burden to themselves or families, or terminate their lives at a premature age: many cases of disease of the hip-joint in all its stages, are often neglected by the surgeon, from a belief that little can be done except place the patient in a recumbent posture, with perhaps a pillow or so beneath his knee. Now besides the simple horizontal posture, the author believes the greatest amount of good may be accomplished by also applying such local measures as will ensure the patient a useful member, after the subsidence of the inflammatory symptoms, and not supposing that Nature dictates the proper position in which the limb should be placed for future use, though she undoubtedly fixes it in the most comfortable posture for the present. For example, he remarks, no one can believe that the bent position is the most useful one for an ankylosed knee-joint, nor indeed is it, as far as his experience goes, the most useful for the hip-joint, whether perfectly fixed or not; and yet it is the position which all the cases of disease of the hip-joint would acquire if left to Nature; and, indeed, two joints become contracted, inasmuch as the knee always is flexed likewise; and no one can doubt that the straight would be most useful. The treatment the author advocates is not by any means easily applied in what is called the third stage of the disease, where suppuration is established, and an opening or openings formed; but as it is more common to see this complaint in the first two stages, and in either of them the straight position is with very little trouble obtained, the treatment is of course most applicable at those times.



The object the author has especially in view, by the plan of treatment with the straight splint, are as follows: 1st, to relieve pain by obtaining the most perfect rest; 2nd, to prevent abscess forming, or if matter has formed, to determine the point at which it shall come to the surface; 3rd, the greatest advantage, and the one to which he more particularly wishes to draw the attention of the profession, is the future usefulness of the member.

Rest, he observes, is of course the first thing to be sought for in an inflamed joint, and the patient will take care to obtain it by some means or other, and in no way is it more effectually obtained than by fixing the body and leg as one piece, and thereby most entirely preventing motion in the great seat of it between the body and extremities—viz., the hip-joint. Now the straight splint, fixing as it does around the hip, thigh, and leg, is the only means whereby that advantage is thoroughly obtained; the usual practice of placing a pillow beneath the knee, or a large piece of millboard or gutta percha around the joint only, or other contrivances according to the ingenuity of the surgeon, fails to do so in an effectual manner, and never can give that perfect rest which the splint affords.

The second object to be attained by the use of the straight splint is the prevention of suppuration, or if pus is formed, by the perfect rest which is obtained, to induce absorption, or at all events to determine the point at which the matter shall come to the surface. The author informs us that during the time he was dressing for Mr. Key, and when he first proposed this plan of treatment, two cases came under his care at Guy's Hospital, in both of which matter had formed previous to admission, the straight splint was applied, and in each case the abscess burst on the fore part of the tensor vaginæ femoris. These cases were alluded to in Mr. Key's remarks, in the *Medical Gazette*, concerning this mode of treatment. As regards this question, the author admits that there is some difficulty in deciding, and it is one which must always be open to doubt, as we so frequently see matter point at all parts around a diseased hip-joint, apparently without any reason; at all events he thinks the fact of three cases, two of which matter came to the surface, and one in which it nearly did so, no tendency to pointing taking place at any other place, is a remarkable coincidence, and one well deserving of notice.

3rdly, and this is the greatest advantage which the application of the straight splint holds out—viz., the future position of the limb. When the surgeon is called to a patient with hip-joint disease in either of the first two stages, we almost invariably find them lying on the opposite side to that which is affected, with the diseased thigh bent upon the pelvis, and the leg on the thigh, a position anything but the most likely to be of permanent usefulness should ankylosis occur, or such an imperfect amount of motion as usually follows acute mischief in any joint; the author, therefore, whenever called to see a patient labouring under this disease, after copious bleeding by leeches over the joint, places them on their back, and cautiously and carefully brings down the thigh to the level of the bed, and thereby straightens the knee. But one caution, he remarks, is necessary to be given in so doing; so tenacious is the hip-joint, when in this state, of any even the slightest motion, so firmly have the muscles round about fixed the head of the bone in the acetabulum, that in doing so the spine frequently becomes arched about the lumbar vertebræ, and in reality, the thigh is at the same angle with the pelvis as it was before the leg was touched; this, however, he has generally found relieve itself very shortly. The splint, when placed on for the first time, soon requires readjusting, and upon the second application, should the bandage be starched, the whole pelvis and thigh becomes one solid mass, and preserves the most perfect rest. When the patients have the splint removed, and first get up, the author enjoins caution that they do not use the unsound leg until they have cautiously and carefully felt their way; two crutches are absolutely necessary at first, and one must be taken away at a time, lest too much weight should be thrown upon the leg at once.—*Lancet*.

## THE FORMATION OF CENTRAL PYRAMIDAL CATARACT.

By Dr. von AMMON.

DR. VON AMMON describes the case of an unhealthy child, two years and a half old, the subject of frequent general convulsions. It held the head with the chin resting on the sternum; the eyes rotated violently; the eyelids would suddenly be opened wide, and then convulsively closed; and with this sometimes alternated a rotatory motion of the head. The iris was brown; the pupil small and eccentric, but circular. The cornea was rather lengthened, and the limit between it and the sclerotica was not well defined. Both were very white; viewed laterally, the cornea was somewhat conical. Through the narrow pupils, there projected a clear white pyramidal body into the anterior chamber. On dilating the pupils with belladonna, the projection appeared conical; the apex was very white, the base less so, and it appeared to be seated on the lens and its capsule. The child having died of convulsions, an examination of the eyes was made.

The eyes were of a more globular form than natural. At the junction of the sclerotica with the cornea, the sclerotica formed a projection, giving rise to the appearance of a circular channel. From the side, the projection through the pupil into the anterior chamber was seen; it was closely surrounded by the iris, so that the transparent part of the crystalline lens could not be seen through the pupil. Viewed from behind, the lens and capsule appeared normal; and through it were seen two dark circles, produced by the base of the pyramidal projection. The sclerotica was thicker than usual; the iris was brown; the cornea moderately thick; Descemet's membrane was clear, without folds. The pupils were not in the centre of the iris. The ciliary ligaments were broad; the ciliary bodies not quite circular: the ciliary processes were normal; the *corona ciliaris* was imperfect. The retina, rather thick, presented on its inner surface a great number of projections, some round, others long, which collapsed on being pricked with a cataract needle, and some gave exit to a clear glutinous fluid. The central vessels were normally developed on the retina and vitreous body. The yellow spot and the fold were largely developed. The crystalline lenses were rather oblong, but of normal colour, and quite transparent. Between the capsule and the edge of the lens there was, in one eye, a yellow clear ring, apparently formed by the *liquor Morgagni*; this disappeared when the capsule was opened. Somewhat off the centre of the lens were found the white, opaque, pyramidal bodies, which were very easily detached. These bodies resembled mushrooms, pointed at the top. Where each had lain on the lens, there was a slight depression; and a deeper one in the centre, where the stem of the mushroom-like body had been inserted. At this point, the capsule of the lens was absent; but whether from absorption, or from close union with the pyramidal bodies, could not be ascertained. The pyramids were composed of layers, some of which were thick, others thin, some clear, others darker. Under the microscope, a thin section of them appeared amorphous.

Dr. von Ammon has traced the commencement of this affection in several cases, both in the fœtus and in the child after birth, as a depression in the lens, arising probably from defective development. The anterior wall of the capsule is prolonged into this depression; and the cataract is probably formed by gradual deposition from the aqueous humour.—*Lond. Jour. of Med.*

This was evidently one of the cases of congenital central opacity of the capsule of the lens called *cataracta centralis* by the Germans, occurring in an oscillating eye, such as often accompanies congenital cataract. There was nothing unusual in it, and the elaborate report of the dissection only tells that the eye was otherwise free from defect.



## HYDROPHOBIA TREATED WITH CHLOROFORM.

By Dr. SANDWITH of Beverley.

WHETHER chloroform will prove to be an antidote for hydrophobia remains to be seen, and is an event rather to be desired than expected; but that it will procure an euthanasia is certain. In order to prevent speedy death from the exhausting effects of the spasms of the throat, and allow time for the elimination of the morbid poison in hydrophobia, it has been proposed to open the trachea. It would, however, appear from the following case that all the advantages that could be derived from tracheotomy may be obtained from chloroform, and these in a manner far more agreeable to the patient as well as the medical attendant.

Wm. Warden, aged 42, was attacked by a strange dog, and one of the fingers of the left hand was wounded, about six months prior to the outbreak of the symptoms of hydrophobia. The dog was immediately destroyed, and the wound healed so quickly that in the course of two or three days he was able to resume his occupation as a labourer in a tan yard. On the 4th of October he applied to one of the medical officers of the dispensary, on account of a pain in the left side, which was supposed to be rheumatic, and was treated accordingly. In the evening of that day symptoms of hydrophobia made their appearance, and the following morning he was visited by another medical man, who bled him from the arm to a moderate extent. The paroxysms increasing in frequency and violence during the day, in his struggles the bandage became loose, and he lost a very large quantity of blood. By this untoward event, and the exhaustion produced by his struggles to recover his breath, when nearly strangled by the spasmodic contractions of the muscles of the larynx, his strength was greatly reduced. His struggles during a paroxysm were said to be terrific, and it required the strength of four men to keep him down in bed.

Through the kindness of Mr. Brandon, jun., I saw this patient at eight o'clock p.m., and remained at his bedside some hours. He was raving like a maniac, and was in a state of extreme debility. The face was pale, and the skin covered with a cold clammy perspiration; the pupils of the eyes completely dilated; the corners of the mouth retracted; the breathing hurried; the pulse 120 in a minute, thready and vermicular; and the paroxysms produced by the spasms of the throat terrible to behold. The head was on these occasions drawn backward, and he made the most vehement efforts to get out of bed, foam issuing from his mouth profusely.

Some chloroform had been administered during the afternoon. I recommended it to be repeated, and had the satisfaction of witnessing its effects, which were almost magical. He was no sooner under the influence of this potent spell than his respiration became perfectly tranquil; some colour returned to his cheeks; the pupils contracted; the pulse became calm, and, considering his weak state, well developed, the number of pulsations in a minute not exceeding 84; and he lay in a state of happy delirium. A more pleasing transition from extreme agony to tranquil ease I never witnessed before. The effect of the remedy was maintained during the night by the occasional use of small doses; but he died the following morning, without pain or agony.

It must be admitted that this was not a favourable case to test the power of chloroform as an antidote. The unhappy patient had lost so much blood as almost to induce me to believe that his death must be set to the account of phlebotomy, rather than to hydrophobia. But on the supposition that we are not yet in possession of a specific for this frightful malady, which is too probable, it must be a gratification to every humane mind to know that it is in our power to alleviate the dreadful sufferings peculiar to hydrophobia, and render the last hours of an unhappy patient tranquil, and free from pain.

In the case of hydrophobia related by Mr. Hunter, he says:—"The pulse in the beginning was not quick, nor was the skin hot, and there was none of the muscular debility so remarkable in fever;" and Dr. Currie of Liver-

pool, who saw five cases, says: "In none was there any sense of animal heat." It is clear, therefore, that the disease is not inflammatory, and bloodletting is contraindicated. There appears, indeed, to be an affinity between this disease and its congeners—hysteria, mania, and tetanus, in none of which is there an increase of animal heat. Galen calls mania the "delirium sine febre;" and according to Dr. Beddoes "it is certain that tetanus exists without increased heat;" which conclusion is supported by the experiments of Dr. Currie, whose remarks on the impropriety of bloodletting in tetanus are equally applicable in hydrophobia. "It is deeply to be lamented," says this able pathologist, "that this disease should ever have been considered as of an inflammatory nature, and that there are even now physicians who treat it by venesection. It is in my mind decisive against this supposition that though the general system is so powerfully affected, the animal heat is not increased, which it uniformly is in all cases where there is an inflammatory affection of the system, whether originating or terminating in local phlegmonic inflammation."

Opium has always failed to give relief in hydrophobia; and I cannot think favourably of large doses of arsenic, as recommended by Dr. Billing. We may, however, hope that as we have obtained a remedy for the painful symptoms of this distressing malady, an antidote will yet be discovered. An eternal debt of gratitude is due to Doctor Simpson for his discovery of the anæsthetic properties of chloroform, which, if administered, with the cautions and restrictions laid down by Mr. Nunneley of Leeds, can seldom be dangerous.—*Prov. Med. Jour.*

## CASES OF SCIATICA AND NEURALGIA SUCCESSFULLY TREATED BY ACUPUNCTURE.

By H. S. BELCOMBE, M.D.,

Senior Physician to the York County Hospital.

UPON these cases, Dr. Belcombe makes the following observations:—

As magnetism, galvanism, and the phenomena relating thereto, and its effects upon the human system, seem at present special objects of research, I take the liberty of submitting a few cases of painful disease, where the success of the treatment, to my mind, was principally due to the use of a remedy by no means old in this country, and received with much favour when first introduced by Dr. Elliotson, but which seems now to have fallen into disuse, at least I never hear it proposed in consultation, and the last edition of Dr. Watson's lectures, which I understand is a text-book both in London and Edinburgh, makes no allusion to acupuncture, except for the relief of anæsthetic swellings. I must premise that there has been much rheumatism and neuralgia in this part of the world, but I have reason to believe that I am the only practitioner who has directed the employment of the remedy. Without further preface I proceed to a plain narration.

*Case 1.*—A lady of fortune, æt. 65, stout, full habit, partial to luxurious living, but a water drinker, indolent as to exercise, except in a carriage, was attacked early in the spring with severe pain across the loins, shooting down the thighs, causing great inconvenience night and day. The bowels were confined; urine moderate in quantity, turbid. The means used gave very partial relief; presently the pain centred just between the tuber ischii and trochanter major, darting down to the knee and ankle; spasmodic action of the calf of the leg, sometimes very great. A needle was inserted just at the seat of pain to some depth, and another two inches lower in the same direction. Both were kept in for two hours and then withdrawn; the pain entirely subsided, and has not hitherto returned.

*Case 2.*—A retired tradesman, æt. 70; very corpulent; moderately active; fond of the pleasures of the table, but sober. Symptoms much the same, only the pains resembled more the neuralgic tic, and rest was impossible. The needles were introduced three different times before success was obtained; but when obtained it was complete.

*Case 3.*—A butcher, middle-aged, tall, stout, plethoric;



very active in his pursuits, very moderate in his diet. The pains first commenced in the loins, then the shooting down the thighs, preventing his going to market or attending in his shop; then they concentrated in the sciatic nerve. The needles completely relieved the pain after one insertion.

*Case 4.*—A married lady, in easy circumstances, æt. 45; no family; very active in her mode of life, very temperate in her living, yet inclined to corpulency; for two years she had been seldom free from this vexatious sciatica, rendering her existence very uncomfortable. Many measures had been tried in vain for relief, and it was only by the effect of persuasion she was induced to consult me. The insertion of the needles was attended with complete success; the pains have not hitherto returned, and her movements are as free and easy as in youth.

I might add three more cases, where the disease was situated in the nerve of the upper extremity, though the effects were most sensibly felt in the wrist, the pain in the shoulder being only casually mentioned or thought of. The insertion of the needles has been always successful. In these belladonna plasters were also applied to the wrists, though more I think to gratify the patients, who were resolute the seat of disease was there, than from any expectancy I had of relief, though in many cases I have full confidence in the remedy. One case I may mention. A countryman had a paralytic seizure two years back, which deprived him of the power of speech, though the limbs perfectly recovered. I was sent for lately early in the morning. I found him incapable of using his right arm, which seemed to hang motionless, and his friends were persuaded he had had a paralytic attack in the night. From learning somewhat of the history, and examining attentively the limb, observing there was a more clonic spasm than paralytic degeneration, I was certain it was rheumatism, and had a belladonna plaster placed upon the shoulder and muscles of the neck. Other medicines, I think, were calomel and opium. The intelligent countenance, the clear eye, following me attentively as I made my examination, strengthened my judgment as to the nature of the attack. He recovered very shortly. The medicines I gave in all the cases of sciatic lumbago were acetate of potash in compound infusion of senna, the patients finding much relief from the movement of the lower bowels, and pressure being taken off the kidneys. In the neuralgia of the upper extremity carbonate of iron in full dose was given.

The different medicines were given with a view of testing their peculiar operation. I am of opinion that full purgation is very useful in all cases of rheumatism, especially in the acute; and that it is more useful where the lower extremities are attacked than when the distress falls upon the upper. The carbonate of iron is certainly an excellent remedy where the chronic form prevails. Many years since, I had an epistolary controversy with a Stafford physician on the subject, which appeared in the medical periodicals of those bygone days; but, as he answered not my last letter, I claimed to myself the victory, as remaining on the field; and the practice I have pursued has only corroborated my judgment. The *ratio medendi* I have nothing to do with; I have only to observe, that sound physiology will always lead to proper modes of practice, whereas theoretical ideas will lead to very unsafe conclusions. My meaning may be thus expressed in other words: There is often a condition of the system which may appear inflammatory, it is only irritative: apply depletory measures, you increase it; waiting awhile, and observing that inflammation does not increase—for it is its sure character to proceed—you may then trust to your more nervine, or, if you please, tonic remedies. Assuredly there are remedies well adapted for the relief of most disorders which affect our system; how to apply, when to apply, is the wisdom of medicine.

Dr. McCulloch wrote two large volumes to prove that malaria was the cause of all neuralgic diseases. I have read them attentively—have observed, I hope, accurately, but I cannot agree with him. I think much of this disease may arise from mode of life, variations of temperature,

internally and externally; sudden changes, such as we have experienced lately. At all events, the cases I have narrated were neither in confined situations nor subjected to such localities, and they were all isolated, that is to say individual—I had not two cases in the same locality, nor were any of them near the Foss, which is a condemned quarter of our city—unjustly, to my mind; for the hospital is near to it, good houses are built and building in its vicinity; nor am I aware of any of the peculiar diseases of malaria particularly noted there.—*Med. Times and Gaz.*

## INDIAN HEMP AS AN OXYTOMIC.

By JOHN GRIGOR, M.D., Nairn.

At the meeting of the Edinburgh Obstetrical Society, July, 1850, Dr. Simpson stated that "he had been induced to try the effects, if any, of Indian hemp, during labour, in consequence of Dr. Churchill stating that it possessed powers similar to those of ergot of rye in arresting hæmorrhage, when dependent upon congested states of the unimpregnated uterus. In the few cases of labour in which it was tried, parturient action seemed to be very markedly and directly increased after the exhibition of the hemp, but that far more extensive and careful experiments would be required, before a definite opinion could be arrived at relative to its possession of oxytomic powers, and their amount."

In the last August number of the *Monthly Journal of Medical Science*, there is an article, by Dr. A. Christison, on the parturient effects of Indian hemp, being a continuation of a previous one on the natural history, &c., of that medicine. These remarks are, so far as I know, the first and last that have been given birth to on that peculiar, and as I think uncertain, effect of the *Cannabis Indica*. I could have wished that these observations had been made on a more extended scale, and the effects more particularly and individually noticed, yet I will hope that my evidence may induce some others of my brethren to try it and note its effects, so that from step to step we may at length attain a full and correct knowledge of its powers and defects as a promoter of the labour pain.

Since reading Dr. Christison's seven cases, conducted at the Maternity Hospital of Edinburgh, I have used the Tinct. *Cannabis Indicæ* (24 grs. ext. to 3j.) in sixteen cases. In nine of these, though given to the extent of 5j. ss. in separate doses of 25 and 35 drops at a time—in some in quick succession, in others at longer intervals—I could not perceive any increased uterine action, nor the slightest physiological change in any one way during labour or afterwards, with the exception of one instance of sleep (much required at the time) in a lady, far from strong, confined of her third child, and much exhausted by inefficient throes, in whom the third 5ss. dose completely arrested the pains and induced sleep, which continued for an hour, when she awakened refreshed. Labour then set in in earnest, chloroform was given, and the child was speedily born. These nine cases made good recoveries.

In the seven cases in which the tincture of hemp succeeded so well with me, five were cases of first confinement, of satisfactory though very slow labour, and phlegmatic temperament. I have noticed the contractions acquire great increase of strength and frequency immediately on swallowing the drug, and have seen four or five minutes elapse ere the effect ensued; and if none was induced within the latter space of time, I have not observed its effects at all afterwards, notwithstanding repeated doses. In these few cases, I had opportunities of giving it from the time when the os uteri would admit the point of my finger till the expulsion of the child. Judging from experience, I believe that, in appropriate cases for the use of this stimulant, and when effectual, it is capable of bringing the labour to a happy conclusion considerably within a half of the time that would otherwise have been required, thus saving protracted suffering to the patient, and the time of the practitioner.

I have not observed it to possess any anæsthetic effects. I have used it in two cases along with the inhalation of



chloroform, and I did not observe that that agent interfered in any way with its action. When the effects of the hemp were subsiding, I have been able to recal and keep up the "good pains" by the addition of ten drops given from time to time. I consider the expulsive action of the cannabis to be stronger than that of the ergot, but less certain in its effect; and it has the advantage over the ergot, of usefulness in the early stage of parturition. I believe that the previous ineffectual administration of the hemp does not interfere with the after-exhibition and full working of the ergot.

Such are my brief observations on the new and interesting use to which Bang, or the Hachisch of India, has been put. In the few cases in which I thought its administration safe, and not counter-indicated by malformation, &c., you have given the result of those in which this effect was and was not displayed. I cannot conclude these remarks without entering my dissent against the use of uterine medicinal stimuli in general, on account of the frequent difficulty of accurate conception of relative dimensions of parts, &c. Yet all obstetricians must acknowledge that, in many cases, such stimuli are indispensable; and to be possessed of one capable of so early application, is decidedly a matter of much importance. I would also notice that, in labour, whether the cannabis shows its peculiar effect on the uterine contractions or not, there seems, as in tetanus, &c., to be a very great tolerance of the drug—nor have unpleasant consequences, so far as I have seen, appeared afterwards; and whilst it is acknowledged as a powerful controller of inordinate muscular spasm, it is equally, in many cases, a powerful stimulant of the uterine muscular fibre in labour, if not in the unimpregnated state.—*Monthly Jour.*

### ON CONGENITAL AND HEREDITARY EPICANTHUS.

By Dr. SICHEL.

CONGENITAL epicanthus is noticed by Dr. Sichel to frequently accompany that abnormal configuration, which is characterised by flattened and wide nasal bones. In these cases, the integument, instead of being stretched evenly between the root of the nose and the inner commissure of the eyelids, forms a semilunar fold directed from above downwards, with the concavity looking outwards and towards the eyeball. It sometimes extends from the inner third of the upper eyelid to the junction of the inner with the middle third of the lower one, covering in the caruncula lachrymalis, and a great part of the sclerotica; sometimes it commences less superficially, at a greater distance from the eyebrow, yet so that it is not shorter, but only narrower. In the latter case it may be readily overlooked. The effects vary according to the degree. The fully developed form gives rise to a peculiar disagreeable expression of countenance, reminding one of the Mongolian race. There is difficulty in opening the eyelids; and lateral vision is much impeded, the eye being often partially covered when the patient looks inwards. The puncta lachrymalia generally occupy their normal position.

The deformity is congenital, and is usually present on both sides. Dr. Sichel regards it as resulting from a development of the integument, disproportionate to the size of the nasal bones which support it. He has arrived at the conclusion that it is connected with flattened nasal bones, and that it may be considered as transitional between the Caucasian and Mongolian races, from an examination of the Iowa Indians, some time ago exhibited in Paris. The following points connected with the subject are interesting, but require to be determined by accurate data. 1. Does epicanthus become more frequent as we advance eastward; i.e., among the Mongolians than among the Caucasians? 2. The more aquiline the nose is, the less likely is epicanthus to occur; and Dr. Sichel has never found it in persons of the Jewish race. 3. It decreases from north to south; especially in Spain, where the European and the Asiatic blood of the Caucasian race has been intermixed.

The deformity may be hereditary. Dr. Sichel saw a gentleman with epicanthus, who had five sons and one

daughter all similarly affected, while one son and four daughters were free from the deformity. One of the sons had a daughter, who also had epicanthus.

Epicanthus is sometimes imperfect, there being a mere trace of it on one or both sides. It is not of much importance, not impeding the motion of the eyelids, nor producing deformity properly so called. Single epicanthus is very rare, and may be regarded rather as a species of imperfect double epicanthus, the rudimentary form of the disease being present on the other side, and the nasal bones possessing the peculiar conformation.

The treatment consists in raising a pinch of skin at the root of the nose, and excising it. The edges of the wound are brought together, and by this means the folds are obliterated. The most common complications of epicanthus are ptosis and convergent strabismus; erosion of the abnormal fold from the tears and irritating secretion may also occur, and a kind of entropium may sometimes attend the deformity.—*Lond. Jour. of Med.*

This is a natural defect, amounting to such deformity that it may often be called a congenital malformation; yet were it not from its peculiar effect on the countenance, it might pass observation, as many queer features do. We are somewhat sceptical as to the uniform success of an operation.

### ON THE CATARRHAL PNEUMONIA AND LOBAR PNEUMONIA OF CHILDREN.

By MM. TROUSSEAU and LASEGUE.

CATARRHAL (or lobular) pneumonia is a disease as distinct from simple (lobar) as variola is from erythema. This is seen in their respective mortality. Of twenty children who have been admitted into the hospital clinique suffering from simple pneumonia, in six months all have recovered; of nearly thirty who were attacked with catarrhal pneumonia, not one survived. Most of the first class of cases exhibited an excessive degree of acuteness, which burnt out like a fire of straw; while several of the second, notwithstanding their fatal termination, commenced with very mild symptoms.

Simple pneumonia hardly ever affects a child below two years of age, and rarely those of two or three, but becomes of more and more frequent occurrence as the child approaches adolescence. Its cause and symptoms resemble those of the adult, with some modifications. After twenty-four or thirty-six hours, the souffle and bronchophony can alone be heard; the crepitant râle, which is often observed in the adult when the patient coughs, even when much souffle is present, is hardly ever heard in the child. So afterwards, from day to day, without the crepitation of resolution, the souffle disappears, leaving only a feeble respiration. The progress of the disease is also more rapid than in the adult. In the mild form of the disease, recovery takes place rapidly, and in large proportion; but in its grave form, many cases are lost by any mode of treatment. M. Trousseau generally bleeds the child, gives it an emetic of sulphate of copper, and then a mixture containing Kerme's mineral and extract of digitalis.

Catarrhal pneumonia commences with a catarrh, which rapidly extends to the small bronchi, and then we hear numerous and small subcrepitant râles disseminated over both lungs, and especially posteriorly. These râles may persist for four, six, eight, or fifteen days, without any souffle becoming manifest; but sooner or later we hear a souffle, the resonance of the cries or the voice, or at least a prolonged respiratory murmur. While these latter sounds, common to simple and catarrhal pneumonia, are thus manifesting themselves, we find by the subcrepitant râles that the capillary catarrh is still persisting in the rest of the lung. The disease has extended from the mucous membrane to the parenchyma of the organ. Febrile action is less than in ordinary pneumonia, being predominant at some portions of the day and entirely ceasing at others; and these alternations of better and worse may continue for fifteen, twenty, or thirty days; the disease being origin-



ally a pulmonary catarrh, and partaking of the obstinacy and uncertainty of catarrhal complaints. As more and more of the parenchyma becomes implicated, the fever becomes more continuous and intense, and the respiration more difficult, until the children die exhausted. In other cases, in which the bronchial phlegmasia was very intense from the first, and the lung became rapidly invaded over a great extent, death takes place with rapidity. The progress of the disease has usually been more rapidly fatal when it has succeeded to measles, chronic disease of the skin, or laryngitis. All means of treatment that have been tried have proved impotent.

These two affections may be compared, *exceptis excipien- dis*, with erysipelas and phlegmon. Erysipelas traverses the surface, like the catarrh; and when it persists too long, it induces ulcerations of the skin, furuncles, and circumscribed subcutaneous abscess, just as the capillary catarrh induces suppuration of the lobules, little abscesses of the lungs, and circumscribed pneumonias. Simple pneumonia, on the other hand, progresses like simple phlegmon, violent in its febrile reaction, but terminating abruptly and rapidly.

It must not be supposed, from what has been said, that catarrhal pneumonia is almost invariably fatal. Although this is the case amidst the miasmata of an hospital, which exert effects at once so terrible and so difficult to avert, it is not so in private practice. In this, one-half the patients may be cured by repeated vomiting, flying blisters, antimonials, and digitalis; but how terrible are the ravages of a disease which, under the most favourable circumstances, kills one-half its subjects!—*Brit. and For. Med. Chir. Rev.*

#### SENILE GANGRENE TREATED BY LOCAL BLEEDING.

By Mr. COWLEY of Winslow.

ON Monday, May 17, 1852, I (being in the 74th year of my age) was attacked with an uneasy sensation in the second toe of my right foot, occasionally paining me like the sting of a nettle. Upon examination, the whole of the toe, to the first metatarsal joint, appeared of a red and inflamed colour, slightly tender to the touch, and somewhat enlarged. An application of diluted tincture of iodine produced no sensible effect. A second dressing of the same was applied on the 18th. On the 20th, the whole toe was considerably enlarged, vesication had taken place all along its dorsum, and the colour of the toe was assuming a dark purple hue. The iodine was discontinued, and ceratum album with a spirituous lotion were substituted, with the use of Markwick's epithem, until the 23rd, when the fourth and fifth toes became inflamed like unto the second, at its commencement, with a slight swelling without pain, but some irritation. From the fatal results I had witnessed of various cases during an apprenticeship and practice of fifty-nine years, and which cases had commenced in a similar manner to my own, I felt convinced (as no injury had been inflicted) that the disease was "senile mortification," and at once resolved to deviate from the long-continued practice of trusting for a cure to the use of cataplasms, opium, &c. (which rarely arrested the disease in its incipient stage, and seldom succeeded after sphacelus had taken place), by trying the effect of local bloodletting. I therefore extracted eight ounces and two drachms of blood from the saphena minor vein immediately below the ankle-joint. The direct beneficial effect produced was truly surprising; the redness of the fourth and fifth toes was almost removed, and the dark shining appearance of the second considerably improved in colour, and the swelling diminished. The same dressings were continued till the 28th, when a relapse took place, the fourth and fifth toes became inflamed to an equal extent with the third, the second toe was also increased in size, and the colour darker; also the great toe showed decided signs that the disease was spreading to that part of the foot. I again took away eight ounces of blood, and this from the saphena major vein, situated over the middle of the first metatarsal bone. A similar result to the first bleeding was shown, the same

mode of dressings was continued to the 2nd of June, when all the symptoms of the disease recurred, but not in so aggravated a degree. Five more ounces of blood were extracted from the same vein, three inches above the ankle-joint, with equally good effect, making a total loss of twenty ounces of blood from the foot in the space of ten days.

The inflamed parts were now dressed with spt. terebinthinæ, previous to the application of white cerate and epithem, but not agreeing, a common bread-and-water poultice was tried. However, not finding any material alteration, the cataplasma fermenti, P.L., was the next remedy on the 12th of June, which was continued for six days with advantage, when, although no ulceration existed, the ung. resinæ was applied over the surface of the whole foot as a warm dressing, up to the present time; and now I hope a permanent cure is effected.

During the first fortnight of the above period, the saline mixture with the volatile alkali were freely taken, and since then quin. sulph. gr. v., bis die. Port wine and spirituous stimuli have been continued to this day, without increasing the number of pulsations beyond 66, and that only in the afternoon occasionally. Although particularly enjoined by my medical friends to adopt positive and constant rest to my foot, I have persisted in the use of a leg rest and exercise in a garden chair; my general health being very good, I considered fresh air and exercise essential to its maintenance.—*Prov. Med. Jour.*

#### ON THE FINAL CAUSE OF MENSTRUATION.

By Dr. F. H. RAMSBOTHAM.

If it is really the case, of which there seems to be no doubt, that at each menstrual period in the human female the fimbriated extremity of one or both of the Fallopian tubes embraces an ovary, and causes a Graafian vesicle to burst and shed its contents into the canal, it would naturally be inferred that the formation of this fluid is subservient to the departure of the ovule from its ovarian bed, and designed to perform some important function in relation to its escape. Now, it would appear probable that the function is identical with the nutrition of the young ovum, and that the menstrual discharge, indeed, is nothing less than the rudiments of the deciduous membrane itself; or rather that it would have become the deciduous membrane, provided conception had occurred. And I think the identity of these two products is established by the following considerations.

An ovule ripe for impregnation, parts from the nest in which it had been elaborated, being conveyed by the grasp of the Fallopian fimbriæ. At the same time, Nature establishes an action for the purpose of preserving it, provided an opportunity of becoming impregnated by contact with the male semen is afforded it. Should that contact take place, and conception follow, the fluid formed is retained within the uterus, and is gradually converted into the deciduous membrane, which becomes the first medium of communication between the newly animated ovum and the maternal vessels. If, on the contrary, conception does not happen, the ovule perishes, and the fluid secreted for its advantage, not being required, is allowed to exude externally, as a superabundant and useless secretion.

This supposition, indeed, would require us to believe that the ovule may be impregnated, as well in the Fallopian tube, after its escape from the ovary, as in the ovarian bed itself; and I can discover no difficulty in believing that such should be the case. In the genus *aves*, for example, the eggs are impregnated after they have escaped from the ovary, and in that of *pisces* the same takes place, not only after they have parted from the ovary, but even after they have been expelled from the body of the parent altogether; so also in some *amphibia*, as in *frogs*.

The variation in regard to the time that elapses between conception and the commencement of labour, observable not only in different women, but also in the same woman on different occasions, may perhaps be accounted for by the part of the Fallopian tube at which the ovule becomes



impregnated; the nearer to the uterus the ovum was, the shorter the time probably that would elapse before it arrived at the uterine cavity; the nearer to the fimbriæ, the longer would be the time, because it would have a larger portion of the Fallopian tube to traverse. The period of utero-gestation, properly so called, that is, the length of time the ovum remains within the uterine cavity, is, in my estimation, definite; while the time of transit through the tube varies considerably, after impregnation has been effected; and this variation will be sufficient to explain the difference above alluded to.

The view which I have taken of this question is strengthened by the facts, that the menstuous fluid and the decidua membrane seem both to be formed by the same tubular glands lately discovered in the uterine substance—that the decidua when first formed is of the consistence of a viscid fluid—that in dysmenorrhœa a membrane is not unfrequently formed within the virgin uterus, which has very much the external characters of the decidua, and indeed can sometimes scarcely be distinguished from that membrane, the result of impregnation—that those females who menstruate irregularly or painfully are not so obnoxious to pregnancy as those in whom the function is normally performed—that the catamenia will sometimes appear once soon after impregnation, as though more fluid had been afforded than was required for the purposes intended—and especially that, as in the lower animal, no deciduous membrane is formed, therefore there is no necessity for any menstrual secretion; and we know that woman is the only animal subject to this peculiarity.

The position, then, deducible from the foregoing observations is, not only that whenever impregnation occurs, a secretion is elaborated by the uterus for the purpose of affording nourishment to the ovum, but that, independently of conception taking place, an ovule, even in the virgin, passes periodically from the ovarium into the Fallopian tube, and at the same time the same provision is made by Nature for its preservation, in anticipation of its becoming vivified; but that if this vivification is not effected, the fluid formed flows away, is cast off, indeed, as effete matter, and is what we popularly call the menstuous discharge.

The periodical return of the discharge cannot be considered as militating against this theory, but rather as supporting it; not only because we have constantly before our eyes instances of functions in the body performed with periodical exactness, but also because we know that in those of our graminivora which bring forth but once annually, the season of conception is so determined that the young should be produced in the spring. Thus the mare and the ass, whose period of gestation is eleven calendar months, conceive almost immediately after parturition—the mare on the ninth day after, the ass on the seventh—to the evident intent that a new progeny may be reared in the summer months. The cow, whose period is nine months, does not, however, conceive till three months after her last birth. The sheep and goat, which carry their young five months, will not take the male till the end of autumn; and the hare, whose term is only thirty days, does not become impregnated until eleven months have passed since the last parturition. This extreme variation in these different races of animals is evidently instituted with one single object—namely, that the young may be produced into the world at that season of the year most favourable for their nurture. And if Nature has been so precise in regard to the lower animals, we cannot wonder that she has displayed an adherence to a similar system in the case of the females of our own species, or that there should exist in the human subject the same kind of periodicity in regard to the perfection and escape of the ovule from the ovarium.

Nor can the waste which such a frequent loss of the ovule must entail on Nature, be regarded as an objection, since we see, as well in the animal as in the vegetable kingdom, loss to an enormous amount, exactly of the same description, constantly going on. How few seeds, comparatively, even after fecundation, become productive, and what

a wholesale destruction of organic life is there not witnessed in the case of fishes. Of the million, or the million and a half of ova expelled from the ovarium of the sturgeon, for instance, how few are fecundated, and how few of those that are fecundated survive to be elevated into the existence of a living independent animal. If Nature permits such a waste to be inflicted on her, in the reproduction of one genus of animals, we cannot surely find difficulty in believing that the same prodigality (so to speak) may in a minor degree influence her operations in the human subject. —*Braithwaite's Retrospect.*

## CASE OF SATURNINE PTYALISM.

By H. HILL, M.R.C.S.L.,  
Bytown, C. W.

THE following instance of a peculiar idiosyncrasy, or susceptibility of the constitution to the effects of lead on the salivary apparatus, may prove interesting to the pharmacist as well as to the toxicologist. During the past spring I was in attendance on a lady who was threatened with miscarriage about the eighth week of pregnancy. The symptoms were very slight at first, being confined to the smallest possible appearance of hæmorrhage, unattended with any pain or sense of weight in the pelvic region; it consequently was thought, that by enjoying rest in the horizontal position with the use of sulphuric acid and opium, that all unpleasant consequences would be avoided. After having kept the patient in bed for a fortnight, during which time there were occasionally the very slightest marks of hæmorrhage, one morning the sign of abortion became too evident to be any longer mistaken, or the expectation of its recurrence to be further delayed; after a few hours the ovum became detached and came away, with considerable flooding at the time, and continuing for days and weeks afterwards. It was soon after the continuation of the hæmorrhage that I commenced to administer the acetate of lead in five-grain doses with ergot of rye, about every four hours; its effect on the flooding was marked; the discharge became decidedly lessened, but on the third day all the symptoms of mercurial salivation were evident, the gums were much swollen, the buccal and labial glands elevated and raised, the sublingual and submaxillary glands enlarged and painful, whilst the saliva was pouring from the mouth, possessing the characteristic fetor of ptyalism. I should have sought the explanation of these phenomena in an accidental admixture of calomel or corrosive sublimate in the specimen of lead, of which I was availing myself, had it not been for the circumstance, that, about two years previously, under precisely similar conditions with the same individual, like results had taken place; at that period, having been using portions of the same specimen of lead in several cases without any of these abnormal effects, I had no reason for suspecting its purity; but in the latter instance, I examined it with hydriodate of potassa, which only threw down the beautiful yellow precipitate of iodide of lead, without any vestige of the salmon colour of iodide of mercury. So singular an effect of lead I have never before met with, either in practice or in the works on *metieria medica*, or toxicology; on the contrary, in Christison's work there is reference made to a paper published by a Mr. Daniell, in the London "Medical Repository," advocating its use as a remedy in mercurial salivation.

This unfortunate idiosyncrasy existing in my patient, effectually excluded the continuance of the acetate, which was immediately followed up by a return of very distressing hæmorrhage, and was only finally controlled by the use of the tampon, which I look upon as a most effectual means of arresting uterine hæmorrhage, and one that is too seldom had recourse to from non-appreciation of its utility, or from prejudices founded on its unphilosophical effect of rather assisting to distend the uterus, than of allowing of its permanent contraction, and plugging up the vessels by coagulation of the blood — *Canada Medical Journal.*



## TREATMENT OF OPHTHALMIA BY OCCLUSION OF THE EYELIDS.

M. FORGET, after passing in review the different means used in the treatment of ophthalmia, directs particular attention to the use of cold applications, and occlusion of the eyelids. The use of cold water he believes to be beneficial in almost all cases of ophthalmia. The application must be permanent, frequently renewed, and continued until the symptoms have completely disappeared. The addition of vinegar, acetate of lead, alum, &c., is almost useless. He has seen good effects result from this treatment in cases of simple injection, in severe inflammation pain, photophobia, and even in ophthalmic blennorrhœa. Even in cases where topical applications are ill born—in ophthalmia with relaxation of the tissues—the employment of cold water may still be useful. This remedy necessitates occlusion of the eyelids; and M. Forget doubts whether the benefit is not really owing to this circumstance. In many cases simple occlusion is sufficient, but cold applications are an useful adjunct where there is much redness, heat, pain, and swelling. The advantages of occlusion are, that the organ is kept in a state of repose, protected not only from light, but from the air and from foreign bodies; that the eye is maintained in a state of equable moist heat; and that the eyelids are made to exercise a mild, equal, permanent, *natural* compression on the inflamed parts. M. Forget relates some cases of severe ophthalmia, in which occlusion was tried with marked benefit, sometimes after the usual remedies had been employed without effect. It is sufficient to keep only the affected eye closed; a bandage is the best means. In cases of rheumatic, scrofulous, or other specific forms of ophthalmia, other means may also be necessary. When there is much muco-purulent secretion, it will be necessary to cleanse the eye carefully.—*Lond. Jr. of Med.*

This is the treatment so generally adopted by old women and young surgeons of the blue-stone and green-shade school in Ireland, and which blinds so many poor children. It is scarcely necessary to warn our readers to avoid carefully every approach to such mischievous and absurd practice.

## SORBINE.

*A New Saccharine Matter obtained from the Berries of the Mountain Ash (Sorbus aucuparia).*

By M. PELOUZE.

THE berries of the mountain ash, collected about the end of the month of September, were bruised and pressed in a cloth. The juice thus obtained was left to stand in earthen vessels for thirteen or fourteen months. During this time deposits and vegetations were repeatedly formed, but these were not submitted to examination. The liquor, which underwent spontaneous clarification, was decanted, then evaporated at a gentle heat to the consistence of a thick syrup. This syrup deposited crystals of a brown colour, which after being twice treated with animal charcoal, were obtained colourless. Further quantities of the same substance were procured by successive concentrations of the remaining syrup, and these were purified with as much facility as the preceding.

Three analyses of the sorbine, made with the greatest care on perfectly white and transparent specimens, the combustion of which left no trace of residue, proved beyond a doubt that this substance contains an equal number of atoms of carbon, hydrogen, and oxygen.

Sorbine is colourless, having a decidedly saccharine taste, which cannot be distinguished from that of cane-sugar. The crystals are perfectly transparent, hard breaking between the teeth like sugar-candy. The specific gravity of the crystals is 1.654. Water dissolves about twice its weight of it. Boiling alcohol, on the other hand, dissolves but a very small quantity, which is deposited again on cooling, in the form of octahedrons similar to those deposited from an aqueous solution. A concentrated solution of sorbine resembles a syrup of common sugar. Its density, determined with a solution which was not quite pure, was 1.372 at 60 deg. F. The sorbine, and the syrup which it forms with water, are therefore both a little more dense than cane-sugar and its solution.—*Phar. Jour.*

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN: WEDNESDAY, SEPTEMBER 8, 1852.

## PAYMENT FOR MEDICAL SERVICES.

WE rejoice to hear in all quarters the same expression of determination to reform the system which obliges Medical Practitioners to give their professional services without payment. It is, in fact, one of the many evils which are now curing themselves; and although the cure may be slow, it will be a certain one. In the article we copy below, the complaint is touching the metropolitan Hospitals, but it applies much more to provincial Institutions, and to the public service generally, if not to private practice also. That the metropolitan Physicians and Surgeons seriously injure their provincial brethren by their free tender of gratuitous services, both in public and private, there can be no doubt; for by so doing they establish a precedent which is every day quoted against the “Country Doctor”:

The entire hospital arrangements, in all that relates to medical men in this metropolis, requires revision; but we are glad to see such unmistakable signs of the interest excited on the subject of “gratis hospital work.” It shall not be our fault if this important subject is suffered to go to sleep for another generation. The wrong inherent in the present system of non-remuneration, or remuneration by a beggar's dole, and its meanness towards hospital medical men, we have already insisted on. But though the evil begins by the injury done to hospital medical officers, it by no means ends there. It would be difficult to say what class is most deteriorated by the present method: the hospital men themselves, the students, or the profession at large. The hospital officers are injured by having to work most laboriously without any direct remuneration. Every temptation is held out by governors for making hospitals merely the means to gain the end of professional practice—namely, income and repute. If patients are well cared for, it is in spite of the present system, rather than by any encouragement it holds out to professional men. As regards students, we have shown that they are made to pay medical officers, instead of the governors; and our entire system of medical education is a still more direct machinery for paying those salaries which governors and boards withhold, than it is for the purposes of sound medical education. By a pecuniary levy in the shape of exorbitant lecture fees, medical students are made to do great part of the work of charity, in paying medical men; and in some institutions they even contribute by these fees to maintain the beds in which the patients whose cases are to instruct them are lying. Young men, dressers, house-surgeons, clinical clerks, registrars, and other working students, not only pay exorbitantly, but really slave in the service of our great hospitals. Students are made to pay in every direction, and to work in every direction; while those who know anything of the economy of our general hospitals, know that they could not go on without the work of the over-taxed students. We are not contending that students should not pay for the means of instruction; but, according to the present system, they pay, not only for their instruction, but they pay indirectly the medical officers, who should be paid by the governors. Take St. George's, for instance, one of the richest of the voluntary hospitals: we believe the surgical pupil pays £52 10s. for perpetual hospital attendance—half as much as the entire cost of the education of a barrister. Yet this student, after the first year, becomes a servant of the hospital, and works as hard in the administration of relief as the medical officers themselves. Such fees could not be thought of, did not the idea of paying medical officers by students' fees enter into the minds of those who framed the scale of payment. To the profession, the injury of such a vast system of gratis work is incalculable; it deteriorates professional character and the estimation in which medical men are held, for nothing is truer than the saying that all which can be had for nothing is undervalued. A sneer is always ready for the young professional man who during his years of struggle takes “advise gratis” for his motto; but the “advise gratis” which rules in our great hospitals passes without remark. The one is not so injurious as the



other, for the second is but a repetition of the first on a gigantic scale. What is true of the open shop or dispensary, is true of the hospital. The evil is the same; only the evil, by being more gigantic, loses something of its contemptible appearance. It is not the less hurtful, however, for being more immense. We earnestly trust that some means may be found of reforming the administration of our hospitals in all that relates to the services of medical men. Without this, hospitals, while they are great blessings, are, at the same time, great evils to the medical profession. Take the great hospital of St. Bartholomew. In certain senses, it is one of the noblest institutions in the world; but taking into consideration the fact that within its walls the work of administering to 85,000 persons per annum the medical and surgical necessities for all practical purposes, "free gratis for nothing," it is a vast engine for demoralizing the medical profession and for lowering the estimation in which medical services are held, and according to which they are paid by the public.—*Lancet*.

It is not in London only that "all that relates to medical men or hospital management requires revision." Dublin, with its seven General Hospitals, requires it still more. The subject demands something more than the partial and narrow view hitherto taken of it, and something better than the shabby policy of a cheese-paring Chancellor of the Exchequer. General Hospitals must be supported in the city for the poorer citizens and occasional population, not entitled to relief as paupers; and if so, adequate provision should be made for their medical administration. The present plan of supporting this class of medical charities by a tax levied off the citizens, a parliamentary grant, and private subscriptions, is a good one; but there is a want of system and control as well as an unequal distribution of funds, which leads to wasteful expenditure and inefficient operation. We have had enough of the miserable popularity-hunting policy, carried into operation by place-makers and place-hunters which disturbed everything and left nothing perfect or finished. It is high time to consult some other interests than those of party, sect, or political adherents, in the organization of public institutions; high time to deal with public measures on their merits, and not on considerations as to their effects on the fortunes of craving individuals. The Councils which suggested the discontinuance of the salaries of the Surgeons of County Infirmarys and the withdrawal of the Dublin Hospital Grants, fortunately no longer prevail, and an open is now left for the adoption of an honest and a wiser policy. We have had a great deal of talk and scribble about the rights of men to payment for their labours, to free trade in all commodities, and to political privileges; let us see a little practical application of these theoretical flourishes to medical workmen. "A fair day's wages for a fair day's work" are as justly due to the Hospital and Dispensary Surgeon as to any other operative employed by the State.

#### PAYMENT OF MEDICAL WITNESSES.

We often think that we are worse used in Ireland than our brethren in England, but it is often the reverse. We sometimes fare better, because we often assert our rights more effectually. Medical witnesses are badly paid in Ireland, and sometimes not paid at all; but in England they seem to have no law or rule to secure them against the arbitrary proceedings of official people. Medical men may be called on to give evidence, as other men are, in cases not arising out of professional service, and for such, of course, they should not be paid; but when called as "medical witnesses," they should be paid as every other public servant:—

I happened to be an unfortunate witness at the late Chester

assizes, and should be glad if some good could be made out of a bad matter. I live seventeen miles from Chester, and got paid seventeen shillings mileage and one guinea a day for expenses. I was obliged to stay in Chester at a hotel one day and night, as my case came on first in the morning; so I had to keep myself there, which cost me within three shillings of my allowance. I ask you whether you think a man can keep his family on three shillings a day, for I was not able to get home to do any business that day. I was talking to a medical friend from Scotland, and he had only just left Edinburgh from the assizes, and he had three guineas a day allowed him, and £5 for expenses. How is this? I should think if some petition were got up to the Home Secretary, showing the absurdity of such remuneration (if such it can be called), and signed by the medical community of England, then a more just state of things would be arrived at. Within the last five years two guineas a day have been paid to medical witnesses, who this year were sent away with one; but in medical matters, payments get worse instead of better.

Can you or any of your numerous readers furnish a table of fees to which a medical man is entitled on giving evidence in the various law and other courts, and before a committee of either house of parliament? About three months ago I was served with a summons, and paid one guinea, to attend next day and give evidence before a committee of the House of Commons respecting a water question. I attended accordingly, was examined, and was leaving the house, when I met a gentleman who holds a situation in the House of Lords. I told him my business there. He said, "Of course you got your two guineas." "No." "You are, as a professional man, entitled to that sum." I immediately sought out the attorney, who said I had been paid the usual fee. I told him I should try it in the county court. This brought him to his senses, and I was then paid.—*Letters in Lancet*.

#### TURNING "A POST" TO ACCOUNT.

We have had here in Ireland often to set our brethren on their guard against the operations of candidate placemen which aimed at the perversion of official duties to purposes of private practice, and especially against a monster attempt of the kind in the preparation of the census returns, which may not yet be abandoned. Here is an example of this kind of medical manoeuvre very properly exposed:—

Your remarks last week on the case of Mr. Jones and the Strand Union, call my attention to the unfair advantages which some surgeons (who are not over scrupulous of the manner in which they obtain practice) may take of their office as registrars of births, deaths, &c., of introducing themselves to the favourable notice of the patients of fellow practitioners. I should not have entertained suspicions of this nature, had I not been informed that a surgeon in this vicinity (Billinghurst), who is also the registrar, has acknowledged that he accepted the office of registrar from the motive of its leading on to practice. If such be the object of many surgeons holding this office, the sooner such a system is done away with the better will it be for the credit and welfare of our profession. I do not see why the office of registrar should not be generally held by the relieving officer of the district, which is the case in many places, as it would be an important addition to the salary of such a person, and would not give him a great deal of trouble, whereas to a surgeon in practice the salary can scarcely be an object.—*Letter in Lancet*.

#### MORE QUESTIONS ABOUT SHAM DIPLOMAS.

THE Medical Professors of Trinity College, Dublin, have raised a discussion they little anticipated. They thought they had nothing to do but to provide a spurious surgical diploma for the relief of needy Medical Sizzars, but they now find that others can provide spurious medical degrees to compete with their parchment. They have already brought their coals to Newcastle, and sent some of their medico-theological mustard to Durham, but they little expected a rival so far north as Aberdeen. The market they relied on may not prove so exclusively their own as they expected, for they say some of their customers there



have been "ganging sooth" before now. Sawney is a very good fellow, until Donald comes to seek a share. Of the pretensions of the rival Colleges in Aberdeen we know little: one, we believe, was founded by the Pope, and the other by the Pretender. But we shall not be surprised to see, one of these days, a board hoisted over the gate of either of them, inscribed "Scotch Logic taught, and cheap Diplomas for Army Surgeons sold, here":—

We believe that the medical degrees granted by Marischal College are utterly valueless when they are regarded as legal titles to practise. All persons who feel themselves interested in the question as to whether Marischal College is empowered by law to grant degrees in medicine, should peruse a pamphlet that has been published on the subject by the Senate of University and King's College, Aberdeen. The title of the pamphlet is as follows:—"Has Marischal College, in New Aberdeen, the Power to Grant Degrees in Divinity, Law, and Medicine?" It may be obtained from Wyllie and Son, publishers, Aberdeen.—*Lancet*.

## CORRESPONDENCE.

## WORKING OF THE DISPENSARY ACT.

"Bad as the remuneration of our Dispensary Surgeons is, what might it not have been had they remained passive during the legislative campaigns which led to the present arrangements."—MEDICAL PRESS, Aug. 25.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—I am very sorry to say you have fallen into a grave error when you wrote the above paragraph, for it is impossible that an act more degrading or more destructive to the country dispensary surgeon could have been devised; no, not even if the clause which provides "imprisonment and hard labour" for the "medical officer" had been allowed to stand; and if you had the opportunity of a little conversation with them, you would find that more than half of the country dispensary surgeons are so dissatisfied and disappointed that they intend resigning their dispensaries; in fact, no one will remain that can by any means get away. Some with large families and no other provision will probably endeavour to hold on, and a fraction also that have occupations besides medicine: but for the mass, believe me the Commissioners are taking the most summary steps to "eliminate" them (to use the expressive phrase of a high poor-law authority).

I will endeavour now to give you some insight into the way the act is working. The districts are about double the size they ought to be, often extending from ten to sixteen Irish miles from end to end, and you may assume that nearly the entire population (beneath the class of gentleman) is to be attended gratuitously—for there is no limit in the issue of tickets—farmers of forty, sixty, or perhaps more acres, without difficulty, getting the necessary order for the medical officer. We are told to represent to the managing committee any improper person that may be recommended, and that they will cancel the ticket, but you will find this is "a delusion and mockery." The committee seldom meet; at all events, you will be very lucky if they meet before the wealthy farmer has had the benefit of your services for three or four weeks, sufficient time to have cured any ordinary disease; besides all this, it would be very imprudent to make a complaint to the committee. You would almost to a certainty make an enemy of the gentleman who gave the ticket.

And suppose you even brave this, and get the ticket cancelled, you will have gained nothing—the man is cured or the woman delivered; and the next time any of the family are sick, a ticket will be procured from the same committee man, who has only to say the farmer is not then as well off as when his name was cancelled. Heretofore the vaccination contract was worth £10 or £15 in the year, and perhaps half a dozen pounds more were made by vaccinating the children of farmers, shopkeepers, &c. Now you are required to vaccinate all comers.

The arrangements relative to red tickets are very vexa-

tious. Heretofore, I believe, the general rule was, that all tickets should be taken to the dispensary at the proper hour—unless in case of emergency. Now you are required to receive at your residence, at all hours, visiting tickets; in fact you have not a moment to yourself—you have a life of the greatest drudgery. In addition to all this we are bewildered with a tedious and complicated system of bookkeeping. The salary, or the remuneration the Commissioners are pleased facetiously to term it, is £60 a year—less three months pay—for which you are very coolly told the act has made no provision.

I need not tell you that the entire labour of one horse is scarcely sufficient. Probably you will say the private practice indemnifies. But the private practice in the south and west of Ireland in a rural dispensary district is very limited indeed, and even that limited practice has been further limited by the grinding regulations I have before alluded to.

I commend this letter to the consideration of the Council of the College of Surgeons, who, I am sure, had no idea we would be thus treated, when they remarked in their Report of the 20th of May, that "they confidently hoped this act would be beneficial to the medical profession and the public."

For the present I will conclude, I purpose, with your kind permission, returning to the subject, particularly as you so much bemoan the apathy that appears to prevail among us.

Yours truly,

A FELLOW OF THE COLLEGE.

We shall be glad to hear again from our correspondent on this subject, for to say the truth, we do not find many inclined to state their grievances in the same way.

TO THE EDITOR OF THE MEDICAL PRESS.

MY DEAR SIR,—I said in my letter of August 4th, that I would not again trespass on your columns except to ask insertion for a letter of Mrs. M.'s in confirmation of my account of that misunderstanding. You have since, however, published another letter from Dr. Little, and also a document signed by Mr. St. Leger and Mr. Griffith; you will therefore see the justice of inserting the statement of the other arbitrators—a statement in which Mr. Jones, who was called in as umpire, fully concurred.

## STATEMENT.

"Our attention having been called to a letter of Dr. Little's in the MEDICAL PRESS of the 6th of July, 1852, and also to one from Mr. St. Leger and Mr. Griffith in a subsequent number, we beg to repeat our conviction that Dr. Little, by having, in his letter of the 7th of July, alluded to the arbitration, had taken a wrong view of it, it being the expressed wish of the arbitrators that the matter was not again to be alluded to; and the letter of apology (No. 6) was only to be considered an acknowledgment of an unintentional error, Mrs. Davys in her letter having taken on herself the responsibility of the statement made by Dr. Lynn to Dr. McMunn. We have already stated that Dr. Lynn did not get a copy of letter marked No. 6.

Signed,

FRANCIS GILBERT.  
THOMAS YEATES."

You have now, Mr. Editor, seen documents bearing out every statement made by me during this painful correspondence. First, you have the statement made by Captain Gilbert and Mr. Yeates, July 27th, and also their statement of August 17th, to the effect, "that a copy of the letter of apology (No. 6) was not handed to me after the arbitration; that it was only to be considered as an acknowledgment of an unintentional error into which Mr. D.'s communication had led me; and that it was the intention and expressed wish of the arbitrators that the subject of the arbitration was not again to be alluded to." Second, Mrs. D.'s letter, in which she takes on herself the responsibility of the statement I made to Dr. McMunn, and which has been so skilfully used to divert attention from the real origin of the correspondence—namely, Dr. Little's uncalled for attack on the case reported by me in the MEDICAL PRESS. Third, Dr. Whittaker's letter disavowing



the words quoted by Dr. Little as the pretext for his criticisms on the case. Fourth, Dr. Tucker's letter bearing testimony to the truthfulness of my report of the case. Fifth, the extracts from the letter to Mr. F.,—extracts which justify any subsequent want of courtesy on my part. Dr. Little says the letter containing them was written three years ago; if so, it only proves that Dr. Little commenced the system of "stabbing in the dark" (his own words) when I thought we were on friendly terms. I only saw it after the misunderstanding about Mr. M., and could then scarcely believe my senses. Sixth, Mrs. M.'s letter bearing out every particular of the account which I gave of that misunderstanding. Unless unscrupulous assertions and abusive language are allowed to outweigh such evidence as the above documents afford, I do not think Dr. Little will have raised himself in the estimation of the profession by his attack on me.—I am, dear sir, yours very truly,

ROBERT LYNN.

Sligo, September 3, 1852.

#### A BOARD OF GUARDIANS BROUGHT TO THEIR SENSES.

ON the 29th of December, 1851, an order, signed by the relieving officer, was left at my residence, requesting my attendance on Mary White, a pauper, of Evercreech, nearly four miles distant, who was stated to be in labour. As a previous professional engagement prevented my attending, I requested my qualified assistant to go without delay. He went, and arrived at the patient's house before the messenger had returned home. His presence was little required, as the labour had scarcely commenced, the mouth of the womb not being larger than a sixpence. It was the extremely weak and half-starved appearance of the pauper that induced him to remain in attendance. At two p.m. flooding first took place, and upon a further examination it was ascertained that there was an after-birth presentation. The pains having ceased, my assistant immediately gave the ergot of rye, plugged the vagina to restrain the hæmorrhage, and sent a man on horseback to me, requesting a consultation. The messenger came through Bruton to me, at Castle, the distance of seven miles, where I had gone to assist a neighbouring practitioner in the amputation of an arm. As the operation was urgently required, I was unable to leave, but directed that a carriage should be hired as quickly as possible, and that my able and experienced friend, Mr. Stockwell, should be requested to go to Mary White. Mr. Stockwell arrived at Evercreech between four and five o'clock. He found the patient in a very low condition, but the hæmorrhage had ceased. He remained nearly three quarters of an hour in consultation with my assistant. The flooding did not return during his visit. It was agreed that the patient should be constantly supplied with stimulants and nourishment, and if the flooding should return, my assistant was to turn the child and deliver the woman. I proceeded to Evercreech between five and six o'clock, and met Mr. Stockwell on the road. We consulted on the case, which he considered a most dangerous one, and that the patient, when he saw her, was too weak to undergo the operation of turning, but if the flooding returned, he advised me to deliver the woman as a last resource. When I arrived the hæmorrhage had just begun to return, and it was clear that if the operation of turning was not performed, the woman would die undelivered. As there had been no labour pains since the flooding had commenced, the mouth of the womb was not so large as half a crown, and it required no little trouble and difficulty gradually to dilate the opening and introduce my hand. After kneeling from twenty minutes to half an hour on the stone floor of a dirty cottage, the child and after-birth were brought away in the usual manner. The woman did not survive the operation more than three quarters of an hour. It is right to state here, that the patient, before her confinement, was so weak in body and depressed in spirits, from consumption and other causes of a mental nature, that in all probability she would scarcely have survived natural labour. Her doom was sealed as soon as the flooding commenced, and no skill could have saved her life. The following week my account was forwarded, as usual, to the board of guardians, containing a charge of £2 for the case, including the nine hours' attendance of my qualified assistant, Mr. Stock-

well's journey and consultation, and the performance of a difficult obstetric operation by myself. This enlightened board of guardians refused to allow the above fee, and with their accustomed generosity offered me the sum of ten shillings! I appealed to the poor-law board, who, after communicating with the Shepton Mallet Board of Guardians, received from the latter the following truthful and intelligent letter:—

"Shepton Mallet, February 11, 1852.

MY LORDS AND GENTLEMEN,—I am directed to acknowledge the receipt of your letter, No. 3006, dated the 27th ult., containing a copy of a letter addressed to you by Mr. Crouch, medical officer, with reference to a disallowance *in (sic)* his charge for attending Mary White in her confinement. I am instructed to state, that the board of guardians, on receipt of the letter referred to, gave directions to their relieving officer, Mr. Bown, to make inquiries relative to the case, and report thereon. The following facts were stated by him to the board at their meeting of the 10th instant:—"Mr. Crouch was from home when the order for attendance on the woman (which was obtained at nine o'clock in the morning) was left at his residence; that his assistant attended the case, but that he could do nothing to relieve the patient; she was therefore obliged to remain without medical assistance until Mr. Crouch returned home, which was not till seven o'clock in the evening, when the operation described in Mr. Crouch's letter took place, but without any beneficial result, the poor woman having died shortly after. I am to state, that the guardians are of opinion, that had had the patient had the assistance of Mr. Crouch at an earlier period, her life might have been spared. I am instructed to add, that, as a general rule, the guardians consider ten shillings sufficient for midwifery fees, and they are of opinion that in this case Mr. Crouch is not entitled to a higher fee.

Signed for G. M. MACKAY,

J. THOMAS."

In reply to the above libellous production, I informed the poor-law board that not only were its contents manifestly untrue, but that they were contrary to what was stated to the guardians by their own relieving officer, Mr. Bown. The board of guardians still refused to pay more than ten shillings, although the poor-law board twice recommended them to reconsider their decision, and although the meaning of the order is so clear, that "he who runs may read." The order is as follows:—"Provided that in any special case in which great difficulty may have occurred in the delivery, any district medical officer shall receive the sum of £2." The poor-law board having intimated "that it was open to me to take proceedings in the county court against the guardians of the Shepton Mallet Union, for the recovery of a fee for my attendance on Mary White," on the 31st of July last, the chairman, vice-chairman, and clerk of the union were summoned to the county court at Wells. After Mr. Stockwell and myself had given evidence that the case of Mary White was a rare and difficult one, an abortive attempt was made by the defendants to prove that there was a want of skill on the part of my assistant, great neglect on my side, and also that it was not a difficult case. Their witnesses consisted of a medical man, who knew nothing of the nature of the case before he entered the court, and of an old woman, who was not even a village midwife, and had never confined a person in her life. Both of these gave evidence distinctly in my favour. The judge of the court, who exhibited on the occasion his usual acumen, concluded the case by saying—"There is no defence whatever to this action. The plaintiff must have his £2; and it would have been more creditable to the board of guardians if they had consulted Mr. Stockwell about the nature of the case, instead of sending for an ignorant old woman, who scarcely knew her right hand from her left, and whose only clear idea is, that she has had a large family without much difficulty or trouble."—*Mr. Crouch of Bruton, Somerset, in Prov. Jour.*

SUMBUL IN DELIRIUM TREMENS.—St. Petersburg hospital reports say that the root of sumbul proves a rapid and desirable means of cure of the delirium tremens of drunkards, being in very many cases to be preferred to opium. It is especially in the erethritic form of the disease that it is useful, the excitement being quickly calmed, and sleep with general diaphoresis ensuing. It is administered as an infusion (half an oz. to six oz. aq.), a spoonful being given at first every hour, and then every second hour, continuing it for some days after sleep has been procured.



## URATE OF AMMONIA AS AN EXTERNAL APPLICATION IN SYNOVIAL INFLAMMATION OF THE JOINTS.

By W. HORNER, M.D., Pennsylvania.

THE author's acquaintance with the counter-irritant properties of urate of ammonia was accidental. He had a patient who, dissatisfied with his applications, used one of her own to an inflamed joint, which consisted of a mixture of human urine and potter's clay, applied as a poultice. This nasty application having relieved the pain in a few hours, the author was tempted to experiment with it in other cases, substituting a guano poultice for the original. . . .

Having a similar case shortly afterwards in the St. Joseph's Hospital, I tried it in a solution of muriate of ammonia formed into a poultice. No very distinct or satisfactory result followed, and it was discontinued. Having the idea still in my mind, and wishing to be satisfied about it, but reluctant to employ the article resorted to by the poor woman, I determined to find my urate of ammonia in some other form of an easy kind, and for that reason adopted the guano, which has so large a proportion of phosphate of lime, urea, and urate of ammonia in it. A female patient, aged 34, Mrs. C., from Tamaqua, who had for more than a year laboured under inflammation of the right knee, was put under my charge at the St. Joseph's Hospital, October 8, 1851. She had been well attended to by Dr. Scherner, who had conducted her through the most acute period of her complaint. The joint had suppurated, and she came to town with a small fistulous orifice on the inner side of the knee, through which a probe could be easily passed between the tibia and os femoris. From this there came daily a spoonful or more of matter when a plug was withdrawn from the orifice. She still suffered great pain at night, the part was tender, and was in continual uneasiness, and she had some slight fever in the afternoon. Here was exactly the case to try the efficacy of urate of ammonia, as naturally formed in animals. I accordingly obtained some guano, and had it made into a hot poultice with clay. The joint was kept enveloped in the poultice, with frequent changes, for nearly the remainder of the month, at the end of which time a very marked improvement had taken place in the amount of pain, and also in the degree of swelling, and the purulent discharge had almost ceased.

The application produced a very copious vesication of the knee, and it had to be weakened to reduce the caustic qualities. Having conducted this treatment as far as seemed necessary, the skin was permitted to heal. Some little pain recurring afterwards, she was blistered for it; that getting well, the emplastrum calefaciens was applied, and the leg was also kept supported by an extending band on the ankle, and a counter-extending one on the thigh, their action being sustained by a splint on the outside of the limb. At the end of six weeks (Nov. 25th) she has left the hospital without pain or uneasiness in the knee. The joint is in a state of false ankylosis, and straight. I have covered the knee with emplastrum adhesivum, and secured it in that position with strong pasteboard splints, moulded to the knee, and have recommended her to keep it so for two or three months, until all danger of secondary suppuration be removed. Probably at the end of this time the judicious use of frictions and of Stromeyer's screw-splint may impart some flexion to the limb.

The hospital record sheet shows the following details of dates, which may be inserted in this place:—October 9th: Poultice of guano (urate of ammonia) and potter's clay, equal parts. 10th: Poultice has blistered; it was discontinued, and simple cerate applied. 11th: Patient has less pain; soreness of knee reduced, and not so much swelling; a poultice with one-third of the urate of ammonia and two-thirds potter's clay. 13th: Vesication. 14th: Quantity of urate reduced to one-fourth of poultice; treatment continued pretty much in this state to near the end of the month; vesication by emplast. cantharid. about this time. 28th: She was permitted to eat as she pleased. November 5th: Emplastrum calefaciens. 12th: Discontinue

emplastrum calefaciens, and reapply the urate of ammonia, on the 14th of October.

While this case was in progress, another occurred in a boy who had the knee-joint opened by a cut of half an inch or so in length. Synovial inflammation followed, with the ordinary symptoms. Its usual acute period was passed through, under the depletory antiphlogistic treatment, and with evaporating lotions to the part. The disposition to fall into the chronic state, attended with tumefaction, was relieved by five days' use of the same agillacious, uro-ammoniacal poultice. The ward-sheet exhibits the following entries, in regard to this case:—Patient, Timothy Roach, aged 19, admitted September 23rd, a day or two after the accident; knee painful and stiff, somewhat swollen; rest and fomentations of warm water directed on that day; also loss of ten ounces of blood from arm. 24th: Local bleeding by scarified cupping; fomentations continued. October 4th: Warm fomentations to this date; in the meantime an evident articular effusion has occurred in the synovial membrane of the knee; a blister-plaster, four inches by four, was then applied. 6th: Blister-plaster two inches by three. 7th: The patient so much relieved from pain as to be permitted to leave his bed, and promenade with a crutch. 9th: Some aching and tumefaction indicated a persistence of articular irritation; the poultice of urate of ammonia (guano) one-fourth, potter's clay three fourths, was then applied hot, with frequent renewals to the 14th of October, at which time all the symptoms were relieved. The patient was discharged cured on the 15th.

The above cases are reported much in outline. I shall continue, as opportunity offers, to test the value of the above remedy, and also compare its results with other remedies. It appears to me to have some special qualities, which are of a highly beneficial kind in the affections alluded to. It is so active a revulsive when applied strong, that I have no doubt of there being many cases of serous inflammation in which it may be usefully resorted to. I would here suggest a trial in puerperal peritonitis and in pleurisy. I see no objection except the odour. The poultice of guano and clay dries very quickly, so that it is better to shield it with oiled silk or India-rubber cloth. The clay I look upon as simply a vehicle, but it may also have some physiological action from its physical properties in regard to moisture. The analysis of the best guano by the chemist, presents the following constituents, which are mentioned here for facility of reference. The proportions will vary according to their atmospheric exposure and to the degree of adulteration in trade:—Uric acid, thirty per cent.; uric acid with ammonia; carbonate of ammonia; muriate, oxalate, and phosphate of ammonia; free ammonia; phosphate of soda; phosphate of lime; sulphate of potash and soda, and oxalate of lime. It is the large quantity of ammonia in it which makes it so active a stimulant to vegetable growth, and so disagreeable to the smell.—*Phil. Med. Examiner.*

BRONCHOCELE IN A NEW-BORN INFANT.—I was this morning present at a labour of a rather tedious description, and on the birth of the child, a full-grown female infant, we were astonished to find it was the subject of a very large bronchocele, nearly the size of a large apple. The complaint is very common in the vicinity, but the mother herself has never suffered from it beyond a very slight degree. She has had nine children, and her prior confinements have been quick and easy. The bronchocele evidently interfered with the flexion of the head on the breast of the child; and we know that this flexion is necessary to bring the occipito-bregmatic diameter into coincidence with the right oblique diameter of the pelvic inlet. The child was dead, evidently asphyxiated. The case proves (if additional proof be necessary) that the disease of bronchocele is a blood disease, and not dependent on modes of life, &c. In some writers it is stated not to exist before puberty, but this is quite incorrect. I know one case occurring in an infant ten weeks old, and another in a little girl aged nine years. It is singular that the slight amount of bronchocele from which the mother suffers has only appeared during this pregnancy.—*Mr. Smith of Chesterfield in Lancet.*



# EXAMINATION OF OINTMENTS CONTAINING MERCURY.

By M. BOBIERRE.

HAVING had occasion to examine some citrine ointments employed by a woman who was accused of illegally practising medicine, I experienced some difficulty in ascertaining the chemical characters of the metallic substance present, in consequence of the small proportion of it contained in the ointment, and also in consequence of the ointment being very old. The following method of operating proved so successful, that I am induced to record it for the benefit of those engaged in such investigations. It serves to isolate mercury in a few minutes from its combination with oxygen and fatty acids. However small the quantity of mercury present may be, the effect is, nevertheless, distinct. The ointment to be examined is melted by the application of a gentle heat, and a small quantity of essence of citron is then added to it. Under the well-known reducing influence of this hydro-carbon, the ointment acquires a gray colour, which effect is to be promoted by agitation. After about five minutes, the ointment being still kept melted, three times its volume of ether is to be added, the whole mixed together, and then allowed to stand. The supernatant liquid is then to be decanted, and the residue washed several times with ether. The mercury left at the bottom of the vessel may now be dissolved in nitric acid, and tested with the usual reagents.—*Jr. de Chim. Méd. and Ph. Jr.*

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 29th,	70	57	29.950	
Monday,	30th,	69	52	29.850	.015
Tuesday,	31st,	69	49.5	30.016	.045
Wednesday,	Sep. 1st,	73.5	55	30.016	.055
Thursday,	2nd,	69	59.5	30.200	.040
Friday,	3rd,	74	58	30.124	
Saturday,	4th,	78	60.5	30.100	.020

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Aug. 29th,	70.5	51	29.653	65.2	60.8	57.8	.030	W
30th,	66.5	45.5	29.534	58.9	55.1	52	.270	W
31st,	63	45	29.696	63	56.1	50.6	.132	SW
Sep. 1st,	66	51	29.650	61.5	58	55.5	.112	SW
2nd,	66	58	29.834	64.1	59.7	56.6	.067	SSW
3rd,	69	52	29.779	67	60.9	56.7	.008	SW
4th,	70.5	56	29.771	67.5	60.7	56	.084	SW

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## HOSPITAL REPORTS.

### KING'S COLLEGE HOSPITAL.

*Spasm of the Muscles of the Larynx simulating Hiccup—Tania Solium in the Bowels.*

(Under the care of Dr. TODD.)

THE physician has now and then to treat convulsive affections of a distressing kind, such as tetanus, hydrophobia, catalepsy, eclampsia, &c.; and he has the sad consciousness that, in several of these, his art cannot ward off the fatal issue. Where, however, convulsive diseases are clearly traceable to an irritation producing spasms by reflex action, we feel confident that by removing the irritating agent we have a very fair prospect of conquering the abnormal symptoms. Hiccup is one of the most common and ordinary spasmodic manifestations of this kind, and it is strange that the origin of this act should still be veiled in obscurity. It is, however, very probable that the contractions of the diaphragm called hiccup, or singultus, are of a reflex nature; but the various causes which are likely to give rise to this reflex action have not as yet been clearly enumerated or classified.

Were our knowledge regarding hiccup more precise, there would of course be less risk of confounding it with other spasmodic expirations followed by sudden closure of the glottis, for the sound produced in the former and the latter is very much the same. We had lately a favourable opportunity of ascertaining the truth of this analogy in a patient under the care of Dr. Todd.

By an interesting coincidence it happened that we saw, a short time previously, in Dr. Burrow's ward, at St. Bartholomew's Hospital, a patient similarly affected; but there was this difference between the two cases, that the presumption of the hysterical diathesis was much stronger in the second than in the first.

It is not difficult to understand how uterine derangement should be connected with a spasmodic affection of the larynx, for this influence is made very familiar by the frequent occurrence of the globus hystericus. Nor is it less known that, even with the male sex, there is a distinct

connexion between the organs of generation and the larynx, the voice being infallibly modified by the greater or less development of these organs. It will, however, be seen by the following details, obtained from Mr. Masfen, physician's assistant to the hospital, that the exciting cause of the singultus in Dr. Todd's patient, which was at first thought to be the presence of the tapeworm, is still somewhat wrapped in obscurity.

Mary R—, aged 33, the mother of two children, the youngest of whom is seven years old, was admitted April 14, 1852, into Lonsdale ward. The patient had always enjoyed good health until the present attack; but about six weeks before her admission she was suddenly seized, without any apparent cause, with what she describes as hiccup, and this state continued the whole of the time until she was received into the hospital.

The woman stated that, besides the hiccup, she had been troubled much with tapeworm, the presence of which did not, however, give her much uneasiness. Occasionally small portions of the parasite passed in the stools; the catamenia were regular, but the patient appeared thin and ill-nourished.

The so-called hiccup continued after the woman's admission, and prevented her from sleeping. On a careful examination, it became, however, evident that the convulsive affection was not genuine hiccup, inasmuch as there was no perverted action of the diaphragm. The affection consisted of very frequent and short acts of expiration, accompanied with a crowing sound; this sobbing or singultus appearing to arise from spasm of the muscles of the larynx, of the sterno-mastoid, the muscles connecting the larynx with the sternum, the mylo-hyoid, and scaleni muscles. Dr. Todd, suspecting that these convulsive actions might depend on some irritation caused by the tapeworm, directed, after the usual preliminary treatment, that the oil of male fern should be administered. This medicine brought away a considerable portion of the body of the worm, but not the head; and this evacuation did not produce the slightest visible effect on the laryngeal spasms.

The patient was then ordered nourishing diet and tonics,



with opiates at bedtime, and a cold shower-bath every morning. The opiates procured rest at night; during sleep the respiration was normal, and the singultus absent. A few days after admission the symptoms were so aggravated, that Mr. Bridgewater, then physician's assistant, made the patient inhale chloroform. He removed the apparatus when the anæsthetic agent was just about producing its effects, and noticed that during the inhalation the spasm subsided gradually and soon disappeared altogether, the breathing becoming quite calm. But in less than five minutes the affection came on again. Under these circumstances Mr. Bridgewater resumed the use of the chloroform, but this time he put her under its full anæsthetic power. The breathing remained perfectly calm for about twenty minutes after the patient had ceased inhaling; but the spasm returned gradually as she recovered from the effects of the chloroform.

She continued much the same for six or eight weeks after her admission, having intervals of more or less freedom from the affection, the contractions being, however, now and then aggravated, and being attended with increased crowing sound.

On June 8th, about two months after admission, a blister was applied, covering the whole of the front of the neck from the chin to the sternum, and the vesication was kept open by savine ointment. Intense pain was now produced on every contraction of the laryngeal and neighbouring muscles; in a short time the singultus gradually subsided, and finally disappeared completely. The blister was kept open for nearly three weeks, at the end of which time it was allowed to heal. The spasmodic affection soon returned, however, and was quite as inveterate as ever. The pseudo-hiccup was very loud, it could be heard through the whole ward, and resembled in some degree the peculiar sound sometimes produced by turkeys.

A second blister was applied to the same spot on the 1st of July, about three weeks after the first, and with the same effect as before. The spasm and crowing sound entirely ceased, and did not recur till about a fortnight afterwards, when the blister had been allowed to heal. Change of air being thought advisable, she was made an out-patient for a few weeks, with the understanding that she was then to return to the hospital.

Has the presence of the tapeworm anything to do with the pseudo-hiccup? Perhaps so; the head was not expelled, and it is difficult to say whether there is more or less of the body left behind. The probability, however, is, that the laryngeal affection is independent of the tænia. As to the effect of the blister on the neck, it presents a very curious fact, for it would at first sight tend to prove that the affection was feigned. But on a closer inspection it will be found that the nervous energy of the surface being changed by the intense inflammation resulting from the cantharides, the reflex action could no longer be produced, since no primary impression, or a faint one, could be made on the nervous ramifications of the tegumentary surface. Still it remains a very instructive fact, that the spasmodic contractions ceased as soon as they could not continue without pain. We understood that this method of treatment had been resorted to by Dr. Murphy of University College Hospital, with permanent success.

We alluded above to a case of this kind under the care of Dr. Burrows, at St. Bartholomew's Hospital. Here the girl was decidedly hysterical; the symptoms were just as well marked as in Dr. Todd's patient, but they soon gave way to the treatment in general use against hysteria. We often listened with peculiar interest to the clicking or crowing sound produced both by Dr. Burrows' and Dr. Todd's patients, and took great care to question them both very closely. The first evinced decided signs of hysterical eccentricities, whilst the second did not exhibit a trace of this peculiar diathesis. As to any deception which might have been practised by either, we would unhesitatingly state our belief, that, as far as we can see at present, the effort necessary for keeping it up seems physically impossible.—*Lancet*.

## CASE OF HYDROPHOBIA.

By J. A. LAWRIE, M.D.,

Professor of Surgery in the University of Glasgow.

(Read before the Glasgow Medico-Chirurgical Society, July 1852.)

ON Wednesday, 9th of June, I got a note from my friend, Mr. Hislop of Renfrew, requesting my immediate attendance, as he feared he had met with a case of hydrophobia. I instantly obeyed the summons; but before detailing the symptoms which I observed, I would call your attention to the following statement, with which Mr. Hislop has most kindly furnished me, and which I give nearly in his own words:—On Tuesday, 8th of June, Mr. Hislop was hurriedly called, about midday, to see Miss M., a robust healthy-looking girl, of twenty. He was informed that on Monday, 7th of June, she had consulted Dr. Robertson for symptoms which appeared to him to be hysterical. Dr. R. prescribed a saline laxative, which did not relieve her. Next morning, the character of the symptoms appearing unchanged, the aromatic spirit of ammonia was ordered in repeated doses. The girl complained to Dr. R. of depression of spirits and general uneasiness, but especially of globus and a feeling of suffocation. The only peculiarity, hardly noticed at the time, was that she said—"I cannot swallow the medicines." In fact, difficulty of swallowing did immediately occur during her attempts to take each dose of the aromatic spirit, and with accompanying spasms in the throat, had so much increased, that when she was offered her midday dose, she threw the glass from her, rushed down stairs, and casting herself into her aunt's arms, exclaimed she was dying. It was then that, in consequence of Dr. Robertson's absence, Mr. Hislop was hurriedly summoned, and saw her for the first time. He found her in considerable distress, imploring relief from a ball of wind in her throat, which she every moment expected would suffocate her. She made frequent efforts "to break the ball," and occasionally succeeded after much retching, in getting rid of a little flatus. Along with this she had distinct spasmodic paroxysms, occurring perhaps every five minutes, during which she clutched her throat with both her hands. She seemed much excited. Pulse 120; bowels very constipated, no stool for eight days; catamenia quite regular. The opinion Mr. H. formed coincided with that given by Dr. Robertson, that the case was one of acute hysteria. He immediately put gr. i. ss. of tartar emetic into a teaspoonful of water, and with considerable difficulty persuaded the young woman to swallow it, which she did with a peculiar snap and some effort. In ten minutes he repeated the dose, and remained with her three-quarters of an hour. She did not vomit, but her pulse fell, and the spasms were quieted. He ordered a purgative enema, and left her. During this lengthened visit a circumstance occurred which is worth mentioning. The girl was engaged to be married; her intended called, and remained with her about twenty minutes. Immediately before he entered the room, she was complaining very much of the spasms in her throat; but no sooner was she aware of his presence than she seemed to forget her ailments, and talked, laughed, and jested, as if she were quite well. No sooner, however, did he leave her than her symptoms returned. Mr. H. called at eight in the evening, and found her much better; the enema had acted freely, and during its operation she had vomited a quantity of bilious matter. She was in good spirits, and attributed her illness to constipation and "cold." June 9th: At one o'clock in the morning, Mr. H. was roused by a loud and urgent summons to visit his patient. He found that, although she had been comparatively quiet in the early part of the night, she had not slept. The spasms had returned, and been much aggravated by an attempt to drink some ginger beer. They were now almost without intermission, and so violent that when they came on she would spring suddenly out of bed, and cling to those beside her in an agony of despair. Her pulse was 150, and very full. She was still making constant efforts "to break the ball in her throat," and complaining of pain, which he attributed to these efforts, in the



regions of her heart and stomach. He resolved to bleed her, and with some difficulty, on account of her constant change of posture and unsteadiness, took fully xxxiv. of blood. The spasms subsided to a slight occasional sigh, and she seemed much relieved. She soon complained of thirst; the offer of water seemed to produce a spasm, which was renewed by her attempting to swallow it, but she appeared to get over a mouthful with some difficulty. She next said she was hot. Mr. H. lifted his hat, and began to fan her face gently; but each impression of the air on her face brought back the spasm. The suspicion of hydrophobia now for the first time crossed his mind. At this juncture he had some conversation in another room with his patient's aunt, with whom she resided. No other person being present, he took the opportunity of asking if her niece had ever been bitten by a dog. She seemed surprised at the question, and after enjoining him to secrecy, said that her favourite dog, Neptune, "had set upon her, the day before he died, and scratched her back." (The history of the dog, and of this attack, will be given in the sequel.) On returning to his patient he found her much easier, and left her at four o'clock, with directions that she should have a purgative enema at six o'clock, if awake.

At half-past eight a.m., Mr. H. was again hurriedly summoned. The enema had come off, and brought with it *only a little blood*—since which the paroxysms had gone on increasing in frequency and violence, and the mere idea of swallowing seemed to induce them. She had occasional vomiting of bilious matter. Turpentine was applied to the back and chest, mustard to the feet, and a blister to the back of the neck—all without benefit; indeed the vapour of the turpentine proved a source of great annoyance. By eleven a.m., the vomiting had become almost constant, and soon assumed the appearance of "coffee grounds."

I saw her about a quarter to one p.m., and was much struck with what I witnessed. On entering the bedroom, I saw a robust, fine-looking young woman in bed, seemingly under great suffering. She turned her head towards me as I entered, with a sudden movement, and I shall not soon forget her wild expression as she gazed at me for an instant, and threw herself back on her pillow. I especially remarked the following particulars:—

(a) The flash of her eyes—wild, excited, half-hopeful, half-defiant—such as I had never remarked in a sane patient before.

(b) Her great suffering. Her constant cry was,—“Oh! what I'm suffering! Oh! what suffering! What have I done that I should suffer thus?”

(c) Her restlessness and strength. She was never for one moment at rest. She moved with ease, and any attempts to restrain her movements were difficult, and required considerable effort on the part of the attendants.

(d) Salivation. A frothy saliva was constantly collecting in her mouth and between her lips. With her left hand she wiped this saliva from her lips, and rubbed it on the edge of the bedding. I particularly remarked that, when her left hand was unoccupied, she did not spit, but cleared away the saliva with her thumb and forefinger, rubbing it on the bedding, or spattering it about, regardless of where it fell. When her left hand was held, and she was not vomiting, she was unceasingly spitting, and such was the quantity discharged, that before I was many minutes beside her my hands and dress were spattered over with the white froth, which issued in profusion from her mouth.

(e) Vomiting. This was, perhaps, her most distressing symptom. It was almost constant, difficult, painful, and straining. The quantity of matter discharged was not great, but was slimy, and of a "coffee grounds" appearance.

(f) Thirst—*desire for liquids—and power of swallowing.* She complained of urgent thirst, with burning in her mouth, throat, and stomach. She did not appear to have any dread of liquids, nor did she exhibit any horror when it was proposed that she should drink to quench her burning thirst; on the contrary, she freely discussed what would be best for her, asked if she might have ginger beer, and

showed no annoyance when her aunt tried to jest with her on the love she had shown for so vulgar a beverage as gin and water. When liquid was actually brought to her, the following circumstances were well marked. She would not allow any one to put it into her mouth, but sat up in bed, and most reluctantly, and at last with a quick movement, seized the glass. She held it for an instant with a convulsive grasp, her hand quivering and spilling a portion of its contents, and then threw (pitched) the remainder into her mouth. Having emptied it, she cast the glass from her, regardless where it fell, and convulsively clutched her throat with her hand. A rapid, violent, convulsive movement of the throat and neck followed, and the fluid was jerked out by a motion not unlike that by which it was pitched in. The attempt to swallow increased the irritation of the stomach, and she immediately threw herself across the edge of the bed, and renewed her painful straining vomiting. It was very doubtful if she *swallowed* any liquid, a convulsive closure of the pharynx seemed to arrest it and eject it with an irresistible and powerful effort. Her existence at this time may be described as consisting of an unceasing round of tossing, complaining, salivating, vomiting, with convulsive movements in her throat, and a sense of suffocation from a never-absent indestructible ball, to relieve which she clutched her throat with her hands, as if she would tear out what she could not otherwise rid herself of.

(g) Her pulse was at least 150, regular, but not strong.

(h) The intellectual faculties seemed unimpaired. She moved her tongue and jaw with perfect facility, and articulated quite distinctly and with great volubility. There was no appearance of mania or furor—not the slightest disposition to hurt herself or any one near her; on the contrary, her manner to her attendants was kind. There was no peculiar sound of her voice, nothing which could at all be likened to the barking of a dog.

(i) She did not appear in the slightest degree to connect her illness with the bite of her favourite dog, or to have the least suspicion of the nature of her disease. She was early impressed with the idea that she was to die, and told her aunt that her "doctors did not know what was the matter with her, and she wished that her body might be opened after her death." This was said on Tuesday forenoon, before her medical attendants were at all alarmed as to the issue of her illness. She showed no fear of dogs. On the forenoon of the day on which she died, a terrier having come into her bed-room, her aunt ordered it to be put out. She seemed sorry when it left her, and, looking after it, said, "Poor Jack!"

Such, so far as I can recollect, are the principal circumstances which I remarked in this poor girl.

The vomiting of coffee ground matter, with burning in her throat and extreme suffering, being very prominent symptoms, I confess that the suspicion immediately crossed my mind that the case was one of poisoning. I therefore gave directions that the matter ejected should be carefully preserved. I took a part of it with me to Glasgow, and gave it to Dr. R. D. Thompson, who, with great inconvenience to himself, but with that desire to oblige, and to make his high chemical attainments of use to his less qualified brethren, for which he is so much distinguished, immediately ascertained that it contained no acid inorganic matter. I thought it necessary to communicate my suspicions to the girl's aunt, as well as to her medical attendants, and some circumstances being mentioned which rather seemed to corroborate my views and to implicate our patient, I, with their sanction, indeed at their express desire, stated them to the poor girl herself. She gave them a distinct, emphatic, and circumstantial denial, but showed no anger or irritation that I should entertain them. Her answers and her manner satisfied me on two points already adverted to—that her intellect was quite entire, and that there was a total absence of furor or mania. In a word, that the peculiar symptoms which I witnessed arose from overwhelming bodily suffering, and not from mental aberration.

I remained with her for fully two hours, during which



she had two large opiate enemata, and hydrocyanic acid by the mouth. As I have already said, she did not refuse to attempt to swallow, but I doubt very much if any liquid reached her stomach. The medicine was pitched into her mouth, and the glass thrown from her hand, in the manner I have already described.

I had chloroform with me, and after the first opiate enema I proceeded to try it in the usual way. Great difficulty was experienced in getting her to inhale it. Not one instant was she at rest. Her hands being held, and her head steadied, I held the napkin before her face; but her gurgling breathing and livid countenance soon warned me that I must desist. Had I persisted, I am satisfied she would speedily have been suffocated.

I sat beside her watching the symptoms for an hour; and seeing that two drachms of laudanum by enema had no effect, and that the exhibition of medicine by the mouth was hopeless, I determined to try the chloroform again. Having laid her upon her back, with her head raised and steadied, and her hands forcibly held, I kept the napkin well saturated with chloroform opposite to, but two or three inches from, her face. She was soon gently under its influence, but never to complete insensibility. The effect on the symptoms was that the vomiting completely ceased, and the restless jactitation disappeared, or was easily controlled; but she did not cease hardly for one instant to speak in the most energetic voluble strain, and the froth continued to issue in considerable quantities from her lips. Her pulse varied, but frequently fell to a little above, sometimes even below, 100. I continued to hold the napkin and watch the effect of the chloroform for about an hour, and having satisfied myself that, whatever the ultimate result might be, the inhalation was alleviating her sufferings, I left her, suggesting to Dr. R. and Mr. H. the propriety of continuing the chloroform as long as they thought they could do so with safety. I returned in the evening, and found that shortly before my arrival she had been relieved by death from her terrible sufferings. Mr. Hislop informed me that the chloroform had been continued with great relief till about half-past four o'clock, when the vomiting and spasms returned, and the pulse became so feeble that it was deemed prudent to omit it. The difficulty of swallowing continued to the last. "About twenty minutes before her death," says Mr. Hislop, "she complained of thirst, and I offered her a glass of gin and water. On taking it in her hand she became violently agitated, and in attempting to carry it to her mouth spilt it on herself and her attendants. She said it was the gin which prevented her swallowing, and I gave her pure water. The result was the same, and I do not think she swallowed a drop of the fluid. She sank rapidly from five o'clock, and died rather suddenly at seven in a violent spasm, which seemed to suffocate her in an instant."

Her aunt gave her willing consent that the body should be carefully examined; and on Thursday evening, about twenty-four hours after death, Dr. Aitken and Mr. Macdowal gave me their valuable assistance in effecting a careful and minute examination. The following is Dr. Aitken's report:—

*"Morbid Appearances in a Case of Hydrophobia."*

June 11, 1852.—Along with Dr. Lawrie, I examined this evening, at Renfrew, the body of a female, who had been dead about twenty-four hours, and who had every appearance of having been a well-formed healthy person, about 19 years of age. The weather was moderately warm, and the body appeared to be more than usually livid, especially towards its posterior aspect; the eyeballs were somewhat sunk within the orbits, and no post-mortem rigidity existed in the limbs. The bites of the dog appeared as the cicatrices resulting from the indentation of three teeth; but they were so completely healed up and obscured by the general lividity of the parts, that their position required to be pointed out to us before we could observe them. When thus pointed out, however, the cicatrices were perfectly distinct, consisting of a glistening pellicle of skin, and not differing from the cicatrices of any incised wound. On

dissecting the cicatrix cuticle, it was found very loosely attached to the areolar tissue below; but no change could be observed in the parts, nor any accumulation of fluid different from what could be pressed out of any other part of the areolar tissue of the body. The bites seemed to have been inflicted on the back, about two inches to the left side of the spines of the dorsal vertebrae, a little below and to the vertebral side of the inferior angle of the scapula.

The contents of the cerebro-spinal cavity were next examined, but no unusual appearance was observed, if we except a slightly increased vascularity of the membranes surrounding the upper part of the spinal cord, chiefly in the dorsal region and vicinity of the brachial plexus of nerves. This vascularity was accompanied in some places with a slight extravasation of blood on the outer surface of the membrane, and this extravasation was more particularly evident about the middle of the cervical region of the cord.

The encephalon having been removed, its nerve substance, more especially in the vicinity of the origin and course of the roots of the eighth pair of nerves, was carefully examined, both microscopically and otherwise, but no structural lesion could be observed in any part; on the contrary, the texture of the brain, spinal cord, and nerve, was firm, and the fluid contained in the cavities, both as regards quantity and quality, appeared to be natural.

Turning to the thoracic and abdominal cavities, we found the lungs generally more vascular and more red than usual, but otherwise healthy. Heart also was healthy; and the blood, where found in quantity, was fluid. The papillae on the back part of the tongue were much enlarged, and the whole of the pharynx, along with the epiglottis and larynx, as far down as the vocal cords, were much congested, and covered with a tenacious frothy mucus, tinged with blood. On removing this tenacious mucus from the cavity of the larynx, its surface was here and there observed to be dotted over with little swellings, about the size of pin heads, projecting from the surface. Examined microscopically, they seemed to consist of accumulations of little cells, varying in size from that of a human blood corpuscle to a pus corpuscle; all of them were more or less granular, and some of them nucleated.

The stomach and intestinal canal were removed with their contents for chemical analysis and careful observation. The contents of the stomach consisted chiefly of a fluid, resembling in appearance coffee grounds; the granular and more solid particles appeared under the microscope to be made up of coagulated blood, more or less changed. Similar contents existed throughout the rest of the tube. The mucous membrane of the stomach presented a very much congested appearance, and more especially large patches near the cardia, where in many places streaks of blood could be seen extravasated on the mucous surface. Similar highly congested patches occurred in many places throughout the small intestine, with similar extravasated streaks of blood. These patches varied in size from three to four or even five inches in extent, and in the midst of them, both in the stomach and intestine, air was so abundantly extravasated as to inflate the submucous areolar tissue, and raise the membrane into the form of little air-vesicles, resembling in appearance the texture of the lungs in emphysema. All other organs were healthy.

(The cicatrices of the bite, as well as the tongue, pharynx, and larynx, are preserved in the Pathological Museum.)

WILLIAM AITKEN, M.D.,

Demonstrator of Anatomy, College, and  
Pathologist to the Royal Infirmary of Glasgow.

Dr. James A. Lawrie, Professor of Surgery."

To complete the narrative of this interesting case, I must turn as briefly as possible to its history previous to the 7th June. Mrs. W., the aunt of the patient, had a large dog of the St. Bernard's breed. By all accounts it was a remarkably fine animal, on which she set so high a value that she had refused £20 for it. It was particularly attached to the unfortunate subject of this case, and seemed to take



pride in being her attendant and protector. About the 1st of March it became suddenly ill, and a gamekeeper in the neighbourhood pronounced it to be affected with severe inflammation, the consequence of poison maliciously administered to it. He bled it, and directed it to be put into the coach-house loose, and to be fed upon warm gruel. Immediately before going to bed on the night of the 1st of March, Mrs. W. placed a basin of gruel before the dog, and set another at the side of the fire to be ready for it in the morning. About 'six o'clock she called her niece, and asked her to see how "Neptune" was, and to take him his gruel. The poor girl got out of bed, threw a light shawl loosely over her shoulders, and did as her aunt had desired. When she was leaving the coach-house the dog endeavoured to rush past her and escape, whereupon she closed the door, shutting herself in with her back towards the dog. He instantly sprang upon her, seized her by the left shoulder blade, sank his tusks into her back, and bit or scratched her on her face. Her aunt, when speaking of this attack, endeavoured to make light of it, but one of the servants assured me that the infuriated dog was "worrying" the poor girl, and that she might have been killed had some one not promptly come to her assistance. When the door was opened the dog made his escape, remained away the greater part of the day, and returned in the afternoon of his own accord. He was again shut up in the coach-house, and became quite furious, tearing the door, and every piece of wood he could get hold of. He was so bad that a veterinary surgeon who was asked to see him, was with difficulty permitted to open the door; and what food and medicine he got subsequently was pushed under it. He died the following morning. No suspicion was entertained of his being rabid. On the contrary, so firmly was Mrs. W. persuaded that he had been poisoned, that she urged the public prosecutor to take up the case, and had the body sent to Dr. Mackinlay in Paisley for examination. This latter step was not taken till the 8th of March, by which time the carcass was putrid; and having been previously cut up by a gamekeeper, admitted of a very imperfect examination. The stomach was examined by Dr. Mackinlay, jun., who kindly informs me that he could discover no poison. Mrs. W. publicly offered a reward of £5 to any one who would assist in discovering the person who administered the supposed poison. No informant appeared.

The above statement can hardly leave a doubt as to this animal having died furiously rabid.

*Remarks.*—The first question which suggests itself in this, and all similar cases, is, "Was this really hydrophobia?" Now, it does appear to me, that if we are to admit the existence of hydrophobia as a specific disease, we cannot refuse our assent to this being an example of it. The history of the dog, the history of the girl, the peculiarity of the symptoms, and their rapidly fatal termination, appear to me to be as clearly traced, and as well marked, as we could possibly desire. The diagnosis of hydrophobia ought not to be difficult. I have heard experienced surgeons assert, that it so much resembles tetanus that they are in reality the same disease. It has been my misfortune to see too many cases of tetanus, and only this one case of hydrophobia; but symptoms more dissimilar than those of traumatic tetanus, and the sufferings endured by this unfortunate girl, I have never witnessed. It much more resembles acute hysteria. The globus and incessant tossing were well marked; but although the desire to move was irresistible, the motions had no appearance of being involuntary, or associated with insensibility. The attempts at swallowing brought out symptoms such as I have never before seen, and which appeared to me quite diagnostic between this and any other form of disease. The constant discharge of froth from the mouth was also a very peculiar symptom. My first impression was, that the girl was poisoned. The same suspicion had been strongly entertained regarding the dog. I have only seen one case of pertinaciously concealed suicide from arsenic. In it the symptoms closely resembled those of cholera, and were mistaken for that disease. There was no difficulty of swallowing: the cramps were most overpowering; the vomiting and purging profuse; and the

"natural characters" of the case very different from those of Miss M. Still I think hydrophobia deserves the careful study of the medical jurists.

*The prophylaxis* in this case was very imperfect. Mrs. W. sucked the wounds on her niece's back with her mouth, carefully washed them and dressed them with simple domestic remedies. Nothing else was done, and they healed readily.

*Period of incubation* was about ninety-eight days, certainly beyond the average.

*Predisposition and Predisposing Causes.*—The girl's temperament was ardent and excitable, with a full share of self-will. In January she was engaged to be married to a youth, who took small-pox and died. She persisted, in spite of all remonstrance, in attending upon him, and there is some reason to believe that she took the disease in a very modified form. In a few months after her first lover's death, she was engaged to be married to a second. Her aunt disapproved of the marriage, and for some time keenly opposed it, but was constrained to give her consent a short time before the symptoms of hydrophobia appeared. Powerful mental emotions very frequently precede the first threatenings of hydrophobia, and this case adds one to the number which make it probable that they may act as predisposing causes. Fear had no share in it. The girl had no suspicion of the nature of her illness, and no dread of dogs.

The stage of *recrudescence*, as it is somewhat barbarously called, was altogether absent in this case. She was not heard to complain of her shoulder or face, and Dr. Aitken's accurate report shows that the cicatrices were perfectly normal.

*Morbid Anatomy and Pathology.*—The appearances discovered by Dr. Aitken's careful examination confirm the opinion, that congestion and extravasation of blood connected with the spinal cord and mucous and sub-mucous tissues, with prominence of the mucous papillæ, constitute the principal morbid appearances hitherto discovered in hydrophobia. It seems highly probable that these are effects, not causes, of the disease, or if causes, are but fragments of the efficient cause. What that cause is, or how it acts, is still a mystery. That it is a morbid poison I have myself no doubt. That it may remain in the system for an indefinite period, and then be thrown off, or be brought into play by secondary causes, seems highly probable. I am not disposed to assign any limit to the period of incubation. The poison of syphilis may lurk in the system undeveloped for years; and why not that of hydrophobia?

*Treatment.*—The nature of the disease not being suspected until the symptoms were fully developed, the treatment was more directed to meet symptoms than to arrest so fatal a malady as hydrophobia. Still it was sufficiently active, and conducted on unobjectionable general principles. I was anxious to give sedatives and chloroform, especially the latter, a fair trial. Great caution is necessary in using anæsthetics in this disease. If carried so far as to prevent expectoration, the copious secretion of frothy saliva is almost certain to suffocate. As exhibited in this case, chloroform gave great relief; but as a curative it was powerless. I have tried it freely in tetanus with the same effect. It diminishes pain, but cannot cure; indeed, I fear its tendency is rather to shorten than prolong life. After my experience in this case, I should consider all attempts to treat hydrophobia by medicines given by the mouth as worse than useless. If we look upon the disease as a morbid poison, acting in an unknown manner on the nervous system, our indications will be to allay the consequent irritation, and fight against death with the hope that the poison may exhaust itself before life is extinguished. In this view strong soup, wine and brandy, given by the rectum, with free doses of sedatives exhibited in the same manner, would constitute the most rational treatment. We must not despair of discovering some medicine (possibly some well known medicine applied in a novel manner, as ether by inhalation), which will prevent death until the disease exhaust itself. Perhaps anæsthetics, early begun



before the stage of acute spasm and exhaustion have set in, may be of use. All treatment, whose effect is to diminish strength, should be discarded.

*Frequency of the Disease.*—Until within the last three years, hydrophobia was certainly a rare disease in Scotland. In 1849 a case occurred at Dalkeith, and no fewer than three perfectly authenticated cases are recorded in the *Monthly Journal* as having occurred in the east of Scotland in 1850. When lecturing on this disease during last session, and adverting to these cases, I stated that, so far as I knew, no unequivocal case had been seen in Glasgow or its neighbourhood for at least a quarter of a century, but that, in all probability, twelve months would not pass and leave us in the same boasted immunity. It is remarkable, that about the very time that I made that statement the seeds of the disease were being implanted in our unfortunate patient; and it is not much less so, that I should have been called upon to assist in its treatment—*Monthly Journal of Med. Science.*

#### ON THE EMPLOYMENT OF THE CHLORIDE OF SODIUM IN THE TREATMENT OF INTERMITTENT FEVER.

By W. P. LATTIMORE, M.D.

THE discovery of some agent capable of serving as a substitute for Peruvian bark, or for its active principle, quinia, in the treatment of intermittent fever, has long been desired, in consequence of the high price of the sulphate of quinine, and the great adulteration of the salt to which this has given rise. The amount paid for quinine alone, is no small item in the annual expenses of the country physician; and this is likely to be increased, as it is said that a company of English druggists have monopolized the entire crop of Peruvian bark for many years to come.

In view of the interest necessarily felt in this subject, we have thought it might not prove uninteresting to the readers of the *American Journal*, to give the results of investigations made by the eccentric Piorry, upon the use of common salt in the treatment of intermittent fever. The investigations were commenced at La Pitié, and continued at La Charité, where they were witnessed by the writer.

The attention of M. Piorry was drawn to the subject by a memoir, presented to the French Academy of Medicine, in July, 1850, by Dr. Scelle Montdezert, entitled, "Practical Considerations upon the Treatment of Intermittent Fevers, and upon the mode of action of the Salts of Quinia, and of the Chloride of Sodium."

In this memoir, M. Scelle Montdezert supposes that every paroxysmal fever is due to the presence of fibrin in the venous blood; this fluid, in the normal state, being deprived of fibrin by the process of assimilation. That the salts of quinia owe their efficacy as anti-periodics to the fact that they dissolve this fibrin abnormally present, thus restoring the venous blood to its normal conditions. In casting about, then, for a substitute, he saw that Nature had largely disseminated both potassa and soda, each possessing, in a remarkable degree, solvent properties. Seeking, among the various combinations of each, that one which, uniting with the divers elements of the blood, should furnish the fewest insoluble compounds, he naturally selected the chloride of sodium, which forms none. He administered it, and then goes on to say:—"On account of these considerations we experimented without fear of injury, and we declare with satisfaction that the results of its employment are such that salt may now be considered as sharing with the salts of quinia the prerogative of arresting the paroxysms of intermittent fever. It is sufficient to administer half an ounce of it in the morning, before eating, during the apyrexia, in half a glass of infusion of coffee. Its use should be continued for three days. Fortunate results, observed during several years, have confirmed our foresight. It is a counter-proof of our opinion, long since emitted upon the action of the sulphate of

quinine, and one which gives the most satisfactory solution of this therapeutical problem."

M. Scelle Montdezert gives the history of no cases treated by salt, although he alludes to many in which the agent was successfully employed. Under these circumstances the matter came into the hands of M. Piorry, who was one of the committee appointed by the Academy to report upon the memoir, and his cases are the only ones known to us. From these researches it will be seen that the chloride of sodium cures intermittent fever, like the sulphate of quinine, by acting upon the spleen and diminishing its volume, and this sometimes in less than a minute; and in this connexion it may be of interest to say a few words in regard to the views of M. Piorry concerning the spleen in intermittent fever, and his method of diagnosing the disease.

He holds that in all paroxysmal fevers the spleen is enlarged; that the anatomical lesion is the cause, the fever only the symptom; that wherever the spleen has a greater length (measuring in a line extending from the middle of the axilla to the anterior superior spinous process of the ileum), than from 31 to 33 lines, intermittent fever exists. Believing thus, the symptoms for him are zero, while the state of the spleen stands at the other end of the scale, and is everything, percussion (pleximetric) of course being the *experimentum crucis*.

We cannot resist the temptation of here paying a tribute to the skill with which M. Piorry employs percussion in making a diagnosis. With him *auscultation* is but an infant when compared with its full-grown brother *percussion*. By its aid he interrogates the abdominal viscera as frequently as the thoracic, and with no less success, for he has brought it to an almost incredible degree of perfection. With his plate of ivory and his flattened fingers ends he diagnoses almost everything—tumours of the abdomen, abscesses everywhere, aneurism, &c. All acknowledge the delicacy and accuracy of his test, while the looker-on is lost in admiration, and wonders whether all his senses are not really concentrated in the ends of his fingers, which by constant drumming have at length become the very reverse of tapering.

Wishing, then, to experiment with salt, a few cases of intermittent fever (old staggers), contracted in Algiers were selected as subjects. Behold, then, Piorry at the bedside. The patient asserts that he contracted the fever and ague several years since in Africa; that he has frequently been cured; but that the disease has constantly reappeared at the end of fifteen days or one month at farthest. The type of the fever is tertian. The spleen is percussed and found to be abnormally dull throughout its whole extent; the entire splenic region is sensitive upon percussion, particularly over the dullest points; and each blow is accompanied by marked contortions of the countenance. This sensibility extends but little beyond the region of dulness, which last occupies an extent of fifty-three lines, measuring in the direction indicated above. To this patient a drachm of salicine is administered without producing any change in the dimensions of the spleen. A few minutes subsequently, half an ounce of salt mixed with a cup of soup is given, and upon carefully percussing the splenic region at the end of four minutes, this organ is found diminished one inch, from above downwards. The next day the spleen is found to be of the same size, but upon the administration of a second dose of salt, it suddenly contracts and measures nearly three-quarters of an inch less than yesterday. The resonance throughout the entire organ has increased while the sensibility has diminished. The succeeding day, the attack of fever is very slight, and upon giving a third dose, the disease does not return; and when seen six weeks subsequently, the patient is still free from his African enemy. Thus we see that a diminution of twenty-four lines in the length of the spleen was the result of the medicament, the fever being cured more effectually than ever before—i.e., the patient had remained free from all relapse for the space of six weeks; one month having previously been the longest period of immunity.

We have the notes of seven cases of well-marked inter-



mittent fever, in all of which the administration of the chloride of sodium was followed by rapid decrease in the volume of the spleen and cure of the febrile symptoms. We also have the record of three cases in which salt was unsuccessfully used; in one of these, the sulphate of quinine effected a cure; in a second, it too failed; while in the third, it was not tried. These were all well-marked cases of intermittent fever, such as would pass muster in any of our own malarious districts.

Let it be remembered that most of the fever and ague met with in the Parisian hospitals, is of long standing, and imported from the malarious districts of Algiers, which generate a form of the disease even worse than that found amid the marshes on the banks of the famed Maumee; that these cases have been treated again and again, have been cured now by the sulphate of quinine, now by arsenic, but only to reappear upon the slightest exposure or imprudence; in short, to recur as only the shakes can recur.

We witnessed many of the experiments of M. Piorry, and in the great majority of them, the fever yielded to salt quite as readily as to the salts of quinia. And as to the theory of M. Piorry, the spleen diminished under the use of the remedy, *pari passu*, with the febrile symptoms, in every case where the disease was cured, proving that this organ really shows the influence of remedies over this class of fevers—that it is, as it were, a febro-barometer—for the diminution of the spleen is a constant phenomenon accompanying the cure of the disease, whatever be the curative agent employed.

M. Piorry's method of administering the chloride of sodium is, to give half an ounce in a cup of thin soup during the apyrexia and fasting. It usually agrees with the stomach perfectly well, but in some few cases we have seen it excite vomiting and diarrhoea.

Three doses commonly suffice to effect a cure, the first two to be taken on succeeding days, and the third after an interval of one day. Should the spleen be undiminished in volume by the first dose, we may be sure that the remedy will not cure the disease; and the same is true of all the antiperiodics. Excepting in rare cases, the diminution of the spleen occurs immediately upon the administration of the remedy (salt or sulph. quinine), and may frequently be detected within one minute, after which the organ remains stationary until a second dose of the medicament be administered.

Is the chloride of sodium as efficient an antiperiodic as the sulphate of quinine? Are the cures effected by the one as permanent as those effected by the other? The first question can only be answered by those possessing a larger field of observation than the writer. May we not hope for a solution from those of our profession who observe the disease too largely either for comfort or pleasure? In regard to the permanency of the cures, we apprehend there is not much difference, be the medication what it may; for relapses are only too common after the greatest care and most patient attention.

Should the discovery prove as useful and applicable as it promises, the benefit accruing from it will be immense. If it be capable of taking the place of the sulphate of quinine in the majority, or even in one half the cases of intermittent fever, therapeutics will be largely the gainer—*Amer. Jour. of Med. Sci.*

## CASE OF DISTENDED GALL-BLADDER.

By W. BUDD, M.D., Physician to the Bristol Infirmary.

A MAN, aged 35, of spare habit, was admitted into the Bristol Infirmary in a state of imminent danger. He had been ill three weeks with pain and urgent vomiting, and had the appearance of a person dying from internal strangulation. The main symptom was an enormous swelling of the abdomen, occupying its entire upper half. Just above and to the right of the navel, over a space as large as the palm of the hand or more, the swelling was much more prominent than elsewhere. Bulging abruptly out at this point from the surface of the general enlargement, it had just the look of a large abscess, which had reached the stage of "pointing." Over the same place fluctuation could be distinctly felt, and from its marked and superficial character, it was plain that the walls of the sac, whatever the sac might be, were very thin. The extreme tenderness of the part, however, prevented the examination that would have been necessary to trace its exact outline.

The history was that of a surfeit on oysters and beer, followed by pain and urgent vomiting. The bowels were obstructed for three days, but at length yielded to medicine: the vomiting, however, continued. He had never had jaundice, or suffered from gall-stones, but had been a confirmed drunkard. Much difficulty was experienced in determining the nature of the abdominal tumour. By some it was considered to be abscess, by others an hydatid cyst, in which inflammation had been recently set up, but both these opinions seemed to the author to be untenable; first, because there had been no previous jaundice; and secondly, because the ejecta had all the characteristics of bile. The author states that under this doubtful state of diagnosis his treatment was chiefly directed to the mitigation of symptoms. This was followed by some subsidence of the vomiting, but in the evening he threw up a large quantity of green bile, which was followed by immediate relief.

On the following day all pain had ceased; the abdominal tumour had entirely disappeared, and the liver had retreated within its normal limits. Since this time his recovery was uninterrupted. The following comments on the case are given in the words of the author:—"Many important reflections occur to the mind, in dwelling on this remarkable case. In the first place, the obscurity was entirely removed by the event; for it is scarcely necessary to observe that after the crisis which occurred on the night of admission, there could be no doubt, notwithstanding the absence of jaundice, and the frequent presence of bile in the ejecta, that the abdominal enlargement was caused by retention of bile, through some obstruction in the course of the common gall-duct; and that the sac was, after all, a distended gall-bladder. One of the important points of the case consists, in fact, in showing that the concurrence of the circumstances here specified constitutes no bar to such a conclusion. It may be further added, that a little consideration suffices to show that the anomaly they seem to offer is more apparent than real. For, it is not too much to say, that this anomaly is at once explained by reference to the exactly analogous circumstances which are often observed in the case of retention of urine. In one case, as in the other, the gland continues to separate from the blood the elements of secretion, so that the system is kept free from taint. In the one case, as in the other, these elements are cast out into the natural receptacle, which provides, by its gradual distension, for the gradually increasing accumulation. In both again, the gland as well as the bladder, yields to the distending power, and makes room, in its own way, for the fluid which the bladder has no longer space to hold. The parallel does not even terminate here, but extends to the mode in which that partial relief is obtained, by which alone, in many cases rupture is averted; for there can be no reasonable doubt that the bile which occasionally appeared in the matters vomited, in the case of John Morgan, had escaped from the gall-bladder by the same mechanism as that by which small instalments of urine distil from the over-dis-

**TREATMENT OF INCONTINENCE OF URINE BY CAUTERIZATION OF THE NECK OF THE BLADDER.**—M. Demeaux narrates several cases in which this annoying malady was speedily cured by cauterizing the neck of the bladder with Lallemand's caustic bougie. The cases include both sexes. The involuntary emission of urine is frequently seen in infancy, but seldom occurs after 8 or 10 years of age, and when it does so the tendency generally disappears at puberty. Numerous measures have been recommended, such as cantharides, tinct. ferri sesquichloridi, strychnine, &c., but as all these fail, M. Demeaux's proposal is worthy of trial.—*Rev. Méd. Chir.*



tended urinary bladder in cases of retention there. The outward discharge of this bile, as proving communication between the biliary passages and the intestinal to be still extant, although obstructed, was, I need scarcely add, a fact of the first importance in regard to treatment. Very probably, too, it alone rendered the continuance of life possible for so long a period under such circumstances; for, failing the relief thus afforded, it is but too probable that the gall-bladder, tense as it was in spite of such relief, would have given way under the constantly-increasing distension. In the absence of direct evidence the nature of the obstruction itself must of course remain a matter of conjecture. Judging from the circumstances amid which it arose, on the one hand, and the persistence of a partial communication on the other, the probabilities are, that it was caused by inflammation and swelling of the lining membrane of the duodenal, and of the common gall-duct, propagated upwards from the gut. Microscopic examination of the stools might, perhaps, have thrown some light on this question, but want of time and other circumstances prevented my having recourse to it. The great length of time the obstruction lasted tells much against the notion that spasm was much, though it might have been partly, concerned in it. Many of the circumstances of the case, however, among which I may mention the characters of the urine, coupled with what we know of the pathology of this class of affections, renders it not improbable that the irritant action of an excess of acid in the upper part of the *primæ viæ* might have played an important part in the phenomena. The continued deficiency of bile in the stools, after the obstruction had given way, would admit of various interpretations. It might have possibly been owing to an early stage of cirrhosis, brought on by the patient's habits; or the secreting power of the liver as well as of the kidney might have been impaired, by the long-continued pressure to which the secreting element had so long been subjected; or lastly, some mechanical obstacle might exist to the flow of bile into the intestine." The author, in conclusion, comments upon the caution inculcated by this case with reference to surgical interference; for although a case is recorded, in which a distended gall-bladder was tapped without injury, such proceeding cannot be taken as a precedent.—*Prov. Med. and Sur. Jour.*

#### CASE OF POPLITEAL ANEURISM TREATED BY PRESSURE.

By W. K. SWETTENHAM, M.D., Surgeon 44th Regiment.

I BEG to submit the undermentioned case of popliteal aneurism, which has been successfully treated at Gibraltar Rock, under the pressure plan, affording an additional example of the triumph of art in surgery. The instruments employed were those invented by Mr. Read of Dublin, and delineated in Dr. Ferrall's paper on popliteal aneurism, in the second volume of the *Dublin Quarterly Journal*, from which plates the pelvic instrument was constructed by a blacksmith on the station, for a case of the disease which occurred in a regiment some years previously. The lower instrument, or circular compressor, was made at the same time, consisting merely of a screw-shaft through the anterior ramus of the instrument, to which was attached a covered cork pad. My patient, Henry S.—, aged 32, able-bodied seaman of H.M. ship "Phaeton," first applied, on the morning of the 10th of July, at sea, to Dr. White, surgeon of the ship. On examination, he found a pulsating tumour in the left popliteal space, then about the size of a pigeon's egg, spherical in form; pulsation strong, and evident to the eye, having a distinct soufflet audible. He was sent to Gibraltar for treatment, from the squadron, in the "Fury," with a detachment of 100, this being the only pressure attempted. He was admitted into the Naval Hospital at Gibraltar on the 12th of July (the sick of the fleet being temporarily under my charge). He is a fine, healthy-looking young man, who states that he has served in several line-of-battle ships, and always enjoyed good health; was not aware of any swelling in the left ham until the forenoon of the 9th July, but had aching pain in the

left leg for four or five nights previously, which came on gradually when in his hammock, and which he attributed to rheumatism; is positive that he received no injury, and can assign no cause for the disease, except that the ship was exercised the two days previous. On admission, a tumour was visible in the left ham, about the size of a small orange, soft to the feel, and having a strong pulsation and loud bruit audible; the circulation through the sac was controlled by pressure of the finger on the artery in the upper third of the thigh.

On the 15th of July, the instruments at hand above alluded to were attempted to be adjusted; but being found in many respects objectionable, and requiring some alterations, were not reapplied until the 21st, when both the pelvic, or upper instrument, and the lower, or circular, were put on at the same time, with the thigh kept slightly bent on the pelvis, and the leg on the thigh, resting on a pillow. The pressure was first commenced on the pubis. He was duly instructed as to the *modus operandi* of the cure, and directed that when the pain became severe he was to relax the upper, and screw on the lower instrument, which was left lax on the thigh at the upper third. During the first and following day, he was unable to bear the pressure of either instrument for a longer period than half an hour to an hour—sometimes less; and experienced considerable pain in the calf of the leg, as well as along the tibia. It was, however, remarked that he bore pain unusually long; and being an intelligent man, he controlled the circulation by the feeling of pulsation in the tumour, which he was sensible of, and which he was cautioned not to obstruct completely.

On the 22nd, he says he passed a restless night, from pain in the knee; but towards morning he relaxed the instruments, and slept; a slight turgescence of the veins around the knee being only perceptible when pressure was put on. The temperature of the limb is not much lower than the opposite; it has a flannel roller applied. The pressure throughout this day was kept up regularly and alternately with the two instruments, and at no period entirely obstructing the pulse in the tumour, or discontinuing pressure. He had each night, from the 15th, half a grain of acetate of morphia, and eight drops of tincture of digitalis, as a draught. 23rd: The tumour is sensibly harder, and a few turns of the screw of the lower instrument easily controls the circulation through it. The pressure from the pad in Scarpa's angle has irritated the integuments, and the lower instrument was moved down, and pressed on the artery in the middle third of the thigh: this enabled him to bear the instrument on a much longer time, and being without sleep, he observed the pressure having regularly and completely controlled the pulse in the tumour during this night.

In examining the limb on the morning of the 24th, I relaxed both instruments, and found the pulsation of the tumour quite ceased; nothing more than a *fremitus* perceptible. The instruments were kept on the thigh, with but slight pressure, to ensure safety, for the two successive days. The tumour felt hard, and he complained only of stiffness in the knee-joint. The temperature of the limb was somewhat less, but no œdema whatever occurred, nor was there any lividity visible during the whole period of pressure. 26th: The tumour is perfectly solid, and diminished in size; feels no inconvenience but rigidity of the limb, and his health has in no way suffered. 31st: Is walking about the ward, able to extend the limb, and place his weight on it; surface of the tumour painted with iodine; and gentle friction is relieving the rigidity.

Aug. 13th: Still in the hospital; the tumour in the ham is not larger than a Spanish filbert; has perfect good use of the leg; the pulsation of the femoral artery felt to the inferior third of the thigh, likewise in the collateral branches; is in very good health, but the heart's action has been feeble throughout; and upon minute examination of the aorta in the epigastric region, a soufflet is audible, distinct from the heart's action; from which fact it is my intention to invalid him from the service, the fleet at present lying in the Bay.—*Lancet.*



## REVIEWS AND NOTICES OF BOOKS.

**PRACTICAL OBSERVATIONS ON DISEASES OF THE LUNGS AND HEART.** By ARCHIBALD BILLING, M.D., F.R.S., Member of the Senate of the University of London, Vice-President of the Royal Medical and Chirurgical Society, &c. &c. &c. London. 1852. 8vo, pp. 138.

Dr. BILLING's name is familiar to the profession in connexion with his "Principles of Medicine," a work which has already reached a fifth edition, and has taken a place in our standard medical literature. In the volume before us he has, in a small compass, given the result of his long experience in some of the more frequent forms of disease of the heart and lungs, and at the same time he has touched upon some of the disputed points in the physiology of these organs.

The volume commences with general remarks upon the stethoscope and auscultation. The author then dwells at some length upon the mechanism of production of the normal sounds of the heart. What is termed the "valvular theory" of these sounds was first put forward by Dr. Billing, although often incorrectly attributed to M. Rouanet. "On first perusing (he observes), thirty years ago, Laennec's assertion that the second sound was caused by the auricles, I perceived that it was erroneous, as being inconsistent with the successive actions of the heart acknowledged by physiologists from the time of Haller, and fully confirmed by experiments on animals."

Dr. Billing considers that both sounds of the heart are entirely valvular. "The natural sounds of the heart (he observes) are nearly similar to each other; the first occurs with the beat (systole) of the heart, the second immediately after. They are caused by the valves, which, being membranous, each time they resist the reflux of the blood are thrown into a state of sudden tension, which produces sound." He denies that any part of the first sound is due to *bruit musculaire*. "In health there is no *bruit musculaire*, and the cause of the first sound being slightly longer than the second consists merely in the difference of the forms and attachments of the valves."

"The semilunar valves being inserted into circular rims and themselves quite free, are tightened instantaneously; the ventriculo-arterial valves, with irregular margins, and attachments to carnea columnæ, are not so instantaneous in the check, and therefore the sound is a little longer, and less sharp. An idea of this may be given by striking on the table with the tips of three fingers firmly touching each other at the points, in the form of the semilunar valves; the sound will be sharp and instantaneous; but when the fingers are allowed to separate ever so little, it is impossible to strike with them so as to produce this single sharp sound; and this illustrates the cause of prolongation of the first sound."

Dr. Billing next devotes a short space to diseases of the lungs—viz., catarrh and bronchitis, pleuritis and pneumonia, &c. He describes the auscultatory signs, and gives some useful hints respecting the treatment of each. Diseases of the heart are then considered in the same way. The following extracts from this part will give our readers some idea of the author's style; the subject discussed is palpitation:—

"There are palpitations and irregular actions of the heart depending on innervation, and not necessarily associated with change of structure, though in many instances the two co-exist; the commonest is mere palpitation, or extra-rapidity of action; the simplest cases of this occurring in persons in good health, but of an excitable nervous system, whether good or ill-tempered. This is the lowest degree, and scarcely to be denominated disease; but when persons of this temperament become even slightly deranged in health, these palpitations become a serious addition and prominent symptom, and sometimes are the most complained of by the patient, and not unfrequently distract the attention of the attendant from the real disease, whether that be hepatic, uterine, renal, intestinal, or other.

We have now to consider an opposite state of innervation. In the preceding, we have had the nervous influence in excess—too much steam; on the other hand, we find the ma-

chinery of the heart and pulse sometimes flagging from deficiency of nervous influence; in which case every now and then the muscles make a pause, causing intermission of the pulse. This intermission occurs with all states of the heart, sound and unsound; because as it depends on the nerves, we may have an intermitting pulse with a perfectly sound heart, when the system is debilitated by any cause, either of internal organic affection or disease produced by external causes or circumstances, or by some drug, such as digitalis, colchicum, green tea, &c. Intermission of the heart is no evidence whatever of disease of the organ; and many persons who have been subject to palpitation in early life, become at an advanced age liable to intermission on account of the facility with which their nervous system is exhausted; and several persons have been brought to me with supposed 'fatty' disease of the heart (a fashionable complaint just now), the organ being lazy, and which only required tonics and extra-allowance of wine to restore it to regular action; which I need not say would not have removed the fat in about a week, if that had been the cause.

I have found more persons misled by impulsion of the heart than by any other stethoscopic sign. In many cases of phthisis I have been referred to in consequence of apparent hypertrophy of the heart, which depended merely upon the increased perceptibility of the heart's action (somewhat increased in reality by the progress of the disease) from the excessive thinness of the parietes of the chest. Other patients have fits of palpitation of the heart from dyspepsia, &c., during which the impulsion is so great as to mislead the practitioner, if he have not opportunities of ascertaining that for weeks during the intervals of the attacks, the action of the heart will be perfectly normal."

The section upon diseases of the heart is followed by a short one upon aneurism of the aorta: the author attaches a good deal of importance to resiliency of the pulse as a sign of this affection. The last subject discussed is phthisis, upon which the author gives his views at greater length. Some of his remarks upon treatment we shall extract here. Is consumption curable? Dr. Billing asks. "Decidedly so, for a time (but, like gout, *naturam expellas furca, tamen usque recurret*); thus it is very seldom that there are but a dozen or two, or a hundred or two, of tubercles. If that be all, when they are expectorated the patient gets well, and remains so until after a year or two, or more, when a fresh crop forms; if these be not too numerous, the patient may recover again and again."

"One thing of which I am convinced is, that the true principle of treating consumption is to support the patient's strength to the utmost; and that though occasional complications may call for antiphlogistic treatment, *tubercular disease, by itself*, does not. I must again caution young practitioners against shutting up phthisical patients in warm rooms. I am satisfied that the want of exercise induces a languor, which makes them wear out faster than if permitted to ride or walk according to their strength in the open air. At every exacerbation of their complaint, phthisical patients say they have 'caught fresh cold'; but the same thing occurs when the experiment is tried of keeping them in rooms graduated by a thermometer. A mild climate is palliative, by permitting more free exercise in the open air; but when we look at the specimens in our museums, we may judge whether a warm climate could regenerate such lungs.

Inasmuch as we have as yet discovered no remedy for tubercle, we can only support Nature through the progress of it, as we do with strumous tumours. It is a disease which has always afforded a harvest to quacks, and to quackish regular practitioners, whether they have been knaves or fools. Some infatuated persons have thought they could cure it because they did not understand the difference between it and inflammation, and indulged in other misconceptions. Every new agent and new medicine has had its turn in disappointing the world in this *opprobrium medicorum*. Beddoes was sanguine that by inhalation of gas the disease might be modified; Darwin was sanguine as to the effect of digitalis, because it could make the pulse slower; but retarding the pulse did not retard the disease any more than the use of cod-liver oil. It is essential to the disease that the pulse is quick, but making it slower does not touch the tubercles; it is essential to the disease that the patient wastes away, but putting fat on his outside by means of cod-liver oil does not touch the tubercles, or restore the disorganized lung, though it nourishes, like



other oleaginous articles of diet, and gives false hopes to the friends of the patient, who does not live five minutes longer than if he had not taken it."

Dr. Billing's object in this publication has been, he tells us, to make it a vehicle for conveying useful practical information rather than for chronicling rare or curious cases (not, however, from any deficiency of the latter). The only fault we find with it is, its too great conciseness; for there are several parts of the subject upon which the author might have enlarged with much advantage to his readers.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, SEPTEMBER 15, 1852.

### WORKING OF THE DISPENSARY ACT.

In our last we published a letter on this subject, and in our present number we print another. It is evident that the measure is liable to most mischievous and oppressive application by those entrusted with its execution; and that if it does not admit of correction by the Commissioners or the Queen's Bench, in a revision of the acts performed under its authority, legislative interference will speedily become necessary. The Dispensary Surgeon is subjected to the control of so many masters, and affected by so many conflicting opinions and interests, that he can have little self-reliance or confidence in the assistance of those upon whom he should rely for support. The Committee say and do one thing, the Guardians another, and the Commissioners may differ from both; leaving the party responsible for the results, and obviously the most competent to judge, to carry his views into practice as best he may. Our correspondent in the last number says that "the districts are about double the size they ought to be, extending from ten to sixteen Irish miles from end to end." If this be so in any case, the fault lies with the Commissioners; for we can scarcely blame the Guardians for limiting the number of dispensaries in the union for economy sake, when they find they can do so without being questioned by those in authority over them. The truth is, that the ratepayers very naturally look upon the law as a grievance, and whenever they can do it they will limit or obstruct its operation; but this cannot be permitted, for if the Commissioners do not coerce them, some other power must interpose. But does the abuse of which our correspondent complains prevail generally? He says that "nearly the entire population beneath the class of gentlemen is attended gratuitously," and that "there is no limit to the issue of tickets, farmers of forty or sixty acres without difficulty obtaining the necessary order." Is there no remedy for so gross a misapplication of public money, and so intolerable a trespass on the Surgeon's professional services? The act provides one, but as our correspondent says, it is "a delusion and a mockery;" because, although the Committee is empowered to refuse medical relief to such persons, there is seldom a Committee to act; and moreover, if the Surgeon refuses to submit to the extortion, he "makes an enemy of the gentleman who grants the ticket." Here, then, after all the speechification, pamphleteering, and parliamentary inquiry regarding this most flagrant of the abuses of the old dispensaries, have we it quietly adopted in the new ones; and thus one of the benefits, so vaunted by the authors of the change, is scattered to the wind. How often have we heard the philanthropic political economists of the day deplore the evil of

providing medical relief for persons able to pay for it, and adduce it as one of the examples of Irish political malpractice; yet now do we find mischief perpetuated, and that not by stealth, job, or manœuvre, but openly, with the connivance of Relieving Officers, Committee men, Guardians, and Commissioners. If this be not corrected, the Legislature must interfere. The Relieving Officer alone, or some other responsible officer, must be entrusted with the duty of declaring the fitness of objects for medical relief, and must be made answerable for any misapplication of the law; while parties convicted of an unwarranted demand on the public institution, should be compelled to pay for the relief improperly obtained. In England cases have occurred in which persons not entitled by poverty obtained medical relief, and in which the value of it was recovered in the county court; why should not a similar remedy be adopted here? A few "processes" at quarter sessions against some of these claimants to the title of pauper might correct this disgraceful practice, or perhaps a remedy might be found to reach the Guardian, Committee man, or Relieving Officer by whose connivance the fraud is perpetrated. If some check be not speedily provided to arrest the progress of this evil, we shall in process of time have the principle of a graduated system of eleemosynary relief established throughout the country to the great injury of the people already too prone to accept such alms. At all events, if a rate is to be levied to pay the Doctor's bills of small farmers, shopkeepers, and tradesmen, it should be sufficient to reimburse those who are thus disabled from obtaining a livelihood by the legitimate practice of their profession. It is quite clear that if the Guardians and Committee men be authorized to compel the Dispensary Surgeon to attend their tenants and followers gratuitously, his source of income must be cut off, and the wretched pittance doled out in the shape of salary will prove utterly inadequate to his support. We do not advocate the limiting of medical relief to mere paupers, far from it, we only advocate the justice and policy of restricting it to those, who, if not so relieved, must speedily become paupers. But the fact we believe is, that no such practice as this complained of is sanctioned by law at all, and that it is only tolerated to save trouble and conciliate opponents, regardless of the consequences which such tergiversation must entail in the sequel.

### MEDICAL LIFE IN LONDON.

London, August 30, 1852.

#### THE HOSPITALS.

A CONTRAST of our hospitals now to those of the last century is highly instructive; and nowhere, perhaps, are hospitals so well managed and supported as in London. On the Continent, every one must have remarked the half-military, half-workhouse, whole government kind of institutions they appear, in Paris especially, being all supported by the State; the nurses, with their very bushy moustaches and military caps, appearing a different sort of animal from the nurses of the other sex; we are accustomed to the eternal *bouillie*, and multiform shapes in which *ptisans* are prescribed, ever reminding one of a different latitude altogether from that of London porter, blue pill, and *haustus niger*.

The contrast of our hospitals now to what they were at the time of the Plague of London is quite sufficient to account for all we read in romance writers, and even in the stern description of Defoe of that period. It was Sydenham first suggested in our London hospitals that patients attacked with the *exanthemata* were not to be broiled with heat and smothered in a dark room. One of the hospitals of



Paris has at this moment a double set of walls—a kind of brick-and-mortar quarantine; a curious relic of these old times. Inside these walls, the *religieuses*, priests, &c., we are told, were regularly imprisoned, tending the sick, and keeping off the contagion, good easy people, that they were actually creating. The Duc de Liancourt tells us in the chief hospital twenty five beds served two hundred patients: four wretched beings slept in each bed, while four others were stretched on the ground. It was a high crime and misdemeanor to get sick at all. Men and women lay huddled together. Two-thirds of those that died, it was quite well known, fell victims to the contagion generated in the wards, not the disease they came originally afflicted with. Two thousand died annually at the gate, not thought about at all. A decree of the parliament of the time is still in the Louvre, showing the mode in which contagion was sought to be "frightened" away; there is nothing like it perhaps but what one now and again reads in a Dublin paper, of a child exposed on a shovel to frighten the fairy out of it. The monkish character of all the old London hospitals—St. Thomas's, St. Bartholomew's, &c., and the cotemporary history of the time, fully corroborate the lamentable ignorance existing at this time on the subject of contagion; and just now when no two men can be brought to agree about the contagiousness of cholera, serves to indicate how obstinately men may go on in a course radically wrong, and effect legislative enactments radically nonsensical.

At the time Guy founded the hospital that gives to his name a deserved and undying fame, Cullerier tells us it was customary to huddle seven or eight patients into one bed, in wards into which the light or clear breath of heaven never upon any account whatever entered. One should be inclined to doubt if patients could live at all under the conditions; but the books of the time and the praises bestowed on Guy, swarm with such accounts. Half the patients, no matter how sick they were, slept from eight o'clock at night till one o'clock in the morning; the other half, no matter how feeble or debilitated, in the same beds from one o'clock till eight o'clock again. Everything was darksome, black, *tapissé*, with every sort of *malpropreté*; the windows all, nailed; filth never disturbed, the straw not changed for months and months; bedclothes and curtains unwashed, thick with matter from ulcers; everything, in fact, putrid and horrible. The city was "un veritable cloaque;" the king himself, tucking up his royal trousers, went to the hospitals, beseeching the people to clean their houses and the streets; the sick he noticed in large letters at every corner—"Que incontinent . . . se departent de la dite ville et forsbourg sur peine d'etre jettez en la riviere."

With this *Salvator-Rosa* dash of horrors—the secret of all our old diseases and the Plague—we can better estimate the value of our excellent London hospitals, as at present organized, founded, and organized by good and charitable men, and all supported by voluntary contributions.

We said a few words before of St. Thomas's; a few words, in a discursive way, of Guy's may now be not uninteresting. As far as the pupils are concerned, the two are almost one and the same hospital, a mere crossing of the street separating the two institutions. A kind of friendly and generous rivalry also subsists between the medical attendants, rather pleasing than otherwise. On operation-days the pupils of each hospital visit the operating theatre of the rival hospital, and the somewhat antiquated surgery of St. Thomas's and the very "fast" practice at Guy's, are openly dismissed. "I say, Armstrong," one hears ever and again, "what a d—d maff that old — is; he had the point of the knife through the interosseous." "Gentlemen, the patient is now removed; I may say this is an intense instance of osteo." "Silence, please." The Guy's men move like a field of corn. Another operation for hernia—"Beautiful! beautiful!" every one says under his breath; "Devilish

good!" when the director at last slips under a shaving of soap, like silver paper. It is some of the young men, Mr. Simon, or some one else, who is operating. A cluster go on round the wards, if with one of the old men, it is like a quaker's meeting—not a word; if at Guy's, with Bransby Cooper, it is a running fire of fun and physiology, much preferable; if with Mr. Hilton, it is good sound sense, and the oddest sort of stories; if at St. Thomas's, with Mr. South, you are initiated into everything, from Druid circles to Don Quixotte—anything but modern surgery.

The bells of St. Barnabas are not more regular at St. George's than the different men at their appointed hour at the Borough hospitals. It seems a plenary virtue of Mr. Green, and others of the very great men, however, to say or do nothing. In Paris, the continued grimace and action of Jobert Velpeau, Ricord, the gossiping soberness of Roux, contrast a little marvellously with the mild, silent equanimity of some of the older men here, who never say a word, so that the visitor to London will do well to make for the youngest man he can find out, if he wishes to see anything in a London hospital.

The division of labour at Guy's and other large London hospitals is very remarkable: everything is like clock-work. Splints are put up, the femoral tied, or prayers and testament read, without ruffling a hair. The postman goes through the wards as if it was Piccadilly or Saville-row; the apothecary, not quite smelling of Sabeian odours, brings a tourniquet, or an enema, and reads the *Times*—dividing his solicitude between all three.

Guy's, we need scarcely say, was founded in 1721, by Thomas Guy, a simple London citizen, worth several of your kings of France, walking up and down again with his kingly trousers tucked up. Guy's is, perhaps, the most striking monument of practical charity in the world, the great refuge of the sick and helpless in London. Patients are admitted according to the intention of the benevolent founder, on all but simple application; no interest or letter of recommendation, we believe, is necessary. The good old legend one ever reads over the gate in letters of iron—"Dare quam accipere," is to us always, amid the pettiness of London medical trading, a little volume of surpassing interest; not forgetting the statue of the excellent founder, and bas-relief of the good Samaritan, so quietly appropriate.

Somehow one always associates this little square and the chief wards with the name also of Sir Astley Cooper, who has done so much for Guy's; as much perhaps as your princely Carmichael for the Richmond.

Three physicians and three surgeons daily visit Guy's at one o'clock, and three assistant-physicians and three assistant-surgeons, besides apothecaries, and other assistants, give their aid in the same toilsome duties. There are 580 beds to be visited, with a vast crowd of out-patients. The good feeling and *esprit de corps* of every one at Guy's is truly wonderful. Old pupils from the country visit Guy's when they come to town as an old and valued friend. Whatever *niaiserie* and do-nothingness men feel are the besetting sins of Royal Colleges of Surgeons and Physicians, and whatever ludicrous pretensions about Apothecaries' Hall to rule the profession, at one or other of the Borough hospitals, or perhaps, Bartholomew's, all the medical men in England feel once again at home. Here are the old familiar faces, and something always new and professional. The Library of the College of Surgeons, or the Reading-room of the Medical-Chirurgical Society, or the more monastic seclusion of the College of Physicians, will, according to some universal law of reading-rooms, degenerate into mere gossiping clubs, with all their bitterness and jealousies; but there is no source of jealousy going round Guy's when a man is turned 50, and has only left his own hospital of eleven beds and a half in the country the day before yesterday, dines with one of the Guy's or Bartholomew's men to-day, prescribes for his one rich



patient a hundred and fifty miles off by electric telegraph, and dines at home before the week is out. The Library of the College of Surgeons, of course, is the great central point of all its members visiting town; taken in connexion with the magnificent and beautifully arranged collection of the Hunterian Museum, there is nothing so valuable in Europe. When one speaks in disparagement of the College itself, it is in sickness of soul at its utter inefficiency in keeping down quackery and illegal practice; its *laissez faire* mode of receiving men's money for a diploma; enrolling them members of a College that they practically make worth nothing; their reserving all their thunder and fire in the medical journals supported by them for the really well qualified man. The very deficient preliminary education they require from men entering the profession, whose business through life it is intended to be; in a word, the way everything is done in a miserable mercantile spirit, to get as many surgical fishes into the corporate net as possible. Of the College of Surgeons' Library and the Hospitals, we cannot, however, but speak in terms of the most unqualified satisfaction. Our colleges and medical schools, however, are too much dependent one on the other; the former, in England, are too eager, like good schoolmasters, to turn out so many bran-new surgeons every year at twenty guineas a piece, to give the slightest attention to the great avalanche of illegitimate practice that every day swallows up so many practitioners. Of twelve men, full of hope and life, that we remember going through the desolating ordeal of this College from one class, and they are but the exponents of thousands of others in England, we would cite the following instances of success:—

Of twelve men made surgeons when they should be at Eton or Cambridge, five "cut" the profession altogether, and are living in the "bush" in Australia; three men are homeopaths and quacks, one of them making a large fortune, with a brougham and pair, the other two also in splendid practice; a ninth, the best educated of the twelve men, thoroughly gentlemanlike in his manners, and a good surgeon, after being broken-hearted with the utter inefficiency of his London diploma, turned concert singer, and only then knew happiness; one man died all but insane, having taken the word "surgeon" off his door, as something disgraceful; the eleventh man got into the navy, but left it immediately; the twelfth man of this delectable College turned pawnbroker. Side by side with these men we could place twice twelve who have made fortunes in England, but they have all commenced as chemists prescribing over the counter, without any shadow of a diploma whatever. We have been told over and over again of members of this twenty-guinea College in the London police and labourers on the railroads; men who will talk to you to this day of Sir Charles Bell and Sir Astley with the greatest warmth. With such things meeting men in practice every day, he would be a bold man who would say Medical Reform is not loudly called for. The London hospitals, as medical schools, are without a rival in the world; but if they bear the same relation to practice in after life that the preaching and practice of self-denial and charity in our church pluralists do, the sooner we have a change the better. In Ireland, also, we scarcely require more sheets of paper called diplomas.

At Guy's, and the various hospitals, all of course is gaily and *coulour de rose*. We have known dozens of men also get into good practice, but the practice was made already by a father, or some relative. A medical journal lately very complacently tells the young chickens not to take the water too soon, but remain five years before they look for a first fee; heaps of practice lie around, however, let only the young man abjure all allegiance to Edmond Balfour and his brass wand. The fact is mournful, perhaps; we only pretend to say of our every-day experience of the men we see, that it is true. Mr. Yeatsley asks where are the police to prevent quacks lecturing with skeletons near the London Hospital?

We say the police should be in the profession itself. We have "death in the pot" and microscopical moonbeams in pickled cucumbers; but the profession itself going fast to the dogs.

Medicine in England is now half ashamed to be recognized as the same thing it was a century ago. Among the Athenians there was a law that no slave or woman should dare to study medicine; in Smyrna they associate on their coins the names of their celebrated physicians with the effigies of their gods. The members and fellows of the College at Lincoln's-Inn now deal in phlebotomy, and perfumery, and green grocery. Linacre, the founder of the College of Physicians, found medicine so distracted he changed his profession and became a clergyman; Harvey, need we say, was despised and rejected of men, and went through the purgatorial fires of London, and starved at Richmond, his doctrine of the circulation of the blood universally scouted; Cullen, and Hunter, and Jenner also, with many others, were sacrificed to the trading principle. How many Cullens and Hunters now going over to homeopathy and quackery it is painful to think. We have a cabinet of beautiful names of wards at Guy's—Lydia, Esther, and Martha; on the second floor, Charity and Dorcas; and higher, Patience and Mary—names that might be advantageously transferred to wards in Dublin hospitals. The men's wards are—Lazarus and Job, Naaman and Luke (little epics in their way, quite refreshing), Barnabas and Miriam, Samaritan, Philip, Ruth, and the great accident ward, Cornelius. Here the friends of patients at set times are met with beaming faces, bringing olive branches and mignonettes. On particular days at St. Thomas's there is quite a flower show; the pupils seem to rejoice in the general sunshine, an illicit trade in big bottles, cakes, and roast pig, is sedulously winked at; an oyster supper winds up the evening. At the London Hospital every one goes to Greenwich or Blackwall. These are the last happy hours many, alas! how many of these men ever spend! They are seduced by the blandishments of the old lady in Lincoln's-Inn-square at last, they have half finished their education. The old lady snubs them politely when she has got their money. A new curriculum is now entered on for what they call "Rhubarb Hall," and just when friends are tired of them, and a little fortune thoroughly wasted, they find the blue bottles opposite of the trading chemist quite eclipsing their little light; the College takes no further trouble of them, or what it styles its fellowship, than it does of the title of the Emperor Soultouque. In Ireland, the really valuable diploma of the College of Surgeons was recognized by act of parliament as indispensable for the attendants on infirmaries; in England, it is a pleasant and ready way to shut a man out from all civilized society, and in country parts means something equivalent to green grocer, or a shadow and a half less respectable than that important functionary.

#### THE VALUE OF UNIVERSITY DEGREES AND DIPLOMAS IN MEDICAL QUALIFICATION.

The venue in this case has been (to the great relief of us here in Dublin) changed to another locality, and we are thus enabled to discuss the abstract question with less danger of bias. The intrinsic value of University Medical Degrees as qualification to practice may be ascertained as easily by reference to their origin in Aberdeen as in our own metropolis, and so we give insertion to the following reclamation on the subject. But it is not even the value of the Degrees and Diplomas which have become the subject of discussion, but the value of the very Charters which profess to confer the right to grant them. It seems beyond a doubt that of all personages in the world, the Pope has established a right to found Universities in these countries, and not only is this so, but a noble Scottish chieftain seems to have exercised a similar power. In England, the Bishops



can "make Doctors" too, but whether they can do so in Ireland we have not learned. Perhaps Dr. Todd, who, they say, is particularly anxious to acquire the power by virtue of a mitre, will take "a law opinion" on the matter. In the meantime, we stand by QUEEN VICTORIA, notwithstanding the disregard of her royal prerogative displayed by the Board of Trinity College. We are so old-fashioned in our belief that we really do attach more value to specific modern charters of incorporation granted by HER MAJESTY, after careful scrutiny by the Law Officers of the Crown, than to the vague generalities of similar documents granted in an age all but barbarous, and by persons all but incompetent. After all, perhaps these disputes will prove of value by opening men's minds to the real question at issue, and may lead them to distinguish between shadow and substance; in fact, to consider how far caps and gowns, and hoods and surplices, stand for real knowledge and substantial requirements. Here is the pleading in the cause to which we allude:

MARISCHAL COLLEGE, ABERDEEN.

The employment of your most powerful pen to expose the abuses which have so long deprived the title of M.D. of half its dignity, must be a source of pleasure and profit to all who have a legitimate claim to that honour. To show the state of ignorance in which even the profession exists as to the rights of the different colleges (by the way, we feel sure the "British Medical Directory" will enlighten us on these points), I confess that, subsequent to graduation, I learnt the legal right of Marischal College is disputed. Although aware of a difference between that college and University and King's of the same place, I had always considered it a professor's squabble, caused by anxiety to obtain the greater number of graduates.

A pamphlet, however, bearing the modest title—"Has Marischal College, in New Aberdeen, the Power of conferring Degrees in Divinity, Law, and Medicine?" drawn up and published by a Committee of the Senatus, startled me with its copious extracts from the charters of each. It would occupy too much of your valuable space to give more than one or two extracts from this paper, which is evidently drawn up for the sole purpose of elucidating the truth. But it is only fair that those who intend to present themselves for examination at Aberdeen should be acquainted with some of the grounds on which the authorities of University and King's distinctly deny the legal right of Marischal to grant degrees in medicine.

The University of Aberdeen, founded by Pope Alexander VI., at the request of James IV. of Scotland, "for teaching theology, the canon, and the civil law, medicine and polite literature, or any other lawful faculty, in the same manner as in the Universities of Paris and Bologna," had a college endowed within its limits by Bishop Elphinstone, the Chancellor, in 1505. The title, "University and King's College, Aberdeen," was first employed in the act of the Scottish parliament (1633), when the change from popery to protestantism rendered a new charter necessary. Marischal College, founded by George, Earl Marischal, in 1593, designated a public gymnasium, was established by him to supply the deficiency of "literary and Christian education." The only allusion in the original charter to medical education occurs in the required duties of the principal, who, in addition to giving instruction in sacred literature and two of the oriental languages, to explaining the principles of geography, chronology, and astronomy, and occasionally teaching theology, had to give a short explanation of anatomy and physiology.

"The word Doctor, or Doctoratus, does not occur in the charter of foundation, nor in any of the documents confirmatory of it.

"We think we may without fear of contradiction affirm, that Marischal College is not recognized as an University, nor as possessing the powers of an University, in any charter or act of parliament, the object of which is to specify, limit, extend, or protect the privileges of the Universities of Scotland.

"We have examined the charters, acts of parliament, &c., with a sincere desire to arrive at the truth, and have presented to our readers the results of our investigation. These results must speak for themselves; and we are quite satisfied that every unbiassed judge, who has followed us in the de-

tails, must come to the conclusion at which we have arrived; viz., that the University and King's College, in virtue of the charter of foundation, charters of erection, deeds of confirmation, &c., possesses the right of conferring degrees in all the faculties—arts, divinity, laws, and medicine; while the privileges of Marischal College are confined exclusively to the Faculty of Arts, that being the only faculty which is mentioned in the charter of foundation, or in any of the other documents printed by the Royal Commissioners; and therefore that it does not possess the right of conferring degrees in divinity, laws, and medicine."

I recommend the careful perusal of the above-mentioned pamphlet to all who desire the honorary distinction of Doctor of Medicine; and feel certain that, owing to the very careful examination adopted by its professors, University and King's College, Aberdeen, will soon hold that place in the estimation of the profession which it so well merits.—*Letter of a Graduate of University and King's College, Aberdeen, in Lancet.*

[The question as to the legal power of Marischal College to grant medical degrees has now arrived at a point that demands its immediate settlement. If the college does possess the power, the managers of that institution must at once produce the evidence of its existence. Arguments and statements will now be unavailing; the production of the proof, and nothing short of the proof, will or can satisfy the profession. If the evidence be contumaciously withheld, or if it cannot be supplied, in either case the profession will decide, and promptly, that Marischal College has neither a legal nor a moral justification for granting degrees in medicine.]—*Ed. L.*

THE LONDON UNIVERSITY.

We are glad to find from the following that there is one *Alma Mater* in the three kingdoms without gray hairs or wrinkles, or tottering steps and drivelling intellect. But what has become of your young Irish sister? Has she died of a political puerperal fever in her first confinement?

The list of undergraduates who have just passed the first examination for the degree of M.B. of the University of London, exhibits certain features which illustrate in the most interesting manner the beneficial tendency of the University in promoting the general education of the members of the medical profession. The provisions wisely designed by the senate for this purpose have at length come into full operation, as far as the University itself is concerned. Those students who began their professional education prior to 1840 are exempted from the matriculation examination; and hitherto there have always been some candidates for the degrees in medicine who were in a condition to claim the benefit—if it may be considered a benefit—of that exemption.

This year presents the remarkable fact, that every candidate in medicine was already a matriculated student of the University. It may now fairly be inferred that the stock of medical students who commenced their studies before 1840, and who aspired to the London degrees, is exhausted. Another circumstance is observable. The reputation of the London University has annually attracted several practitioners possessing other diplomas to contend for the medical degrees. This year there is not one. We do not believe, however, that events have yet reached that point at which the class of gentlemen in practice before the year 1840 will cease to furnish candidates. Out of something more than 200 students who passed the matriculation examination in July last, we are informed that eighty reported themselves as intending to proceed to a degree in medicine. This fact offers a most gratifying proof of the extent to which the ambition to obtain the London medical degrees has already operated among the rising generation of medical students. It also indicates, in the most convincing manner, the future importance of the medical faculty in the University. We are glad to observe that a considerable proportion of students in medicine do not rest content with simply matriculating; an increasing number proceed to the degree of B.A. In the present list, out of twenty-one successful candidates, five are Bachelors of Arts. The operation of the regulations relating to the classical and mathematical examinations further explains a circumstance which some persons have been disposed to interpret as evidence of the declining interest in the medical section of the University of London. It has been remarked that even in the earliest years the number of candidates for the degrees in medicine was as high as the latest examinations. The reason is obvious. At the outset, professional acquirements only were demanded: the matriculation examination was not im-



perative. In process of time the proportion of candidates who could claim exemption from the matriculation examination, on the ground of having commenced their medical studies before the year 1840, has been gradually diminishing; while the regulation requiring from all subsequent candidates proof of having passed the matriculation examination, naturally kept down the number of aspirants until the rising generation of those destined for the medical profession could be educated to enable them to comply with this preliminary requirement. The present long list of medical undergraduates, and the striking fact that no less than eighty of the last batch of matriculated students have expressed their intention to take degrees in medicine, must remove all doubt that there will be a rapidly increasing addition to the graduates in medicine of the University of London. — *Lancet*.

### THE TITLE OF "EM DEE."

WHAT between the squabble of rival diploma dealers, and the tricks of travellers yearning after "medical honours," the title of "Doctor" is in jeopardy; if not all titles heretofore accepted as evidence of qualification. Now that "Army Surgeons" can be "made" by official ledgermain, and, for anything we know to the contrary, "Dispensary Doctors" too, our prospects are anything but cheering:—

I perceive that the Editors of the "British Medical Directory" have discovered that there are some—they might have truly written many—gentlemen in this kingdom, glorying in the title of M.D., whose diplomas are absolute forgeries. This disgraceful fact has been long known to many members of the profession; but, there is no remedy by which they can correct this grievous and scandalous imposture, nor can it be effected by the combined efforts of the medical press, whatever amount of zeal and ability may be employed to attain so desirable an end; nor would it be fair to impose the task upon it. But might not the legislature take the matter upon public grounds? and ought not the several colleges to take an active part in protecting their members against an abuse so detrimental to their interests? The state of our profession in the united kingdom has no parallel in Europe. Until some more effective remedy for this disgraceful state of things be adopted, I would suggest, that local boards, consisting of the senior members of the profession, be formed in each county, before whom any one about to settle in their respective districts as a practitioner, or offering himself as a candidate for any professional appointment therein, shall produce his credentials for approval; and should any doubt arise as to their validity, that a communication be addressed to the institution from which such documents may appear to have issued, a fee being paid for the performance of the duty.

There are many practitioners glorying in the title of M.D. *Lambeth*—divine doctors you used to call them. Should you not exclude from the "British Medical Directory" these high feathered birds hatched by the archbishop, as well as foreign graduates. I really do not see any difference between these two classes, and you cannot, in common fairness, recognize the one and reject the other. What would foreigners say when they find you repudiate the holders of their diplomas, and at the same time water and plant the fungous growths of the ecclesiastical establishment at Lambeth? I must confess that I am of opinion (and I am a septuagenarian) that it would be more consonant with the feelings of these anti-monopoly and free-trade times to retain in your medical list ALL *bona fide* graduates, and leave the public and the profession to appreciate them as they will. If you exclude them, we shall have a race of quacks immediately assuming titles to which they have no possible right of pretension. Besides—and this is important—I would foreign countries recognize British degrees, while we scout theirs? — *Letters in Lancet*.

### CORRESPONDENCE.

#### WORKING OF THE DISPENSARY ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR, It would almost appear that our silence under the grievous oppression and injustice inflicted upon us by the Medical Charities Bill, or rather by the mode in which its provisions have been carried out by the Commissioners and Boards of Guardians, has been regarded as evidence of assent on our parts to the acts of those parties. Be assured the contrary is the fact; and how could it be otherwise?

The salaries given in this union (confessedly one of the worst administered in Ireland) are disgraceful, and were at once sanctioned by the Commissioners; not a word of remonstrance about the matter! I am even worse off than your correspondent, "A Fellow of the College." To this district two medical officers have been appointed, the district being divided as nearly equal as may be; the population in each being, in round numbers, 8000, valuation £9000, extent in statute acres 10,000, including a densely populated town district. For the duties required here, and fairly stated by your correspondent, £50 per annum the Commissioners have sanctioned as sufficient remuneration. I am frequently called upon to go miles into the country, at all hours, even the most inconvenient. Is it any wonder that we should be treated with degradation by the local poor-law authorities when the Commissioners have estimated our services at so low a standard? It is no wonder; and we are treated with contumely accordingly on every occasion. Last week the following resolution was sent me:—

"The following was this day passed in reference to the Medical Charities Act, proposed by A. Browne, J.P., and seconded by Anthony Mathews, Esqrs.:

"Resolved—That previous to the payment of the medical officers, a certificate from the committee of the district to which such medical officer is attached shall be laid before the finance committee, stating that such officer has carefully and diligently attended to the duties of his situation, and that the district committee are perfectly satisfied with his conduct; and that a copy of this resolution be forthwith forwarded to each medical officer of dispensaries situate in this union. — Carried. (Signed) CASTLEMAINE, Chairman.

Athlone, August 30, 1852." "I find only one resolution to be passed, and that is, 'to do nothing' as it is expressed in the original. The board had clearly no right to pass such an insulting resolution; but it shows the animus of the body. As the cholera will, in all probability, visit us before very long, it would be well to inquire how the fearful increase of duty consequent upon its appearance is to be met, and our truly,

A FELLOW OF THE COLLEGE ALSO.

Athlone, September 10, 1852.

We cordially assent to the assertion of our correspondent that the Board had no right to pass such an insulting resolution. There is no use in fencing with these "Guardians" any longer. Their powers must be strictly defined; and the powers of the Dispensary Committee must be secured so as to put a stop to the conflicts already commenced between the parties. Above all things, the Surgeon must be protected against both; and he shall be protected.

### THE CHEMISTS AND DRUGGISTS OF GREAT BRITAIN.

OUR extensive correspondence and personal communication with the members of the pharmaceutical body during several years, have made us acquainted with their position, requirements, habits, and general sentiments. So far as these bear upon their future prospects, a few remarks may not be out of place. The most striking characteristic of the chemists and druggists prior to the formation of the Pharmaceutical Society, was the total absence of chemical affinity for each other. Nothing but actual persecution or bodily fear could bring them together. The cause being removed, the effect ceased; and until the recurrence of a similar source of attraction in the shape of a new peril, the repulsive force prevailed. No other communications of an official character ever took place between them; and in the meetings which were held, the science of the chemist was overlooked and forgotten in the defensive struggles of the tradesman. Even between individuals there was an unaccountable reserve in reference to chemical subjects and pharmaceutical qualification. It appeared to be forgotten that knowledge—like



money—produces interest by circulation, and that knowledge is the true source of power, position, and respectability. When the permanent union of the chemists for mutual improvement and advantage was proposed, the chief obstacle to be overcome was the incompatibility of the elements to be united; and the senior members of the trade, judging from past experience, considered the project chimerical. Upon a further discussion of the proposal, it was discovered that the shyness and reserve which had hitherto prevailed, was rather habitual and superficial than constitutional; and when the ice was broken the current began to flow in the right direction, and a disposition to go with the stream was manifested. Jealousy and distrust gradually gave place to more worthy sentiments, and although some of the old leaven still remains to be rooted out, the absence of chemical affinity for each other is no longer the characteristic feature of the chemists and druggists. When the detailed plan of the society was suggested and discussed, it was received in a manner symptomatic of the disjointed and unorganized condition of those to whom it was addressed. It met with an immediate response from some whose own experience had led them to similar conclusions, who were sensible of the evils, and rejoiced to see that others concurred with them in desiring to provide a remedy. Some granted the hypothesis, but denied the practicability of the deduction. They said nothing could be done without an act of parliament, which it would be impossible to obtain, and suiting the action to the word, they withheld their coöperation. A considerable number, however, although only partially convinced, followed the example of those in whose judgment they had confidence, and lent a helping hand. Others, again, shut their eyes against facts and their ears against arguments; denied the existence of abees on one side or danger on the other, and composed their minds in an artificial security, as the ostrich buries his head in the sand, and thinks himself safe because he can see nothing. Lastly, there were the systematic opponents of change, who think it "better to bear the ills we have than fly to others that we know not of;" and the advocates of peculiar crotchets, who view every subject through their own telescope. Such were the auspices under which the Pharmaceutical Society was introduced. It may be supposed, therefore, that it was no easy matter to smooth down asperities, and adapt its constitution and regulations to the sentiments and circumstances of the parties concerned. Some advocated a high subscription to ensure respectability, others, a moderate one to avoid exclusiveness; some thought the examination should be compulsory on all members from the commencement; others desired that not only the original members, but associates and apprentices should be exempted. On other questions conflicting opinions arose, and it was not easy to adjust the balance. These difficulties were gradually overcome, in consequence of the disposition which prevailed among the majority to waive minor prejudices for the sake of attaining the great object—unity; and although it was impossible to please all, an amicable arrangement was effected by mutual concessions, and the constitution of the society settled down to its present state. Similar influences prevail to a greater or less extent in the provinces and in the metropolis. In most towns, some of the most intelligent and respected inhabitants are chemists. We continually find them filling responsible offices, such as mayor, magistrate, guardian of the poor, &c.; and also connected with sanitary committees and local institutions of a scientific and useful description. They are not usually addicted to politics, but it will be generally found in any town where a chemist enters into such matters, he holds a prominent position in the committee of his party. We have observed rather a tendency to conservative principles on general subjects, and also in reference to sweeping reforms and changes in their own business or profession. The services of chemists on juries are held in estimation; they are considered, as a class, superior in intelligence and experience to the average of tradesmen, and this is urged as the principal argument against their exemption from serving on juries. The chemist and druggist, although not a professional man, is usually recognized as a link between the trade and the profession. His avocations, if faithfully and conscientiously performed, demand the exercise of the mental faculties, and the knowledge thus acquired lays the foundation of the influence and respect which he enjoys. This is the case with the *bona fide* chemist and druggist, who has voluntarily taken the means to establish a fair reputation in his business. While, however, the merits and character of some individuals reflect credit on the class, this is in some degree neutralized by the delinquencies of others, and the mixture of the business of the chemist and druggist

with other trades is carried to such an extent in many places, that it is quite impossible to draw the line with a view to classification. In one town with which we have communicated, a majority of the chemists and druggists are ladies, an occurrence not unfrequent in other places. In most towns there are some whose business consists chiefly in counter-practice, who are engaged from morning till night in prescribing for the poor at twopence or threepence per dose. These are the parties who bring down upon the entire body the indignation of the apothecaries, and are pointed out as illustrations of the encroachments of the chemists and druggists. It is, however, admitted on all hands that those who carry on and encourage this kind of business occupy an inferior position in the trade, and that in proportion as they rise as chemists, they avoid instead of courting the responsibility of irregular medical practice. Since the establishment of the Pharmaceutical Society, a considerable improvement is observable in the general character of the business; for although chemists and druggists cannot be driven, they may be led, and a society of this description, established on a sound basis, and inculcating certain principles, exerts an influence which spreads by imperceptible degrees, and the result is manifested by the increased desire for information, the adoption of improvements in the mode of conducting business, the encouragement of education in the junior members of the trade, and the desire to assist in the measures requisite for raising the status and qualifications of its members. These effects are most observable in places where a sociable and friendly disposition prevails among the chemists, and more especially where endeavours have been used to obtain an honourable understanding with the members of the medical profession, who have in some instances given their cordial assistance by delivering lectures, attending scientific meetings, and reading papers. Where the chemists will not be induced to come together or to observe what is passing around them, no progress can be expected. They adhere to the habits of their forefathers, adopt the ostrich as their model, shut their eyes and ears against evidence, and believe themselves to be secure. In a few years they will wake from their sleep, and on taking a bird's-eye view of the pharmaceutical chemists of Great Britain, they will find themselves, like Rip Van Winkle, a generation behind their brethren. *Phar. Jour.*

## A BULLET EXPELLED FROM THE BRONCHUS AFTER FORTY DAYS.

By Dr. BENEYS.

The patient, V., aged 21, had an attack of bronchitis. One day, a pistol-bullet, which he had in his mouth, passed, during a deep inspiration made after coughing, into the larynx; it descended along the trachea, and entered the right bronchus, stopping at the root of the lung. The symptoms produced were pain in the right side of the chest, hectic, marasmus, suffocative spasmodic cough, and other marks of advanced pulmonary consumption. While in this state, he was one day stooping forward, when he coughed up the bullet with about three tablespoonfuls of pus. In about two months, health was perfectly restored. Dr. B. thinks that this case points out the propriety of trying the effect of placing the patient, who may have allowed a foreign body to pass into the air-passages, in a favourable position for its expulsion. Notwithstanding the favourable termination of the case, we must not trust too much to the resources of Nature; for this man would have inevitably died if he had not fortunately, being accidentally in a favourable position, expelled the bullet. — *Lond. Jr. of Med.*

## ON AN EFFECT OF CONGENITAL PHYMOSIS.

In a young man, aged 20, the subject of congenital phymosis, Dr. Riecke found that the expulsive power of the urethra was lost, so that the urine, instead of being ejected, simply flowed out as from a tube. The canal had become so dilated, that it was wider than the neck of the bladder, and more than a quart of urine could be poured out in a few seconds. The ejection of semen would also probably be impossible. Dr. R. remarks, as an evidence of the state of surgery in the provinces (in Prussia) that, although the nature of the disease must have been evident, yet none of the surgeons whom the patient had consulted, had proposed an operation, while all had prescribed diuretics. — *Id.*



### CURIOUS CASE OF NEUROMA PERVADING ALL THE NERVES OF THE ECONOMY.

M. HOUEL has brought before the Surgical Society of Paris a remarkable case of neuroma, affecting all the nerves of the frame. Before entering into particulars, M. Houel stated that six analogous cases have been recorded. Two of these were noted by M. Serres, in 1847; he calls them, in the "Comptes Rendus" of the Academy of Sciences, "ganglionic transformations of animal and organic life." Two other cases were reported by Schiffener and Wurtzer; and Professor Smith of Dublin has cited two examples of the kind in his excellent work on "Neuroma."

The patient, in the present instance, was admitted into the clinical hospital of the faculty, March 16, 1851, for the removal of a tumour seated in the right groin. Other tumours were found on the abdominal walls, on the neck, the arms, and in the axilla; the patient, however, was not aware of having so many tumours upon him, as they never had given him much pain. The tumour in the groin made walking uncomfortable, and became somewhat painful with changes in the weather. This was removed by M. Giralès on the 1st of April, 1851, and the wound took three months to cicatrize. The patient was readmitted some time afterwards, and died on December 17, 1851, no further operation having been attempted; owing to the great number of the tumours. No pain in the neuromatous growths was ever complained of, and great emaciation preceded the patient's death.

On an inspection of the body, all the viscera were found healthy, and neither the brain, cerebellum, nor spinal cord contained any tumours. In the cauda equina, however, there were a great number, as many as twenty being found on one single filament. Bischoff has recorded an analogous fact; and he had even found neuromatous growths on the roots of the cerebral nerves, one of the tumours on the seventh pair, before it leaves the skull, being of the size of a small strawberry. M. Houel did not find the nerves affected at their intra-cranial origin, but further on they presented numerous neuromatous growths, with the exception of the olfactory and optic nerves. There were likewise tumours on the motor oculi, and on the fourth nerve; the fifth also presented several neuromatous growths on each of its three divisions; they were especially numerous on the lingual and infra-orbital nerves. The distribution of the tumours was pretty similar on both sides; the seventh pair presented many growths along its distribution on the face, but the pneumogastric had the greatest number of them, and looked like a coral necklace. There were also many such tumours on the œsophageal, pulmonary, and cardiac plexuses, and all the spinal nerves were the seat of neuromata immediately after their leaving the spinal foramina.

M. Houel found a great many tumours on the cervical plexus, both as to the superficial and deep branches; the brachial plexus had also a great many, and upon a nerve belonging to this plexus the largest neuroma was found, it being about the size of a hen's egg. All the terminal branches on the right and left were studded, and the dorsal nerves bore numerous traces of this fibrous diathesis, as M. Houel calls it. The ribs had, in several places, been affected by the growth, and portions of their substance were found here and there absorbed. The lesion seemed to be more complete as regards the lower limbs, for the lumbosacral plexus presented on either side more neuromatous tumours than the axillary; the sciatic nerve had a great many, and looked as if hypertrophied. M. Houel drew the attention of the society to the fact that the nerves had assumed a varicose aspect; they looked longer and somewhat twisted, and it was easy, during the dissection, to unroll them, when they were seen to resume their normal direction. The great sympathetic was much enlarged, but there were no growths upon it. Some of these were, however, found on the splanchnic nerves. On a microscopic examination, M. Robin found these tumours composed principally of fibrous tissue, and noticed in them very few fibro-plastic elements.—*Lancet*.

### METEOROLOGICAL TABLES

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sep. 5th,	75	56	30.100	.160
Monday,	6th,	77	57	30.100	.016
Tuesday,	7th,	70	55	30.128	.010
Wednesday,	8th,	74	59	30.300	
Thursday,	9th,	76	58	30.250	
Friday,	10th,	71	57	30.168	
Saturday,	11th,	72	52	30.070	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Sep. 5th,	69.5	51	29.777	67.6	62.1	58.5	.075	S
6th,	69.5	52	29.800	64.1	59	55.3	.024	WNW
7th,	66.5	52	29.828	63.8	57.9	53.5	.032	NE
8th,	69	56.5	29.960	66.2	60.3	56.2	.014	ENE
9th,	69.5	53	29.979	64.5	59.4	55.8	.009	NE
10th,	69	51.5	29.884	64.1	58.4	54.2	.001	NE
11th,	66.5	50	29.818	62.7	56.2	51		NNW

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HAINSBY'S APPARATUS: APPLIED NOW FOR  
THE FIRST TIME AFTER THE OPERATION  
FOR CANCER.

By RICHARD G. H. BUTCHER, F.R.C.S.I.,

Surgeon to Mercer's Hospital,  
Examiner on Anatomy and Physiology in the Royal College  
of Surgeons in Ireland,  
&c. &c. &c.

I SHALL first detail briefly the history and nature of the case calling for the following observations, and then allude to the special points attended to in the treatment:—Thomas Henry, a coachman, aged 43, admitted into Mercer's Hospital, under my care, August 29, 1852. He states that seven months prior to admission, "a small welt," which he had noticed in the lower lip for many years, became exceedingly painful, so that his attention was constantly directed to it. He was in the habit of feeling the part, and was often compelled to compress it forcibly to deaden the stinging pain. After a short time, a little blister formed over the tubercle; the mucous membrane was detached, and there issued a constant moisture of thin fluid from the exposed surface. The abraded part was exceedingly sensitive, so that the patient kept it constantly covered with a piece of black plaster. During the following months it increased rapidly, seizing upon and including nearly two-thirds of the lower lip, and extending a little beyond the left commissure. The entire ulcerated surface was elevated, irregular at the margins, and quite hard; it had extended on the inside of the lip, nearly as low as the point of reflection of the mucous membrane, from the lip to the maxilla, and externally on a line somewhat below this part. The tumour was uneven on the surface, elevated in some places very considerably by the deposition of new structure, and as it were dug out in others, forming small pits, from which the abundantly secreted sanious discharge constantly trickled over the chin. Again, the disorganized part was peculiarly sensitive to the lightest touch, and yielded blood

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readily on being handled. On the most careful examination, I could detect only one lymphatic gland, either hardened or enlarged, about the neck; situated just near the angle of the jaw, corresponding to the lower and anterior edge of the parotid on the left side. This was not much increased beyond its normal size, and the patient assured me that it had been enlarged, and had remained so after an attack of mumps which he suffered from, many years before his lip got bad.

The operation being decided on, it was performed in the following way:—Standing in front of the patient, an incision was commenced at the prolabium, a quarter of an inch to the right side of the tumour, and the knife carried rapidly downwards and inwards to the middle line of the chin, and to its lowest margin. The tumour, though not involving the upper lip at the left commissure, incorporated itself with the lower for half an inch beyond this point. To remove effectually this portion, the second incision was complicated in the following way:—The knife was carried from about two lines above the commissure horizontally, but with a slight inclination downwards, through the left cheek, for three-quarters of an inch, and then directed beneath the projecting nodule of the tumour, downwards and inwards, to nearly the same extent: thus a small triangle was formed, the apex externally and the base, including the projecting part of the tumour, marked by a line let fall from the commissure. The knife from this point was carried very obliquely downwards to the lowest part of the mesial line of the chin to meet the first incision; the obliquity of this line was such that, when drawn up at the point from which it commenced, the base of the small triangle, to form a commissure, the remaining portion of its extent was as long as the first incision which had been executed more vertically. Owing to the transverse width of the part to be removed at the prolabium, it was essential that the lateral incisions should be carried as far down as specified; and still further to facilitate the approximation of the cut edges, it was imperative to detach freely, for a considerable extent, the lateral flaps from their attachments to the maxilla. These points being attended to, the



parts yielded to traction forwards, and the divided surfaces were readily retained *in situ* by one point of the interrupted and three of the twisted suture.

The needles which I used in this case were remarkable for their length and slender proportions, being rounded in the shaft, with a long tapering triangular point; while at the other end was a small head well adapted for the finger of the surgeon, so as to take any amount of pressure required for the transfixion of the parts. The first needle was introduced near the inferior angle of the wound, and a few turns of thick stay-silk well waxed passed round its extremities in the figure-of-eight. The second needle was introduced a little higher up, and the silk made to describe the same figure as in the first instance. The third stitch was of the interrupted suture, and made at the base of the small triangle already described: thus completing the left commissure. The third needle was introduced about three-quarters of an inch external to the commissure, and carried through the prolabium of the opposite flap to about the same distance from its cut edge. When the ligature was turned round the extremities of this needle, the apposition of the parts was perfect. There were two particulars carried out here not to be lost sight of—first, the extreme fineness and length of the needles (four inches) rendered their application most easy, for when one flap was struck the opposite could be pierced at any point with the greatest facility and precision—a circumstance not readily achieved in so widely gaping a wound with a short instrument; secondly, the extent of parts embraced by each suture was far wider than surgeons usually direct.

The foregoing case required a good deal of consideration before deciding on the exact operative interference most likely to be productive of benefit. The question was: How to remove so large a portion of the lip and afterwards unite the cut edges without performing a chloplastic operation, which so frequently fails, and which may reasonably be ascribed to the ascending course which the blood must take in the flap. But I was emboldened in the measure I adopted by the cases of complicated hare-lip recently published by Professor Fergusson and others, where the amount of parts, both by original deformity and increased by former unsuccessful and faulty operations, was very great; yet by the adaptation of mechanical contrivance to the intentions of the surgeon, cure was brought about most satisfactorily.

On the completion of the operation after the method which I have described, though every precaution feasible was put in practice to relieve the dragging on the needles and the strangulation of the included parts, I could not but feel apprehensive for the result—indeed beforehand, I had estimated pretty accurately how the case would stand, but was encouraged by the anticipation of a great auxiliary in the appliance of Hainsby's apparatus. So sensible was I of the advantages to be expected from this instrument, I immediately sent to London for it, but being disappointed in its arrival, I even deferred operating for some days until I could get one constructed, which was most efficiently done by Mr. Read of Parliament-street. Immediately after the operation, I applied this instrument, and was not disappointed in my expectations. By it the cheeks were pressed forward, so as to take all strain off of the needles. The only difference in its appliance in the present instance, and that, as represented by Mr. Fergusson in hare-lip, was, that the pads at the extremities of the spring lay a little lower, and were prevented from changing their position by a band of tape passed beneath the chin from one to the other.

The needles were withdrawn in fifty-six hours after the operation, and the entire wound healed by first intention—a result which I mainly attribute to the spring apparatus employed. Its use was persisted in for some days after the healing of the wound, to support the recently united parts, and now, though only a fortnight has elapsed since the operation, it is astonishing what little deformity exists.

The original of the spring used in the present instance was brought before the notice of the profession by Professor Fergusson in December, 1850, and its history published in

the *Medical Times*. He gives the case of a child who had been operated on for hare-lip on two occasions—once by the late Mr. Liston, a sufficient guarantee that everything was done that could be for curing the deformity; but from some cause which cannot be explained, union did not take place, and the affection still remained. Whatever was the cause, no benefit accrued to the little girl from either operation. The father of the child, a very ingenious person, reasoning upon the failure of the operations on his child's lip, thought that if some instrument could be applied which might keep the edges of the wound closer together, success would follow. He then invented the instrument which now goes by his name—"Hainsby's apparatus." It consists of a spring which encircles the head from behind, and the two ends, furnished each with a pad, rests upon the cheeks, which are thereby supported in the position given to them. All dragging or strain upon the sutures is thus prevented, and pressure upon the lip, whether from the bones behind or otherwise, is guarded against. Professor Fergusson operated on this case in the ordinary manner; he applied the apparatus, and desired it to be kept on; the result proved most satisfactory, for although on the two previous occasions failure had occurred, union was now complete in every point. Professor Fergusson concludes by saying—"I am of opinion that the cure in this instance was owing, in some measure, to the ingenuity of the patient's father, and I would recommend this case to your consideration; for there are instances of hare-lip in which a surgeon will not like to operate, in consequence of the great amount of tension which will be exerted upon the edges of the wound, which will almost with certainty burst open again."

An instrument very similar to this was recommended more than a century ago (1721). (See 'Verduc's Traité des Opérations de Chirurgie,' p. 218). The direction in this book is to place the spring upon the head with the ends resting upon the cheeks; but the instrument was objected to by several eminent surgeons, when it fell into disrepute. All the objections appear to have been merely theoretical. La Charrière considered that by means of a circle of steel which surrounded the head, and by graduated compresses which he placed upon the cheeks, success would be unavoidable. For the purpose of replacing his bandage, as modified since in various ways by Quesnay, Henkel, Koenig, Strickelberger, and Eckhold, Enaux and Valentin devised those which bear their name. The supporting spring of La Charrière approximates most closely of all to Hainsby's apparatus.

Mr. Quain, in commenting on an interesting case of complicated hare-lip, which he has published in the *Medical Times and Gazette* for July, 1852, states:—"Heretofore I myself, before I had seen Verduc's proposition, applied to more than one surgeons' instrument-maker to construct a spring, with a view to another difficult case; but they did not succeed in making a useful instrument."

There are two very excellent cases of hare-lip, with protrusion of the central part of the alveolar process of the upper jaw, detailed in the *Edinburgh Medical and Surgical Journal* for July, 1830, by Mr. Dewar, and in which he used a steel spring very analogous to the one about which I have been writing. I shall quote from the periodical referred to, the reasoning which led to such an invention:—"The chief obstacle in all such cases to the healing of the wound arises from the strain which is thrown upon the pins from the natural tendency which the cheeks have to retract, more especially on any motion of the mouth, as in eating, speaking, crying, &c."

Irritation and pain are thus produced, and the healing process is greatly interrupted. "In this instance (continues Mr. Dewar, speaking of the case which he had first operated upon, "the disposition to retraction was very considerable. This I endeavoured ineffectually to obviate by compresses and strips of adhesive plaster. Louis's bandage was likewise tried, but with no better effect—a contrivance which I have in every instance found equally troublesome and inefficient. It occurred to me that as a very slight degree of pressure on the cheek on each side



near to the corner of the mouth relaxes the upper lip, a narrow piece of steel having a spring might be so adapted as effectually to answer my purpose. I had accordingly a spring made, nearly resembling a pair of sugar-tongs, and so padded as to press on the cheek near the mouth. It was kept in its place by a narrow tape tied over the chin, and by three tapes which were fastened, one behind, and one on each side to a piece of leather placed on the crown of the head. This simple contrivance answered every purpose admirably. I could relax the lip by it to any degree I wished, and it could be worn without the smallest inconvenience. The strain was thus taken off the pins, and the process of healing advanced in the most favourable manner. One pin was withdrawn on the fourth, and the other on the fifth day. The spring was worn for a few days longer. On the ninth day the boy returned home so much changed in his appearance that it was scarcely possible to recognize him."

The second case given by Mr. Dewar goes still farther to confirm the benefit derived from the use of the instrument which he had invented.

There can be no doubt, however, that Hainsby's apparatus is far superior to all others, for in its adjustment no pressure whatever is exerted over the cicatrix; and I must repeat again, in the embarrassing case which I have used it, the vast superiority of this instrument was borne out, and my most sanguine expectations fully realized.

The microscopic examination of the part taken away in the case which I have given was conducted with great care, and exceedingly satisfactory in the result; for whilst the true carcinomatous nature of the product was clearly established pervading its entire structure, yet so largely removed was it—so far wide of induration and of the confines of the malignant and ulcerated margin were the incisions carried, that on the closest investigation of the cut surfaces no trace of the characteristic cancer-cells could be discovered. I repeat the term *characteristic cancer-cells*, for I am fully convinced of their identity and distinct existence, and that the practised eye can readily detect them. This I have given demonstrative exposition of in a paper which I recently published, "On the Cancerous Degeneration of Warty Excrescences, and their Treatment." (See DUBLIN MEDICAL PRESS for March 31, 1852; see also a paper, published a few years before, entitled "Observations on Cancer and Fungus Hematodes, with Practical Deductions," in DUBLIN MEDICAL PRESS for April, 1847.) The same conclusion is arrived at by the laboured and extensive researches of Lebert, the greatest living authority on the subject. (See "Traité Pratique des Malades Cancreuses et des Affections Curables Confondues avec le Cancer, 1851.")

## RECOVERY AFTER TAKING TWO OUNCES OF ARSENIC.

By T. BRYANT, M.R.C.S.

W. C—, aged 30, single, a butcher, and a notorious drunkard, after having received some act of apparent unkindness from an aunt from whom he had "expectations," was induced to poison himself; and on the evening of July 11th, at half-past nine p.m., I was called to see him. On my arrival I found him quite drunk, could not gain any information from the friends present, and only elicited from him that he had taken about three grains of arsenic a quarter of an hour previously. As there were no symptoms of poisoning present, I returned home and gave him, immediately, an emetic of a scruple of ipecacuanha with one grain and a half of tartarized antimony. On my visit to him at half-past eleven p.m., I learnt, from a friend who was absent when I first called, that he had certainly taken *at least two tablespoonfuls of arsenic*. The emetic had acted immediately, in some measure had sobered him, and had brought up a quantity of dark-brown flaky fluid, which, on analysis, contained abundant arsenic. The man was very drowsy; skin moist; pupils natural; complained of pain on pressure over the pit of the stomach; tongue foul, but not injected; bowels purged once of a very fluid, fetid

stool; pulse 100, full and strong. After hearing the true history of the case, and as there were no symptoms of vomiting, I applied the stomach-pump, injecting barley-water (the only thing at hand) till it returned almost clear. The fluid withdrawn was more opaque, contained some brown curdy material and some arsenic, but not more than ten grains. Not feeling satisfied with this result, I ordered one scruple of the sulphate of zinc every two hours until I saw him at half-past eight a.m. the following morning. I then found that he had taken four doses of the zinc, had vomited considerably after each dose, but not continually; the fluid rejected was clear, with brown curdy flakes suspended in it (containing arsenic), and on pouring off the supernatant fluid, the arsenic collected was about sufficient to cover a shilling. The man was bathed in sweat, experienced slight pain in the abdomen, increased on pressure, but at times very severe; there was but little dryness of the throat; tongue foul and slightly injected; bowels purged three times; the stools loose and of a dark colour; pulse 100, full, but weak; and the patient expressed himself as feeling "tolerably well." The hydrated oxide of iron was given in doses of two ounces every two hours, and a dose of castor oil exhibited. Nine p.m.: Nausea, but no vomiting since eleven a.m.; still slight abdominal pain; tongue foul, but very slightly injected; bowels have been open three times with pain; motions very offensive, of a dark colour, and one looked bloody; pulse 100, full, and of more power.

July 13th, twelve at noon: Passed a good night; has still pain over the abdomen, increased on pressure; tongue the same; bowels have acted twice, but the stools were thrown away; skin moist; no perceptible dryness or redness of the throat; pulse 96, full, and of good power; indeed, the man says he is "nearly well." Continue with medicine. 14th: Altogether improved; pain in abdomen less; skin moist; tongue cleaner and less injected; no nausea; bowels open twice, and motions loose, very offensive, and dark-coloured; pulse the same. Ordered spirit of nitrous ether, two drachms, tincture of henbane, one drachm and a half, water, six ounces; take one-fourth three times a day. 15th: Still improving; no tenderness of the abdomen; tongue cleaner; bowels have not been opened; pulse 96, and natural. Castor oil, one ounce at bed-time; repeat mixture. 16th: Bowels opened four times, and motions contained scybala and blood; there is no pain in the abdomen, not even on severe pressure; tongue foul, but not injected; skin cool; pulse natural. Repeat oil. 17th: Bowels opened twice, stools depositing a white powder, and contained blood; otherwise much improved. 18th: Stools natural, but loose. 21st: Has continued daily to improve; motions healthy and solid; and indeed may be considered well.

*Remarks.*—The questions which naturally arise in the mind of any one on the perusal of the above case, would be, first,—Did the patient take *arsenic*? and secondly, What *quantity* did he really take? Now, in answer to these natural queries, I must add, that a friend of the man had a few days previously given him a packet containing about *four ounces of arsenic*, for the purpose of destroying vermin; that this packet had been placed upon a certain shelf in the stable, and that the friend had seen it there unopened on the morning of the day of the attempted suicide. On the discovery of the attempt, this same paper containing the arsenic was found at the feet of the patient, he having dropped it on hearing some one enter his room, with only about *one tablespoonful* in it. This was immediately taken by the party who discovered it to a neighbouring chemist, who, unfortunately, after mixing it in water, and not knowing what it was, or its history, threw it away on some stones before his shop.

Now, here seems a tolerably clear account that the packet contained originally about *four ounces*; none had been used, as the patient afterwards informed me; that little had fallen in the room, as none had been noticed; and the small remainder leaves a deficit of between two or three ounces; and added to this, there is the firm assertion of the friend who had been with him, and gave him



originally the poison, that the quantity at least taken was two tablespoonfuls; and the man himself says that he took all that was in the packet originally, with the exception of what was found afterwards. The quantity which was left was specified to me by the chemist and the man who took it to him, on several different occasions, as certainly not more than one tablespoonful.

Not feeling satisfied with this account, I thought some mistake must have been made with respect to the strength of the powder taken. I therefore had the powder which the chemist had thrown away upon the flag-stones before his shop collected, and through the kindness of Dr. Odling, of Guy's Hospital, who analysed it for me, learnt that it contained 95 per cent. of arsenious acid, the remainder sand, which most probably was added by the scraping of the stones during the collection of the powder. Being, then, obliged to recognize the fact that at least two ounces of arsenious acid had been swallowed, the grand difficulty remains, to account for the mildness of the symptoms which a large dose of such an irritant poison would naturally be expected to occasion. Such a result I find quite unable to accomplish, and only suggest the question whether the man, from his habit of habitual drunkenness, could so have thickened, and therefore rendered less sensitive, the lining membrane of his stomach, and thus have given more time for the means which were employed to rid that organ of its poisonous contents? Still this will not account for the absence of some symptoms which would have been expected, nor for the mildness of all those present; and I can only assign this case, as we are obliged to many others of different characters, to that class which we call anomalous. — *Lancet*.

#### REMARKS ON PHTHISIS.

By Dr. C. A. WUNDERLICH, Tübingen.

THE influence of climate on the development of phthisis is a subject on which much has been written, but regarding which little has been satisfactorily demonstrated. Bennoiston de Chateaufort has calculated that of one thousand soldiers dying in the north of France, eighty-five were tuberculous; while of an equal number in the central parts and the south, seventy-three and eighty-two were thus affected. In Marseilles, one-fourth of the population is carried off by phthisis. It is common in the West Indian islands, in Madeira, in Rio Janeiro, in New Zealand, in Nice, Florence, Naples (where, according to Journé, three deaths in every seven result from phthisis), in Malta, Spain, Portugal, Calcutta, and Madras. Hence no climate appears to afford an exemption from this malady. Wunderlich seems to incline to the belief that there is an antagonism between intermittent fever and phthisis; and hence that marsh-lands do, to a certain degree, afford a protection against this disease.

The following are the local processes in the respiratory organs which may give rise to tubercular deposits:—Frequent attacks of acute bronchial catarrh seem to predispose towards phthisis, or at all events to hasten the eruption of its symptoms; so also do epidemic catarrh and pertussis; while on the other hand, chronic bronchial catarrhs seem to keep off pulmonary tuberculosis. Pulmonary congestion is very favourable to the development of tubercle, especially when it frequently recurs and affects the upper lobes. Hæmorrhage may give rise to the formation of tubercle in a secondary manner, by the retention of coagula. Pneumonia is a very frequent cause of tuberculosis, the remains of the non-absorbed pneumonic infiltration being readily metamorphosed into tubercular matter. Emphysema, on the other hand, has a tendency to exclude tuberculosis in the lungs, or at all events to check its extension. Pleuritis with adhesions predisposes to tuberculosis, the metamorphosis commencing in the plastic exudation, and from thence extending to the lung. Compression of the lung, to a certain degree, but not altogether, excludes the development of tubercle.

The forms of tuberculosis described by Wunderlich are—1, miliary granulations; 2, crude tubercles, or tubercular nodules; 3, tuberculous infiltration; 4, tuberculous exuda-

tion in the smaller bronchial tubes. The further metamorphoses of pulmonary tubercle, whether occurring as granulations, nodules, or infiltration, are—

1. *Softening*.—This sometimes commences at the centre, sometimes at some other point, and sometimes at several points at once. The mass which was previously firm and dry, and of an almost chalky white, or very slightly pale yellow tint, begins to change to a deeper yellow, and to become soft and pulpy, till it is finally converted into a fluid containing fragments of solid tubercle, and which on a microscopic examination is found to present the elements of tubercle and a few granular corpuscles (pus-corpuscles). Thus the tubercle is converted into an abscess, sometimes only at particular spots, as in infiltration, but sometimes over its whole extent.

Simultaneously with this softening process, there is generally a further extension of the tubercular deposit in the surrounding part; and as this additional tubercular matter also softens and becomes dissolved, the fluid contents unite with those in the first abscess, and the abscess thus enlarged finally opens (most commonly) into a bronchus, but occasionally (when the disease has been very widely extended) into the pleura, and thus discharges its contents. In this way abscesses become converted into open caverns. The tuberculous cavity varies in appearance, according as this process has been gradual or rapid. In the former case, the tubercular matter at the spot is usually completely fused, and the cavity, which can then thoroughly empty itself, has smooth and tolerably regular walls. The surrounding pulmonary tissue presents a bluish tint, is lax or callous (callöse), exhibits no cellular structure, and is strewed over with isolated tubercles. If, on the other hand, the progress of the abscess has been rapid, and it has opened very rapidly, we seldom find that the whole of the tubercular mass is dissolved. The cavity is then generally irregular, opening in various directions, and containing undissolved, jagged masses of tubercle. The adjacent tissue is in a state of infiltration. Many of these cavities sometimes communicate, and we may find a whole lung perforated with them. It is seldom that a large tuberculous cavity has a simple form; even when its walls are smooth, it is usually sinuous and presents compartments, partly because it is made up of the union of several cavities, and partly because some portions of tissue not thoroughly destroyed, run across or project into the cavity in the form of rafters, ledges, cords, and bridges. These are generally composed of an obliterated bloodvessel and some atrophied and compressed lung-substance, which in this state have resisted further destruction. It is rarely that any blood passes through such a vessel; and it is only when the disintegrating process has gone on very rapidly, that the walls of open vessels are destroyed, and that blood can in this manner escape. The contents of an abscess, previously to its opening, are usually yellow, greasy, and sometimes a little reddish. After an opening has ensued, but before the cavern has perfectly emptied itself, the contents sometimes present an external similarity to pus, or they may be more diluted and mixed with blood, and be either of a dirty red, a brown, a gray, or even a blackish tinge. In a cavern of this kind we not unfrequently find free and detached, but not perfectly destroyed, portions of lung. When the contents are completely discharged, the walls of the cavern remain the seat of an ichoro-purulent secretion, and are usually invested with a greasy pseudo-membrane; these walls may become the seat of gangrene.

If an abscess breaks into the pleural cavity, its fluid contents are effused into the pleural sac, unless impeded by the presence of strong adhesions; and as there is usually a communication between the cavern and a bronchial tube, air enters with each inspiratory movement into the pleural sac. Hence there is developed a severe inflammation of the pleura with a plastic, purulent, and often ichorous exudation; and we have bulging of the side of the chest, and compression of the lung, in consequence of the entrance of the air. Perforation of the pleura is, however, comparatively rare, because the firmest adhesions usually occur at



the spot where the tuberculous deposits make their way to the pleura.

2. *Atrophy* may occur among the miliary granulations, converting them into hard, very small, bluish-gray, or black nodules, which are incapable of any further development, and which finally gradually disappear. Whether the larger tubercular deposits can undergo a similar metamorphosis is problematical.

Various pathological peculiarities may be referred to the resorption and obsolescence of tubercle. Bonet regards the change which tubercles undergo into an oval or elliptic form, as the commencement of resorption. Fournet explains the transformation of the lungs at their apices into a black and often shrivelled mass, which is sometimes hard, and intersected by cellular and fibrous cords, and is covered by thickened and wrinkled pleura—a change of no rare occurrence, as any one with much experience in post-mortem examinations can testify—as representing the remains or cicatrices of old tubercles which have been resorbed in their crude state. In examining the bodies of persons who have died from other diseases (once in a case of cancer of the stomach, and on another occasion in an old drunkard, who died from pulmonary infarctus), I have sometimes found distinct chalky concretions in spots which have undergone this change, which seem to me to strengthen the view that these puckering and shrivellings may depend on old resorbed tubercles; but whether in other cases they may not originate in a different manner, as, for instance, from obliteration of the terminal portions of the bronchial tubes, from shrivelled pneumonic infiltration, or even from insidious atelectasis, is a point which I cannot decide.

3. *Cretification* is the ordinary mode in which crude tubercle and tuberculous infiltration are rendered innocuous to the organism. Cretification occurs in much the same manner as the atheromatous and chalky degeneration of plastic exudations. The conditions necessary for cretification are, doubtless, poverty of the blood, deficiency of the vital powers, and little motion of the surrounding parts; and it appears to begin to occur when softening commences. When the tubercle has become half-softened, the process stops, and there is a deposition of a preponderating quantity of salts, some of which are soluble, as the phosphate, hydrochlorate, and sulphate of soda, while others are insoluble, as the phosphate and carbonate of lime, and an abundance of crystals of cholesterol. The mass gradually dries, and there is left a chalky residue, which at first is triturable and sandy, but finally is studded with sharp spicula of the hardness of bone, and which neither exerts any disturbing influence on the adjacent lung substance, nor on the organism in general. It is very probable that even this fragment is at length disintegrated and disappears. This fortunate mode of termination is, however, often frustrated by the circumstances, that while some of the tubercular deposits which are favourably situated for this process are healing by cretification, the disease is advancing in other parts of the lungs.

4. In some very rare cases, the tubercle becomes *encysted* by a tough wall formed by the reaction that is established in the adjacent tissue. The tubercle is either in a state of crudity or is calcified.

5. *The cicatrization of caverns* can only occur when their contents are thoroughly discharged. The walls acquire firmness and toughness, and are invested either with a mucus-membrane-like coating, or with a partially ossified callus. One or more bronchial tubes open into the cavity. A cavern of this nature may remain for a long time without undergoing any apparent change, and may during this period secrete pus, either scantily or copiously; or its aperture may close, while the investing membrane gradually approximates to a serous coat, the contents become more aqueous, and the cavern itself becomes converted into a serous cyst; or finally, the cavern may gradually diminish till it at length disappears, and there remains in its place nothing but a cartilaginous, fibrous, or cellular cicatrix. All these modes of termination are comparatively rare, and only occur when the tubercles are few and scattered, and when the tuberculous dyscrasia has become extinct.—*Brit. and For. Med. Chir. Rev.*

## TREATMENT OF DENTAL CARIES—DESTRUCTION OF THE PULP BY ARSENIC.

By ROBERT ARTHUR, D.D.S.

THE dental pulp is endowed with a high degree of sensibility; when, from any cause it becomes inflamed, this natural sensibility is exalted to such a degree as to render the slightest touch of any foreign substance a cause of the most excruciating pain. This has rendered it exceedingly desirable that some means should be used first to destroy its vitality, and thus remove this extreme sensibility before attempting to cut it out. Arsenic has been found most effectual for this purpose, and at the present time is used to the exclusion of every other substance known generally to the profession. It has been strongly contended, however, that arsenic produces results more or less injurious in every case in which it is used, and it is regarded by some as always advisable to remove the pulp with instruments, regardless of the pain inflicted, rather than to use arsenic for the purpose of destroying the vitality of the pulp. This is the question which now divides the opinions of those who practise this operation.

It is not denied that the immediate effects of arsenic, applied for this purpose, are extremely satisfactory, but it is stated that the final good result of the operation is endangered by its use. The manner in which this occurs has never been clearly stated to my knowledge—certainly not in any publication which has come within my reach. But from what I can gather from various sources, it seems to be the impression that particles of arsenic are absorbed at once, and carried to the peridental membrane, producing irreparable injury to those important parts; or that after the lapse of some time, they, in some way, reach this membrane, and thus cause their injurious results. Now, I have stated, I have seen no account of the manner in which arsenic used for this purpose is supposed to be likely to produce injurious results. It has been stated by practitioners of high standing, it is true, that in their practice, it had not proved satisfactory, but had been more or less injurious. But what is their experience, when unsustained by argument, to me, when it conflicts with my own experience? and what is the value of their opinion in this regard, stated to be based simply upon their own experience, without further rational evidence, to the profession at large, when it comes into conflict with the experience of many others of equally high standing with themselves? It is not at this time sufficient to say, that in any one's opinion, a certain course is not a good course to be pursued. Let us therefore examine this question rationally on its own merits.

It has been vaguely stated, from time to time, as we have already intimated, that arsenic applied for the purpose of destroying the vitality of the pulp, would sooner or later bring about the destruction of the tooth so treated—1st, by being absorbed and carried through the root, and so attack the peridental membrane; 2nd, by passing laterally through the parietes of the roots; and 3rd, by remaining after the pulp is removed, and in course of time finding its way to the investing membrane. These are all the reasons I have ever heard of to account for the alleged injurious results of arsenic applied for this purpose. Let us examine these statements consecutively, for it is important that we should come to a right understanding of this matter.

1st. Can arsenic be absorbed, and by this means reach the investing membrane through the agency of the pulp? Arsenic, we are told by high authority (See "Liebig's Agricultural Chemistry, chap. xiv., on Poisons, Contagions, Miasms"), is not absorbed when brought into contact with living tissues. It combines with the surface of the organ to which it may be applied, destroys its vitality, and of course the power of absorption, which is a vital function. Where the quantity of arsenic applied is so small that every atom enters into combination with a corresponding number of atoms of the living tissue, if the organs have vigour enough, it is thrown off with the tissue which has been destroyed by its action. If there is an excess of



arsenic, it may reach the vital portion of the tissue below the surface, by imbibition or capillary attraction. If this authority is of any value—and even if it is not, the known action of arsenious acid upon the living tissues is sufficient to bring any reasoning mind to a similar conclusion—it must be plain that arsenic cannot reach the investing membrane of the root by absorption. It may, however, if it be applied in excess, and allowed to remain sufficiently long, gradually penetrate so far by passing through the destroyed portion in the way indicated to the vital portion, and so on till it has passed through the root. But although it must be granted, that injurious effects may occur in this way, it can easily be shown that arsenic, applied in the usual manner for destroying the vitality of the pulp, is not allowed to remain long enough to produce the effects indicated. It is generally allowed to remain twenty-four hours only. That this is not sufficiently long to enable it to make its way through the fang by way of the canal, is abundantly proved by this fact: a small portion only of the pulp, on the removal of the arsenic applied, will be found deprived of vitality; it is probable that the vitality of the body of the pulp will be destroyed, whilst the portion in the fang will be found to retain all its vitality, and to display an increased degree of sensibility. Now, this must be regarded as incontestible evidence, that the arsenic applied has not passed through the root, because its invariable effect is to destroy entirely the vitality of any portion of living tissue with which it comes into contact. It may be said, that the fact that the part alluded to retains its vitality is no evidence that some of the arsenic has not reached it, but only that it has not had time to effect its destruction; but this objection is shown to have no weight, because these parts retain their sensibility for many days, and even weeks, as all who have practised this operation must have found.

If the views and facts here presented be correct, it is clear to me that no injury can reasonably be supposed to follow the use of arsenic in the ordinary way for this purpose by absorption, and that when allowed to remain the usual time, no bad effects can follow. I should be glad to be shown it, if I am wrong in the position I have taken. I am sincerely in the search of truth, and am not anxious to establish any of my own opinions, unless they are founded upon this basis.

2nd. Do the particles of the arsenic applied, pass laterally through the parietes of the fang? 3rd. Do particles of arsenic remain after the pulp is removed, and ultimately reach the investing membrane, and thus, after a lapse of time, give rise to injurious consequences? These queries may be answered together.

The only way in which this is possible, after the pulp is carefully and entirely removed, will be by passing through the bony substance itself by capillary attraction. That this is possible when it is remembered that the dental bone is porous, and the arsenious acid is in a minute state of division, as it is when rubbed up with creosote, which, I believe, is capable of dissolving it, cannot be denied. But that it does not occur, is sufficiently evident from a little careful observation, and a little careful consideration of the phenomena which would present themselves if this did occur. The arsenious acid is generally applied in the same manner, dissolved in creosote, generally in the same quantity, and allowed to remain the same length of time. Making due allowance for the difference in density of the teeth of different individuals, we must look for some degree of uniformity in the results of arsenic used in this way. It would take a certain length of time for the arsenic to pass through the root, and we cannot suppose the difference of density usually found to exist in the teeth of different persons would make any very great difference in this respect. The time required to allow the arsenic to pass by this means through the bone, reasoning from the analogous case of the same substance applied to the bone of a living tooth near the pulp, could not be very long. A month, we should think, would be ample time; yet after many years have elapsed, we observe no consequence of the kind. And it must be remembered, that if arsenic found its way

through the root in this way, that its peculiar effect upon the investing membrane would with certainty display itself, and would with certainty result in the destruction of such parts of the investing membrane which it touched. I find it impossible, then, in this view of the case, not to conclude that none of the arsenic, after it is applied in the usual way, is left behind after the pulp has been removed and the pulp cavity and canal in the root washed out, or if any should remain, it is so inconsiderable as to do no harm.

I think I have shown that we have no reasonable ground to suppose from the nature of arsenic, and the manner in which it affects living tissues, that it can exert any injurious influence when applied for the purpose here indicated. I am anxious that this point should be established; for unless we can use arsenic, or some agent effectual for the purpose accomplished by it, our usefulness in this way will be extremely limited. The removal of the pulp, unless it is first deprived of vitality, is, in all cases, a painful operation; in most cases excruciatingly so. It is a painful operation to remove the pulp from the incisor and canine teeth, but it can be done with great rapidity, and although the pang of pain produced is, in most cases, exceedingly severe, it is so soon past, that many persons can be induced to bear it. But when the pulp is to be removed from the contracted fangs of the molar teeth, in which it is often exceedingly difficult to find even the openings of the fangs, the operation is so excruciatingly painful, that I am sure not one patient in fifty, who have passed through my hands, would be willing to submit to it. I have already endeavoured to show why it is important that the pulp should be effectually removed.

I am aware that gentlemen have declared that the pain attendant upon the operation is inconsiderable; but this is inconceivable, I must confess, to me, unless it is performed by some method with which I am unacquainted.

I have thus far been endeavouring to show that arsenious acid used in the manner in which it is usually and generally employed in the profession at the present day, cannot reasonably be expected to do the injury which has been attributed to its agency. It must be remembered that many, if not most, of those gentlemen who have opposed its use, have been extremely cautious how they have applied it, using a very small quantity (the twentieth part of a grain), and allowing it to remain a very short time (from twelve to twenty-four hours). This last point is strongly insisted upon, as also the importance of avoiding a second application to the same tooth.

Now, I am prepared to go further still, and to declare my belief from careful observation of the effects produced by it in my hands, that it may not only be applied more than once, but be allowed to remain much longer than this, not only without injury, but with great advantage. It is true that I do not use it in the form of arsenious acid, and this may make an important difference. Of this I will say more in the proper place.

Before proceeding further, I beg leave to offer in proof of these assertions, and the above reasoning, a record of some of the cases which have passed through my hands in the course of the past six years. I have not kept a record of all my cases. Those which I now present have not been selected. In almost every case here cited, the arsenious acid has been applied more than once, in some cases as often as five or six times. Since January, 1846, the time at which I began to record these cases, I find marked down the treatment of 77 teeth in this way. Of these, 19 were incisor, or canine teeth; 31 were bicuspidæ; 20 were first and second molar teeth; 7 were dentes sapientiæ. Of the incisor and canine teeth, 18 were of the upper, and 1 of the lower jaw; of the 31 bicuspid teeth, 22 were of the upper, and 9 of the lower jaw; of the 20 first and second molar teeth, 14 were of the upper, and 6 of the lower jaw; of the dentes sapientiæ, all were lower teeth.

Of these cases, I have, from time to time, covering several years, seen twenty-six. I have not been obliged to extract one of these. In one only, which has come under my observation, has alveolar abscess occurred, and this by no means an aggravated case. It formed in about



two years after the operation was performed. The tooth treated was an inferior dens sapientiæ, and an unfavourable case, because, from a variety of causes, it was impossible to perform the operation thoroughly. Another tooth, filled for the same lady at the same time, a second inferior molar, was in a perfectly healthy condition, presenting no trace of inflammation at the time I had an opportunity of examining the other one.

Of these cases I have seen six which had been treated in this manner, some considerably over two years, and all over eighteen months; these were in a perfectly healthy condition, no trace of peridental inflammation being apparent. In some of these twenty-six cases, seen several months after the operation, there had been occasional slight attacks of inflammation of the peridental membrane, evinced by more or less tenderness to pressure, but which always passed away without giving rise to serious consequences. I have not felt obliged, as I have stated, to extract a single tooth I have treated in this way, during the five years I have been in practice in Washington. I have treated more cases than I have recorded, and the patients are where I should be sure to hear from them, if trouble occurred. That not many of them have passed into the hands of other practitioners, I may safely conclude, because most of them still send their friends to me when they desire the services of a dentist.

It will be observed, from this statement, that I have seen, from time to time, one-third of the cases of this kind which have come under my treatment. Out of these, but one case can be said to have failed, and this was evidently traceable to an imperfect operation. But even this cannot be regarded as a failure, for many such cases of abscess occur, which are completely cured by the removal of the irritating cause; probably in this instance some portions of pulp remaining in the smaller parts of the canals of the roots, and they frequently heal spontaneously.

What I principally desire to establish, by the recorded cases offered here, is, that the bad effects attributed to the action of arsenic applied for the purpose of destroying vitality of the pulp, do not in reality follow its use. For if any portion of the arsenic applied were to reach the external membrane, which it could only do by passing laterally through the parietes of the root—for all ingress through the root must be prevented by the filling—it would certainly and surely and speedily produce effects which would make the extraction of the tooth necessary. The same would be the result if any portion, however small, were allowed to remain in the canal above the filling; its effects would, indeed, be more quickly displayed.

I know that such records of general results as I have presented here, are not very highly valued in the profession; for men, the most honest in their intentions, are so apt to see things in a favourable light when they wish to do so. After theories are formed, we are so apt, almost unconsciously, to make facts bend so as to establish their truth, and facts stated as having been seen in this light, are justly regarded with many grains of allowance. But the cases I have presented, if they are true, and I affirm that no bias or prejudice could lead me to make, knowingly, a single misstatement or exaggeration, even if they do not convince the sceptical of the permanent utility of the operation (for it may, with truth, be said that time enough has not yet elapsed to test its full value), it will at least make good the point for which I am now contending, and will show that the operation advised is productive of results sufficiently desirable to warrant its practice. In the course of the treatment of the cases of which I have here presented a mere meagre outline of general results, I have learned many instructive lessons. I have, in many of these cases, recorded a great deal that was interesting and useful to me at the time, and which has led me to conclusions which I hope I may be able to state in such a manner that they will be useful to others. I know well, now, that if I could have had the same directions to guide me in the course of my own practice, in this way, I should have been saved much trouble and my patients much pain.

—*Amer. Jour. of Dental Science.*

## A CASE OF SUB-LUXATION OF THE CERVICAL VERTEBRÆ.

By W. BRYAN, M.D., of Beverly, New Jersey, U.S.

I was called, October 22, 1851, in haste to see a daughter of A. S—, a girl about eight years of age, whom I found sitting on a table, her face turned towards the left shoulder, the head immoveably fixed, making fruitless efforts to bring it to a normal position, every effort producing excruciating pain. Upon inquiry, the parents informed me, that the day previous, she had accidentally fallen upon her dinner basket, on her way to school, had hurt her neck in the fall, and had lain in a by-path helpless, until found by her school-mates, who brought her home in that condition. Upon examination, I found on the right side of the neck, a depression, and on the left corresponding side, a prominence in the region of the *atlas*; showing conclusively a sub-luxation of the bone upon the *vertebra dentata*. So unusual an accident caused me to pause ere I attempted to reduce it. Having informed the parents of the nature of the operation necessary to reduce the luxation, and the danger of so doing, they soon concluded that the operation had better be performed at the risk of life, rather than that the patient should suffer permanent deformity. As the case was urgent, I concluded that I should waste too much time in calling a consultation; inasmuch as my medical friends were too far off, some four miles at least. I allowed the patient to sit upon the table where I first found her.

Having placed myself directly in front of her, I placed a palm of my hand over each ear, the rest of the hand embracing the mastoid process and as much of the base of the head as possible, taking firm hold and lifting the head gradually, until I found that the whole weight of the body was being lifted from the table; at the same time inclining the face to its normal position, the reduction took place with an audible snap, attended with a slight exclamation on the part of the patient, a little tremor and paleness, which soon subsided. Not much pain, but considerable soreness, remained next day in the neck, which was readily removed by a stimulating liniment. On the third day I called to see my patient and found her perfectly well; has had no unpleasant sensation since.

The above case is another to be added to the few well-authenticated cases of luxation of the cervical vertebræ, treated successfully. The *Boston Medical and Surgical Journal* in the last volume, has from a correspondent several cases reported. Dr. South, in his edition of "*Chelius*," mentions a few cases. The number reported this side of the Atlantic is now greater than that reported by the English journals.—*Phil. Med. and Sur. Jour.*

## NEW INSTRUMENT FOR DEPRESSING THE LENS IN CATARACT.

At La Charité, M. Gerdy has introduced a needle, which he uses, to divide the posterior surface of the capsule; and depress the lens; it opens in two portions, and is somewhat similar to one lately invented by Mr. Bowman, for the purpose of removing any portion of capsule left after extraction or depression. We confess we do not see the advantage of M. Gerdy's needle in depressing the lens; but for other purposes, such as the formation of artificial pupil, we think it may be rendered of great avail. M. Gerdy describes it as cutting like scissors, "*leurs lames font l'office de ciseaux*;" and if so, we should like much to find our instrument-makers following the example of Charrière, the maker—since we should despair of such a feat in London as the manufacture of a pair of scissors with the form and point necessary for their introduction through the sclerotic into the posterior chamber, or even through the cornea to the iris.—*Prov. Jour.*

Is there any difficulty whatever in depressing the lens with a needle? These hook-em-sniveys" are all mere cutlers' toys.



## VOMITING IN PREGNANCY.

By GEORGE ROSS, Esq.

AN important debate having been lately held in the French Academy upon the propriety of inducing premature labour in cases of severe vomiting during gestation, I am prompted to send you an account of a case, in the hope that it may prove interesting to your readers. It would occupy too much of your space to go over the changing details of a case that was four months under treatment; I shall, therefore, limit myself to a general statement of its leading symptoms and complications.

Mrs. B., aged 32, whom I had been engaged to attend in her accouchement, sent for me on the 19th of May, complaining of inability to retain her urine, which passed from her at least every five minutes. She was also troubled with diarrhoea and sickness, but the incontinence of urine was the most urgent symptom. There was no pyrexia, but there was cephalalgia, and strong hysterical symptoms, and she had wasted considerably since I last saw her. On the next day after my visit, the incontinence of urine appeared to be relieved, but the diarrhoea was increased. For the relief of this symptom, I ordered chalk mixture and opium, which seemed to have a partially beneficial effect, and on the third day the vomiting in its turn became most urgent.

In consequence of the hysterical state of my patient, I found some difficulty in getting an intelligible history of her case; but now that the vomiting had become excessively troublesome, she told me that for three or four days previous to her sending for me she had been unable to take the least portion of food, and even rejected the smallest draught of cold water. She had now been six days in this state, and I began to feel some anxiety lest my patient, under a continuance of her symptoms, should die of starvation. For a long time also, antecedent to this, she had been troubled with harassing vomiting, though not equally exhausting; and between two and three months before she had a slight attack of scarlatina, caught while nursing her little girl, who had suffered with severity. Her solicitude and watching at this time had, doubtless, impaired her health.

It was now a question whether the induction of abortion should not be had recourse to; and on examining per vaginam, I found some fissures on the anterior lip of the os uteri, but the organ itself *in situ*. I refrained, however, from resorting to an operation on account of the extreme anxiety of both the mother and father to have a living child, and because I considered that she had sufficient strength to permit of a further use of remedial means.

The history of her past condition was unfavourable. Seven years before she had been delivered of her first child by one of our most eminent accoucheurs with the use of instruments, as I was informed; the child was alive, but since that time the mother had had seven miscarriages, always occurring about the sixth month; and her health had been so much impaired that for the last three years, she had been scarcely able to leave her house. The fissures on the anterior lip of the os and cervix uteri were probably the result of lesions occurring in her first labour. As it was probable that if she could be helped on to her full period, and afterwards suckle her child, her health might be restored, I resolved to give her the chance.

It is unnecessary to detail the symptoms from the time I was called in to the time she was safely delivered on the 10th of August of a living child. The following observations, however, should be noted. For the first two months of my attendance she continued with greater or less severity to be troubled with the symptoms she laboured under when I first saw her; but I observed that the sickness was generally most urgent when the incontinence of urine and diarrhoea were least troublesome, and *vice versa*. She became able gradually to take very small quantities of light broths and farinaceous diet, with a prospect of retaining them for a sufficient time to yield support; but it was only during the last month that she could take small quantities of animal food. For many weeks it seemed that my pa-

tient was literally existing without food, so trifling was the amount her stomach would receive. Her diarrhoea assumed latterly the dysenteric form, and continued up to the last day of pregnancy; the incontinence of urine abated, but a call was made generally once in every hour.

During the labour, which lasted about six hours, there was no vomiting, and with the exception of treatment required for the dysentery, there was no trouble with her in the "getting-up." She nursed her child, and in three weeks from her confinement was able to walk in the open air, and two days ago left London for the country to re-establish her health.

I need hardly add, that a great variety of remedies were employed; those, however, which seemed to exercise the most benefit were distilled vinegar and acetate of morphia for the correction of the vomiting, and an infusion of pareira and calumba with morphia for the relief of the incontinence of urine. She kept her bed in the recumbent posture during the whole of the eighth month, to which I attribute much of the relief she experienced about this time. Suppositories of opium were occasionally employed. The report of this case would have seemed much more brilliant had an operation been performed; but the result amply compensates me for my anxiety and forbearance. The speakers in the French Academy were almost unanimous in favour of the induction of premature labour in cases so severe as the foregoing; and I am aware that I ran a great hazard in persevering with treatment; but in all cases of this kind much must be left to the discretion of the medical attendant. M. Dubois says that extreme sickness during pregnancy, though destroying life, is purely physiological, and that a necroscopic examination shows no signs of organic lesion. I believe this statement to be true; certainly in the foregoing case, which is the severest that has ever come under my observation, there did not appear to be any evidence of organic lesion, except the fissured state of the os uteri already referred to. I had intended to have entered on the physiological phenomena of vomiting, both antecedent to and during labour, but I have already transgressed on your space at too great length.—*The Medical Circular*.

## PUNCTURE OF THE ABDOMEN IN TYMPANITES.

A case in which tympanitic distension of the intestines complicated with obstruction, was beneficially treated by puncture, has been witnessed by M. Labric, who has made it the basis of a thesis, in which he has collated and commented upon all the instances of the kind which he could find on record. In tympanites the gas may accumulate either in the intestines, which is the most usual site, or in the peritoneal cavity, which is a much more exceptional occurrence. The operation of tapping the intestines under these circumstances, is frequently performed in the lower animals, more particularly bullocks and sheep, in which, after a large repast upon green food, great gaseous distension of the stomach not unfrequently occurs. The veterinary surgeons perform the operation with a common trocar and cannula, and the relief is often immediate and permanent. Much difference of opinion, however, exists as to the propriety of the operation in the human subject, peritonitis being dreaded as a likely result; but M. Labric very justly objects to this apprehension, as uncalculated for, as in nowise more likely to follow tapping for tympanites than for ascites, in which latter disease its occurrence is quite exceptional. For the performance of puncture the needle and the trocar have been respectively recommended: the author, however, prefers the latter, taking care that it is of a small size, such as is used as a means of exploring doubtful tumours. The only precautions required is to choose the most prominent and sonorous spot, at which it is known that the bowels are closely in contact with the abdominal walls. The author relates his own case and three others. In all the relief was most marked and grateful to the patient; but as they were instances of insurmountable intestinal obstruction, in which the tympanitic distension was but one symptom, the ultimate result was of course fatal.—*Prov. Jour.*



## TREATMENT OF ALBUGO BY GALVANISM.

HAVING seen in some journal that in Russia and Sweden albugo in the horse had been removed by the aid of galvanism, M. Turk adopted the method in the human subject with the effect, he assures us, of greatly diminishing the opacity of the cornea. The case was that of a young girl, aged 13, who had been the subject of scrofulous keratitis, which left albugo of each cornea. That on the left side was not central, so that the child was able to see imperfectly; on the other eye it was so universal as to render her perfectly blind. She was considered incurable and had abandoned all treatment, when she came under the author's care for another affection, and he then determined to experiment with the galvanic battery.

He, accordingly, having set in action a battery of appropriate power, placed the zinc probe in the mouth, while with the copper or negative pole he lightly touched the cornea. The immediate effects were vertigo, nausea, and violent arterial pulsations, but these were soon subdued by a counter application of electricity to the lower extremities. The treatment was persevered in for forty days, with the result of considerably diminishing the opacity in both eyes, so that she was able to read with that eye which had been blind for more than ten years, while the other, though not cured, was so far benefited that the patient was able to follow her occupation of sewing. M. Turk farther says, that he has seen albugo in the horse removed in this way in two minutes!—*Prov. Jour.*

Fudge. This so-called *albugo* was the diffused opacity of the cornea caused by *corneitis*. It was cured by "forty days," and not by any such far-fetched appliance.

## DISLOCATION OF THE ACROMIAL END OF THE CLAVICLE.

THOMAS JENKINS, aged 21, admitted August 3, 1852, under the care of Mr. Green. An hour before admission he was standing in a narrow way, when a coal cart passed by, the wheel coming in contact with the outer part of the left shoulder, and pressing him against the wall. On examination the nature of the injury was at once evident, for the acromial end of the clavicle was plainly seen resting against the spine of the scapula, and under cover of the trapezius muscle. The part of the spine of the scapula where the clavicle was resting on, was nearly two inches from that part of the acromial process of the scapula to which it is normally articulated. Shortening of the distance between the neck and the shoulder was well-marked. In consequence of the support of the clavicle being gone, the shoulder came forward, so as to give the impression that there was some displacement of the head of the humerus. There was some contusion of the soft parts at the outer and posterior aspect of the shoulder-joint. The clavicle was almost brought back to its normal position, by keeping the shoulders back, and raising the arm. A figure-of-eight bandage was therefore applied, in the same manner as for fractured clavicle; and the arm was raised by a bandage under the elbow, and carried over the opposite shoulder. This treatment was continued up to August 21st, when he was discharged. There was but little deformity when he left the infirmary. This was an extreme case of displacement, for in most instances the clavicle is dislocated upwards on the acromion. There was the following circumstance to be noticed in this man. On the other side, the clavicle and the acromion process were not on the same plane, so that on the application of great force, this condition of articulation would, I think, rather tend to dislocation; whereas if the two bones had been on the same plane, the clavicle would have been most likely fractured.—*Prov. Jour.*

## REVIEWS AND NOTICES OF BOOKS.

A COMPENDIOUS HISTORY OF SMALL-POX. By HENRY GEORGE, Surgeon, author of an Essay on Cholera. London: 1852. 8vo. pp. 134.

THIS is the second edition of an essay published several years since with the object of calling the attention of the profession to certain local measures which the author has found of use in preventing *pitting* in confluent small-pox; and by the use of which he considers the danger of the disease to be lessened.

Previous to Mr. George's first publication, local applications were forbidden in this disease; it was the established rule to leave the pustules to themselves, and to interfere in any way with the progress of the eruption was considered bad practice. Mr. George showed not only that these were mistaken views, but he brought forward cases in proof of the value of local applications; and he has been in a great measure instrumental in bringing about the change in opinion which has since taken place, though the credit of the improvement has not always been awarded to him.

The volume commences with a concise and well-written history of small-pox, which extends to forty-four pages. The remainder of the essay is entirely practical, and is devoted to the "constitutional and local treatment of the confluent form of the disease." "When we consider (the author observes) the intimate connexion which exists between the surface and the internal parts of the human body, and reflect how the vital functions are often impaired, and even destroyed, by comparatively slight injuries and diseases of the former, we cannot feel surprised that in cases of confluent small-pox the constitutional disturbance should very generally assume a most malignant and unmanageable character."

"The innumerable suppurating processes going on, the exposure of large portions of such a very important texture as the cutis, with the consequent pain and suffering, are circumstances which, on reflection, would rather lead us to feel surprise that any of its objects should escape, than that the mortality of the disease should be so inconsiderable. I am induced from observation to believe, that in the management of the local features of this complaint, in a great degree, depends the security and comfort of its victims. That the phenomena presented to us in the different stages of confluent small-pox, are such as exhausting processes, and continued bodily suffering, would, under any circumstances, uniformly produce, and consequently doubt whether this tumult, or, to use another phrase of Sydenham's, this ebullition in the constitution, is not referrible to the nervous rather than to the vascular system, and whether it bears the genuine stamp and character of fever."

Among the reasons which lead the author to suppose that in fatal cases of small-pox "the result is attributable to the incapability of the powers of the system to complete the various exhausting, and to endure the painful processes which are going on"—1st, and chiefly the experience that in these cases a mode of treatment may be adopted with the greatest advantage which would be found to be highly injurious in any of the forms of fever; and 2ndly, the absence of one of the most distinguishing characters of fever, the suppression of the different secretions."

The local treatment recommended by the author consists in covering the body as completely as possible with any absorbent powder; he generally employs calamine. The advantages which follow the use of this dressing in the early stage are, to moderate the violence of the local inflammation and to prevent the painful tumefaction of the common integuments. "After the calamine has been applied some hours, a very sensible difference is to be observed in the appearance of the parts so covered, the areola of each pustule being much less distinctly marked."

The following are some of the author's conclusions under this head:—

"That to cover the surface of the body, on the commence-



ment of the disease, is to prevent the painful tumefaction of the common integuments, and in no trifling degree to control the violence of the local inflammation; that when the pustules are fully ripened, you may, by partially destroying the cuticle of each, completely heal them, the attached cuticle shrivelling, and in a few days falling off, leaving the skin perfectly smooth; that unless the surface is again covered with the powder, an inrustation forms on the site of each pustule, which on being removed exposes a slight depression that I have strong reason to believe in time wears away; that where, from neglect of this practice at the commencement, large portions of exposed cutis are to be met with, they also may be healed in the space of a few hours, or at least completely deprived of their sensibility by this application; that the advantages attendant on this mode of local treatment are, 1st, it prevents those deformities occasioned by ulceration of the skin; 2nd, it rescues the patient from those sources of danger to which, from the eighth day, he is exposed; the consequences of the powers of the system being in a great degree exhausted, though distressing processes still require completion, and from being subjected to those agonizing sufferings which an exposed cutis uniformly produces."

The remainder of the volume is occupied with cases illustrative of the author's views and opinions, most of which have already appeared in print in the pages of the *London Medical Gazette*. We think the author's essay well timed, and likely to be of service by recalling attention to so simple a means of diminishing the suffering, and lessening the chance of deformity, in this loathsome disease.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 13, 1852.

### OPENING THE SESSION IN LONDON.

OUR "London Correspondent" tells in another column of this day's publication how the decoys and nets for Michaelmas geese have been handled on the Thames this first week of the "season;" and be the success of sportsmen what it may, it is obvious that a keen relish for the game prevails, and a hearty resolution to turn every method of capture to account. There is something tempting for all, whether gander, goose, or gosling; chaff for the young birds, a whistle for last year's brood, and substantial grain in the shape of premiums, scholarships, and exhibitions for old and wary cacklers. The breeders, too, have their share of attention in the shape of "soirées" and "conversaziones," including the less substantial creature comforts of cakes and coffee. From a contemporary on the spot we learn additional particulars. At Bartholomew's, that "venerable institution," "the same crowds of anxious-looking first-year's men, more advanced and shrewd pupils, and former *alumni* of mature age," mustered "as friends and supporters," giving "enthusiastic reception to medical officers and lecturers," "terrific as fire-arms plied by explosive propensities;" and when "a popular name acting on the touchhole brought forth the volleys," amounting, doubtless, to a clamour which "rattled the welkin's ear and mocked the deep-mouthed thunder." Be all this, however, as it may, it appears that Dr. BLACK, who "delivered the Introductory," performed the duty to the satisfaction of all, and that after he had finished—

The company adjourned to the great hall of the hospital, where refreshments were served out. The *conversazione* was of a very animated kind, much attention being attracted by valuable specimens of materia medica, microscopes, and surgical instruments and appliances. The visitors who had not seen this hospital for some years, must have been greatly struck by the handsome appearance of the four structures

forming the quadrangle, which are now quite rebuilt, and look defying ages to come. Besides this outward appearance, many improvements have been introduced in the interior, in the shape of additional side rooms, kitchens, and the raising of the roof of the upper or veneval wards.

Shall we venture to say "*si foret in terris rideret Democritus*" at all this; or in other words, what would "glorious JOHN" say of it, if he was in the land of the living. As we write, the comical ABERNETHIAN sneer and shrug falls full upon the retina of our mind's eye and tickles our risibilities, as oft it did before; yet we must not be fastidious or hypercritical. The geese of '52 are not to be coaxed with blue-pill and biscuit: they must be made to gape before they are crammed. At Guy's—

The attendance of pupils and friends on the occasion of Dr. Taylor's introductory lecture was very numerous, equally so with former years,—and the theatre had a very animated appearance. The contrast between the beaming physiognomy of the alumni, and the much less fiery aspect of even the younger members of the profession, was very striking: with the former, all was liveliness, hope, and trust in the future; with the latter, who have already tasted some of the bitters of a medical career, there was an evident thoughtfulness, and a seeming melancholy glance at the past. A very cheering sight before entering the lecture-room was the handsome centre and southern wing of the new building, now almost completed. The pile is of a very commanding aspect, lofty, massive, and fully in keeping with its noble destination. Much good is expected from the lofty ventilator, which forms a conspicuous part of the building. The lecturers and medical officers of the hospital were warmly greeted as they entered the room. It must have been very gratifying to them to be thus received, not only by the pupils, but by a great proportion of former students.

But what means this sly hint?

We were sorry to find that two or three of the medical officers were absent. This non-attendance, it is hoped, was unavoidable, for on such an occasion the pupils should see *all* their guides and advisers before them, joining in the good work, and encouraging them at the outset, or in the progress of their studies.

Is it a rebuke administered to some colleague in sauk or pet who has not learned that "nobody's missed;" or being in ornithological vein, may we ask—Are there birds in London, too, who befool their own nests, or "sell" their household to the foxes for present ease and future comfort? Perhaps, however, we do but see a dagger in the air, and so let it pass. At George's—

No regular introductory lecture was given at this school, but, in accordance with the custom at this institution, the prizes awarded for the past session to the various successful candidates. In some remarks preliminary to the distribution of prizes, Mr. Cæsar Hawkins took occasion to comment upon the great advantages which students of the present day possessed over those who studied some years back. He alluded more particularly to the incentives to exertion which existed in that school in the shape of scholarships and prizes.

And then came the distribution of "the scholarship," Sir BENJAMIN'S prize, the Company's commission, and sundry *immortelles*, in the shape of premiums adjudged to Brown, Jones, and Robinson. Mr. HAWKINS, however, addressed some pertinent observations to his hearers, of which we regret our inability to give more than a brief summary:—

He impressed on them the absolute necessity of patient, careful, and industrious study, without which, success in their profession was hopeless; of cultivating gentlemanly habits, feelings of humanity and commiseration for their suffering fellow-mortals; good temper; and, above all, religious sentiments and practices. He pointed out as amongst the books which should be found in every medical student's library, Hippocrates, Celsus, Sydenham.

Translations we conclude are here meant, for until the doors at Lincoln's-inn-fields are closed against those re-



joining in "the vernacular" exclusively, the originals must prove but book furniture. At King's College—

Dr. Todd spoke of the improvements which had been effected in education since the College had been first established. Originally the student had had so many lectures to attend in a day, that he had scarcely time for study, and his mind was distracted by their multiplicity. Thanks, however, to the Society of Apothecaries, who had done much to improve education, the pupil now only required to attend three lectures a day, and these were so arranged as to afford him the greatest possible opportunity of deriving advantage from tutorial instruction—a mode of study which that College had endeavoured to foster and maintain. He spoke in high terms of the rewards for industry which the College authorities held out, not so much in respect to prizes, which had their drawbacks, but with regard to scholarships, the working of which they had found to be most beneficial. The fund for scholarship now amounted to £520 per annum. These scholarships were not intended for poor persons, but for those who had distinguished themselves, and had passed an examination. Religious instruction was essential to a student of that institution, and the College was founded on that ground.

"Thanks to the Society of Apothecaries!" What will the Greeks, erst of Warwick-lane, say to this? Tell it not in Pall-mall, let it be proclaimed not in the House of Somerset. The Blue-bottle Doctors of England and Wales presiding over the educational destinies of Royal Colleges, and elbowing from their chairs the heads of Universities and the Presidents of Emporiums of legal Licences!! What will the congratulating Doctor's reverend brother here in College-green say to it? We have often repeated the now accepted axiom, that there "is but one step from the sublime to the ridiculous," and here is another example. But a light breaks in upon us. Perhaps after all, there is not such a wide difference between HIPPOCRATES and GALEN. Here in Dublin, we know, that extremes sometimes meet, and it may be that in London a King's College may virtually become the educational subordinate of an Apothecaries' Hall. Our limits do not, however, permit us to complete this our sketch of the rival medical theatres of London; perhaps we may resume it: enough, however, is given to enable our readers to form some opinion on the subject. For ourselves, notwithstanding our bantering, we would not have it supposed that we wish to disparage our neighbours in this behalf; on the contrary, we see cause of congratulation in the scene before us. Competition there is, and necessarily the fruits of competition, good and bad, but none of the cheap and nasty competition, which formerly disgraced the modern Babylon. No monster certificate shops, no long credits, no "lumping" system, no substitution of grinding and cramming for proper instruction; nor yet, again, does it appear that *anser juvenilis* is worried by rival foxes, or that hospitals are troubled by earthstoppers and whippers-in. Moreover, we see cause of congratulation in the observance of a strict neutrality, where strict neutrality should be religiously observed, and the absence of ostentatious displays of intimacies, where no intimacies should exist. Above all things, we rejoice to see no resort to meretricious allurements in the shape of sham Diplomas or cooked Degrees; and best of all, we see an honest ambition to raise humble institutions to the rank of the more lofty, rather than to drag down high ones to the level of the lowest.

MEDICAL LIFE IN LONDON.

SCHOOLS AND COLLEGES.

London, October 8, 1852.

THE "Introductories" are off our spirits. The schools, according to immemorial fashion, hard at work for the season. What a feeling of joyousness should each returning spring-time of diplomas and "learning the bones" bring with it, if everything else in the profession went on with the same good understanding, if the practice of surgery and medicine, in fact, were what they ought to be, and what a little solicitude on the part of those in authority might easily make them—professional and respectable; with many changes in editorial ways here just now, and sundry improvements in Guy's, at the College of Surgeons, Paddington, and King's College, all impending. The cholera not yet arrived, as predicted to the day, and the government favourably inclined to assist all professions. Let us hope for a "good time coming," when, if not actually represented in parliament, we shall have our claims preferred, when we shall have, perhaps, more unanimity and less diplomas, more mutual good feeling while exposing what is wrong, from a mutual understanding as to what will benefit all branches of the profession, and set forward what is right—lead, in a word, to its consolidation, not to its crumbling to ruin: making medicine the same in the cloistered halls of Oxford and Cambridge as in their rival sister, Trinity College, Dublin; and surgery what it was left to us by John Hunter, not the sad jumble of all unearthly things our present arrangements have made of it. The "Introductories" have been fair average specimens of the dialectics usually displayed on such occasions; the men seemed full of their subject, and the benches of ardent and admiring hearers. Learning to the popular weakness of not being in two places at one and the same time, we shall not be expected to tell of all the riches displayed on the present occasion. Judging of Hercules from a single member or two, we would say the lectures at Guy's and Bartholomew's were very good. Dr. Black, at the latter school, at seven o'clock in the evening, read the pupils a most valuable essay—on their duties and privileges—as warden; after Mr. Paget, no one was, perhaps, so fitted for the occasion. Tea and half an hour's talk wound up the entertainment. At Guy's, as usual, everything was also *selon les regles*.

Dr. Taylor has lately succeeded from his able editing of the *Medical Gazette*. Our periodical literature here has lost two other able and accomplished writers, a fact a good deal discussed just now. Dr. Carpenter's sedulous and untiring industry in the arrangement of that most valuable journal, the *Medico-Chirurgical Review*, has long been a subject of wonder, taken in conjunction with his duties as lecturer and examiner, and the almost endless labours of re-writing his large work on "Physiology." The change in the editing of the *Medical Times* has been not without a little surprise, and we would say also not without a little concern that a successor may be found equal to the duties so ably fulfilled by the highly accomplished and brilliant writer who lately conducted this journal—one who himself has added not a little to the advancement of professional subjects, and now promoted to a larger sphere of practical usefulness, will not fail still to favour us with his *arundines eam*—his medical and physiological exercises, so replete with interesting facts and observations. We have the best reason for knowing the late editor of the *Medical Times* was an ardent admirer of the Dublin School, and did much to make it known in England. Your men, like Graves, Stokes, Crampton, Jacob, Churchill, Bellingham, the Kennedys, Marsh, Cusack, are here in London identified with specific subjects; and if in ophthalmic, surgical, obstetric, and general medical subjects, many prefer Dublin authorities, it is because the Dublin School has gone the right way about learning and teaching them.

The most disgraceful characters brought up before the



London police officers sometimes say they are surgeons, with the same equanimity they would say shoe-maker or paper-hanger. At a Dublin police office the same vinous gentleman might as well say he was Llaima of Thibet as Dublin surgeon attached to an infirmary. To one member of the college already, such exhibitions are regretful in the extreme. The cure for all such evils is sure to follow, however, on their being widely known. A wide-spread feeling exists in England at present to remodel all our seats of learning. The Report of the Oxford Commissioners, which the late much lamented Chancellor was engaged in reading a few days before his death, pretty clearly exhibits the changes necessary to place that Institution on a level with the requirements of the age. A new parliament, if it have none of the traditions a new broom, will be certain to do some permanent good, and amongst the most crying reform necessary is medical reform. It may be saying this for the hundredth time to state the fact, and it may be very useless to try and disturb old and firmly rooted evils, but the existence of medicine as a science would seem to depend, for the future, on mutual cooperation of colleges for the common good; not each college trying to sell its wares in the most cheap fashion it can. Without uniformity in the *curricula* of our surgical colleges, little advancement will be made. Two clauses in the Pharmacy Act to prevent chemists prescribing would save many lives, and add very considerably to the respectability of practising surgeons; while a properly recognized legal title, as on the Continent, of each faculty, so to speak, in one specific form, of surgeon, physician, general practice man, &c., and no other, would tend immeasurably to advance the material interests of the profession. Sooner or later the thing will be done, or chaos irrecoverably confound all professional distinctions.

An articulated pupil of the college, of course, every one is aware, may or may not, as he pleases, undergo a kind of classical examination, and serve a sort of apprenticeship to one of the "crack" men, in which the most exigent requirements will be to dance a good polka and tell sherry from buccellas. He may, under the special benison of excellent Mr. Lawrence at Bartholomew's, or with a sort of wierd attachment to Mr. Bransby Cooper at Guy's, amble through the wards for his two or three years; or again matriculate at King's College, and go through his dithyrambics and make Greek verses of poor Shakspeare, when he should be making colocynth pills, or learning the possible qualities of tartar emetic. But this is not what we want. He will tell you, when he writes incompatibles every hour in prescriptions (if he is able to write a prescription at all), that he does not pretend to know drugs or physic. This, however, is not what the profession now-a-days is in need of. We require the men entering the profession to feel the responsibility they are undertaking: it is to be the business of their lives. Venus, Paphos and Gridos, and prosody are excellent in their way; we require a classic examination for every man going up to the London College of Surgeons; and an apprenticeship as a *sine qua non* of at least four years.

We want no class or aristocrat "dressers" in hospitals, on the one hand—too many of them from sheer fashion good for nothing—or, on the other hand, do we much stand in need of the members of the college who fill the saddening and mournful list of railway porters, omnibus men, &c. We require, at present, if a man is to be a surgeon, he is to be a surgeon—no pinchbeck cameo out of the surgical intaglio in Trinity College, or in the staid pocket of Mr. Belfour; if he is to be a physician (a diploma curiously enough seldom thought of, though the majority of ailments are medical), he will, at least, know a little of medicine along with German town-life and legends of the north of Scotland.

It is an injustice to the Dublin College of Surgeons' diploma and our own University M.D.'s for things to continue as at present.

## PAYMENT OF MILITIA MEDICAL OFFICERS IN ENGLAND.

Among the regulations issued from the War-office, we were hardly prepared for those which show in how high estimation the authorities hold their Militia Medical Officers. Of this class, a large number hold their commissions without deriving one tittle of profit or advantage from them, except when called out on active service, and in the interim are engaged in the pursuit of a laborious and ill-paid profession, without any restriction to residence at headquarters. Under such circumstances, an unsophisticated mind would assume that the War-office had no claim on their services, except when enrolled, they being at other times neither more nor less than private practitioners; and moreover, that they were not liable to enrolment except simultaneously with all other officers of their regiments. This, however, is not the view taken by the Secretary-at-War. His regulations direct that the recruits shall be inspected by a militia or military medical officer if available; for the latter no remuneration is provided, obviously on the ground of his being on full pay *de die in diem*, and for this there is some show of right, extra though the labour be; but as regards the former, no such title exists; he is to receive 11s. 4d. per diem only on such days as he is engaged in inspections, but if the number in any day be fewer than five, he is allowed 2s. 6d. each; if fifty, no more than 11s. 4d. Nor does the monstrosity stop here; when two, or one private practitioner conducts the inspection, the circular grants him 2s. 6d. for each recruit submitted to him; however great the number be, so that supposing fifty men to be surgically examined in any given day, the regimental surgeon would receive 11s. 4d., or less than 3d. each; a private surgeon, £6 5s., or 2s. 6d. each; and the very clerk, who does the mere scribbling, £2 10s., or 1s. each! We distrust our own senses in contemplating these extraordinary facts; we torture our heads in vain for the species of ratiocination whereby to reconcile them with the rudest notions of honesty; the clue to the enigma is a spirit in the vasty deep that will not come when we call it. Our dull comprehension maintains that as regards this particular duty, and at this juncture of time, both those medical gentlemen are on precisely the same footing of private practitioners; and that if the remuneration of the one be not excessive, that of the other is a sheer robbery of an individual whose commission is made the substitute for a pitch-plaster. But when the mere scrivener is awarded nearly five times the remuneration of the man of science, on whose talent and education so important a duty devolves, we admire the boldness and ingenuity that could devise and execute such perfection of injury and insult. Nor does it end here. The regimental surgeons are required to accompany the adjutant on tours of inspection, to be absent all day from his private practice for the magnificent sum of 11s. 4d., besides travelling expenses, supposed to leave no profit. The Secretary-at-War cares not one jot how much the surgeon loses in his permanent business; he matters nothing to him how this gentleman lives and maintains, his family 344 days in the year, so that he may claim his service at any other time for a sum not exceeding 11s. 4d. per diem! This is the maximum a militia surgeon ought to earn in any single day, according to the estimate of the Secretary-at-War. The militia surgeon is urged to submission by another regulation, which doles out to him 7s. per week per 100 men for medicines during the period of enrolment and training; so that he is deeply interested in seeing that the men enlisted are not liable to more than an ordinary share of sickness. We wish we could hope that these provisions were an oversight in the pressure of official business, and not a refinement of the insult to an honourable profession, in consigning naval assistant-surgeons to the cockpit. *Lancet*.

### PAY OF MILITIA SURGEONS.

I will adduce, as an exemplification of your statement, that I have been engaged for three days as follows:—On the first day I examined more than fifty recruits, which occupied between four and five hours (the best part of the day); the second day I was engaged about three hours; and the third travelled forty miles by rail (the railway expenses only being allowed), which occupied seven hours, and for which, as you are aware, the pay is 11s. 4d. per day, with an allowance of 5s. for my expenses at the inn on the last day. Now, having a very fair private practice, you can easily imagine to what a sacrifice I am subjected for the paltry pay above mentioned. I really can only account for the above regulations of the War-office as having been hastily formed, without the slightest knowledge as to how a militia surgeon, entirely de-



pendent on his pay, could possibly exist even for so short a time, or how he could survive the remaining months of the year, after the enrolment and twenty-one days' training had concluded (the pay then ceasing), or how a private surgeon could afford to neglect his practice for so paltry an inducement. I do trust that through such able advocacy as your own, the Secretary-at-War may be induced to see the error of his way, and speedily remedy such injustice.—*Letter in Lancet.*

We feel more inclined to laugh than weep at the "grievances" of these sodgering doctors. If gentlemen "having a very fair private practice" will leave it to strut in scarlet they must take the consequences. If, as Ollapod says, "gallipots give way to gallant feelings, and Galen is gagged by Bellona," the Secretary-at-War does well to avail himself of it.

# IMPORTANT ANNOUNCEMENT RESPECTING FEES TO MEDICAL WITNESSES.

The following is a copy of a letter received from the Lords of the Treasury in reply to a memorial from the medical men of Wakefield, on the subject of fees to medical witnesses at assizes and sessions.

Treasury Chambers, July 5, 1852.

Sir,—The Lords Commissioners of Her Majesty's Treasury having had before them a memorial signed by you and several physicians and surgeons practising at Wakefield and in its vicinity, in which you complain of the inadequacy of the allowance made to medical witnesses, their Lordships desire me to state that the whole subject of the expenses of criminal prosecutions at the assizes and sessions, including the allowances to medical and other witnesses, is now under the consideration of Her Majesty's Government. Their Lordships would not, therefore, feel warranted in deciding upon the claims of any particular class of witnesses, until they shall be prepared to come to some general settlement of the whole matter.—I am, sir, your obedient servant,

GEORGE ELEMETH.

As this subject has often caused complaint amongst us here in Ireland, those interested in the matter should now attend to it. It gratifies us to find that such questions begin to receive the consideration they demand. Some months ago a memorial from Dr. Z. Johnson of Kilkenny, was forwarded to the Irish Government by the College of Surgeons, praying relief for inadequate payment for medical services to crown witnesses, which was promptly entertained by Mr. WYNN, the Under-Secretary, and better arrangements have in consequence been made. For ten years before complaints had been made on this score without the slightest relief.

## CORRESPONDENCE.

### BITTER BEER.

MESSRS. ALLSOPP AND SONS AND DR. GLOVER.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I perceive in the *Medical Press* of September 29th, a letter from Dr. Glover of Newcastle to Dr. Robertson of Edinburgh, quoted from the *Monthly Journal of Medical Science*. I can have no fault to find with your insertion of that letter as an article of medical intelligence, nor should I venture to interfere with your unbiassed judgment on the matter, had I not some reason for supposing, by the peculiar heading, and other circumstances of the paragraph, that your respectable journal has been made the tool of a certain unworthy and jealous party, which has given a malicious and widespread circulation to every possible calumny against our firm. The enclosed letter, addressed to the editor of the *Monthly Journal of Medical Science*, which appears in that periodical for the present month, will afford every satisfaction on the matters touched upon by Dr. Glover that a candid mind can desire. I appeal to your respect for truth and sense of fair play for its insertion accompanied by this letter.

You will observe that delicacy towards Dr. Glover, and

consideration for his high position in the profession, prevented me from replying to his letter previous to communicating with that gentleman, and obtaining his permission to publish his communication entire, neither would it have been becoming to have made use of any other medium for reply than the one in which the charge had first appeared. Hence the delay of a month.

But no consideration of delicacy, no respect for professional character, no desire to come really at the truth, no sense of fair play has served to prevent those who thought it would answer their purpose of perversion and misrepresentation from sending round to all the medical press and the profession paragraphs putting a most offensive construction upon Dr. Glover's letter to Dr. Robertson, and the heading of which conveyed a direct charge against us, to which we are known not to have laid ourselves open.—I am, sir, your obedient servant,

HENRY ALLSOPP.

Brewery, Burton-on-Trent, October 9, 1852.

In an evil hour have we become, as the poet saith, "bemused in beer." It may prove as unlucky an affair as the "Sligo Controversy." But we can assure our correspondent here, that "the tender lamb that never nipped the grass is not more innocent" than we of complicity with the enemies of his ale. For beer of all kinds we entertain a strong partiality; convinced that amongst the "remedies for Ireland," there is not one more promising. The substitution of it for logwood and rhatany by one class, and for whiskey by the other, might do more for us than all the "religion and politics" in the newspapers. When we inadvertently used the "peculiar heading" complained of, it was not beer we were thinking of, but Baron LIEBIG; whose name, by some unlucky mischance, so often flits within the range of our editorial vision in dubious guise. "The enclosed letter," above alluded to, our printer tells us cannot, by any contrivance, be squeezed into our columns, already filled for press! We must therefore reserve it for our next.

## THE DISPENSARY ACT.

(Extract from a Letter of a Correspondent.)

We do not here complain of having to attend farmers with holdings of forty acres. In my locality, and I may add other districts in this union, the issue of tickets is rather too limited. It certainly is not an easy matter to draw a line of demarcation between the class entitled to relief and those whose circumstances disqualify them from receiving gratuitous aid. The position generally of the small farmer is any thing but comfortable; he may have a cow or two, and yet be little removed from actual want; in truth, he is a poor struggling man. It was a great mistake admitting an illiterate class upon their committees. Under the management of such men, a sufficiently extended relief will not be afforded. Sympathy for the sick poor does not concern them; economy is their sole guide. Cheap doctors and cheap physic! In this union, thanks to a few rational thinking men, a salary of £100 was fixed for the medical officer. Not so, I regret to say, in many other unions.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Having seen in your last number of the *Medical Press* a letter signed "A Constant Reader," commenting on the conduct of the Poor-law Commissioners, in sanctioning the appointment of one medical officer to two dispensaries, in reply to which I trust you will allow me, through the same channel, to offer a few remarks.

Previous to the passing of the Medical Charities Act, the salaries of the medical attendants of dispensaries varied from £80 to £100 a year; for this they had to attend to the



small farmers, the dependents, and servants of many of the subscribers, as well as the labouring class. However, from famine and emigration, it is well known that the population in Ireland is much reduced, consequently all private practice is in a great measure diminished; and if medical men previous to the passing of this act were able to attend efficiently to two dispensaries, why not do so now?

At the late meeting of medical attendants held in Dublin previous to the passing of this act, it was distinctly understood that existing rights should be preserved; and I have no hesitation in now stating, that had those who then held more than one dispensary, and were the principal agitators about this act, been aware that their rights would not have been preserved, *this bill would never become law*. The Commissioners I consider all highly honourable minded men, and am certain will carry out the spirit of the act in preserving the existing rights of all medical men, particularly when proved to them capable of doing their duty efficiently.—I am, sir, your very obedient servant,

ONE OF THE LATE COUNTY SECRETARIES.

October 9, 1852.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—I have read in your last publication the letter of "A Constant Reader." He appears so dissatisfied with all the parties concerned in the election (including even the Poor-law Commissioners), that I think he must be the beaten candidate. However, he states that he is willing to give the names and localities; and, in order that we may investigate the matter and come to the facts of the case, I shall feel obliged by your calling on him for them, and publishing them at your earliest convenience. Hoping you will find space for this in your next, I am, Mr. Editor, your obedient servant,

October 10, 1852.

A SUBSCRIBER.

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 3rd,	53	41	29.800	.006
Monday,	4th,	57	41.5	29.200	.200
Tuesday,	5th,	55	43.5	29.350	.170
Wednesday,	6th,	55.5	42	29.600	.030
Thursday,	7th,	56	40	30.030	.035
Friday,	8th,	54	38	30.030	.003
Saturday,	9th,	51	35	30.110	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Oct. 3rd,	53.5	41	29.560	50.2	46.4	42.3	.072	NW
4th,	53	39	29.022	48.6	48.2	47.8	.054	SE
5th,	54	40	29.124	51.1	46.9	42.4	.470	NW
6th,	54.5	38	29.527	50.1	46	41.7	.320	NNW
7th,	53	43	29.752	50	46.1	41.9	.020	NW
8th,	53	39	29.820	47.4	43.3	38.4	.012	NE
9th,	49	33.5	29.902	47.9	43.4	38	.022	NNE

M. W. HANLON, M.B.

**TANNIN IN HOOPING-COUGH.**—Dr. Brewning employs tannin, in the following combination, in cases of whooping-cough:—R Tannini, gr. 1-6th; acid. benzoic., extract. belladonnæ, utr., gr. 1-12th; pulv. rhei, gr. ij.; pulv. gum. acaciæ, gr. xij. M. Fiat pulv. The powder may be given three or four times a day. For a very young child, half the dose twice daily will be sufficient. In a few days the severity of the symptoms usually diminishes, and the character of the attack changes. If the primæ viæ require clearing, an emetic dose of antimonial wine should be first administered. If the disease does not yield in a few days, and the periodicity of the attack is well marked, one or two grains of hydrochlorate of quinine may be substituted for the rhubarb. He recommends, as a domestic remedy, the simultaneous use of a tea of the flowers of the common primrose, with equal parts of inspissated crab-juice and sugar-candy.—*Brewning in Deutsche Klin and Prov. Jour.*

#### OBITUARY.

At Ballymahon, on the 10th ult., George Coreoran, Esq., M.D., deeply regretted by a large circle of friends and acquaintances.

On the 3rd inst., at 32, Upper Mount-street, James Barlow, Esq., M.D., late Surgeon 5th Dragoon Guards.

On the 4th inst., at Markethill, J. T. Monypenny, Esq., M.D., for thirteen years Surgeon of the Newtownhamilton Dispensary.

A few days ago, Mr. John Stokoe, surgeon, late of Durham, who served in the British Fleet at the battle of Trafalgar, and was subsequently appointed surgeon to Napoleon at St. Helena, died suddenly at his hotel, just after he had ordered breakfast. Deceased had many souvenirs given him by the ex-emperor.

8vo, price 7s. 6d., cloth,

#### PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON STRICTURES, AND SOME OTHER DISEASES OF THE URINARY ORGANS.

By FRANCIS RYND, A.M.,

Fellow of the Royal College of Surgeons in Ireland; Surgeon to the Meath Hospital and County of Dublin Infirmary; Consulting-Surgeon to the Coombe Lying-in Hospital; Her Majesty's Medical Superintendent of Convicts in Ireland; Member of the Royal Medical Society of Edinburgh, of the Pathological Society, &c. &c.

"In this treatise, the causes, nature, and symptoms of stricture are explained; and its consequences, including disease of the bladder, retention of urine, and abscesses in the perineum, described. The treatment, both local and constitutional, is laid down; and the management of the catheter and bougie fully detailed. Disease of the prostate gland is also investigated, and its treatment considered. It contains in brief space, and at a moderate price, much valuable and instructive matter touching a subject which no surgeon can overlook. To us it appears a useful addition to our stock of information on this subject, and creditable to Irish surgery."—*Medical Press*.

"No volume was ever more correctly named according to its contents than that which is now before us; the diseases of which it treats are described from Nature, the views which it propounds are based on pathological science, and the treatment recommended is derived from an extensive practical acquaintance with the almost endless forms under which diseases of the urinary organs present themselves to the surgeon. We know of no work that presents such comprehensive or such admirable rules on the subject of treatment."—*London Medical Gazette*.

"The book is very carefully written, and may be consulted with advantage by those who are desirous of refreshing their knowledge, as also by the student."—*London Journal of Medicine*.

"The subject of fistula in perineo and its complications are treated of in this book in a remarkably clear and judicious manner. The remarks, &c., may be read with profit by all reflecting surgeons. It is, without doubt, an able and thoughtful production, and has our cordial recommendation as one of the best of the modern contributions to this branch of surgery."—*British and Foreign Medico-Chirurgical Review*.

"There is much that is good, both as regards the matter contained, and the manner in which the work is written. The remarks upon forcibly penetrating an impermeable stricture in retention, are excellent. There is much sound and valuable matter in this book."—*Lancet*.

"The practical precepts with which it is replete will amply remunerate the reader for the time expended in its study. We again repeat it as our deliberate opinion, that these 'Pathological and Practical Observations on Stricture' reflect great credit upon the author."—*Dublin Quarterly Journal*.

"We have been much pleased with the perusal of this work: it is full of sound practical research, and contains much that will prove valuable to the surgeon."—*Medical Times*.

"It is eminently practical, which is the highest praise that, in my opinion, can be given to a surgical essay."—*Sir Philip Crampton's Letter to the Author*.

"Your book is an important addition to the series of Meath Hospital Works."—*Dr. Stokes's Letter to the Author*.

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**ALLSOPP'S PALE ALE AND DR. GLOVER.**

THE wide circulation given to a statement of a London medical journal, tending to invalidate the expression of Dr. Glover's opinion in favour of Pale Ale, compels Messrs. ALLSOPP and SONS to connect this remarkable distribution of a calumny with other insidious attacks upon their firm, which they have reason to know proceed from an unworthy and unneighbourly jealousy.

Messrs. ALLSOPP and SONS, in reply, deem it their best course to adopt the same line of conduct as in the case of the similar perversion and mutilation of Baron Liebig's meaning, so indignantly repudiated by that eminent man himself. They publish, therefore, without abridgment, the letter they received from Dr. Glover (having his permission to do so); a letter the more valuable because it was not intended for publication, and an evidence of that learned chemist's just appreciation of Pale Ale, written, as Dr. Glover himself says, in an unguarded style, and not meant for publicity:—

*Dr. Glover to Mr. Allsopp.*

"Newcastle-on-Tyne, April 11.

SIR,—It was not my intention, in writing the hasty note to the *Lancet*, to cast any reflections upon, or to implicate, in any way, respectable brewers of Pale Ale.

When I first saw the statement about the alleged use of strychnine in bittering ale, I looked upon the assertion as incredible, both on account of the price of the drug and the symptoms it would create; but, on experiment, I found that strychnine possesses such wonderful bitterness that it might perhaps be used as an ADJUVANT, at least by UNPRINCIPLED PERSONS. In short, my object was simply to show that the thing was not altogether so impossible as it appeared at first sight to be.

My opinion is, that hops should not enjoy the exclusive privilege of being used for bittering beer; but I do not pretend to discuss the point with practical men.

I know there are bitters which might be used beneficially, in a medical point of view.

With regard to analysing your beer, my time is taken up, so far as analysing and chemistry are concerned, with two kinds of inquiries—1st, those which are purely scientific; and 2nd, those which are profitable. If you wish me, in the latter capacity, to analyse and report on your beer, I, of course, can have no objection.

I have to prepare for an absence of three or four days tomorrow, and so beg you to excuse me replying to the letter of Mr. Bottinger, for which I am much obliged.—Yours, &c.,

(Signed)

R. M. GLOVER.

H. Allsopp, Esq.

P.S.—I presume you will hardly expect me to write to the *Lancet*. However, I shall be at home on Thursday evening, and most assuredly I have no desire to say anything which could weaken the confidence of the public in your beer. But that I am not now in the habit of drinking Bitter Beer, I should be glad to show my confidence by drinking plenty of it."

MESSRS. ALLSOPP and SONS beg to refer to the letter of Mr. Henry Allsopp on this subject, in the *Monthly Journal of Medical Science* for October, in the concluding paragraph of which it is said—

"I inserted Dr. Glover's good-natured remark on my Bitter Beer as an 'incidental testimonial'—no more. I never called it 'a certificate,' nor did I apply to him, or any other medical gentleman, for one. I am not responsible that such a construction has been placed upon the off-hand expressions of good opinion which have been sent to me from all quarters."

Messrs. ALLSOPP and SONS, in conclusion, wish to draw the attention of the public and the trade to the fact, that, by this disingenuous system of attack, and the perversions of facts adopted against them, they are unwillingly drawn into that publicity the courting of which is made an accusation against them.


Burton-on-Trent, October 8, 1852.

**PROFESSOR LIEBIG'S OPINION OF ALLSOPP'S PALE ALE.**

"The specimens of your Pale Ale sent to me, afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage both for the invalid and the robust.

JUSTUS LIEBIG.

Giessen, May 6, 1852."

 Messrs. ALLSOPP'S Advertisement continued:

**ALLSOPP'S PALE ALES.—BARON LIEBIG ON CERTAIN RECENT ANONYMOUS ADVERTISEMENTS.**

MESSRS. ALLSOPP and SONS have great satisfaction in being enabled to publish the following extract of a Letter just received, dated Munich, 12th September, 1852, from Baron Liebig to Mr. Henry Allsopp, Brewery, Burton-on-Trent:—

"To my great astonishment and concern, my attention has lately been called to several anonymous articles and advertisements headed by my name, such as in the —, whose author altogether misrepresents the motives of my remarks, and even goes so far as to say, that I had never analysed your beer, nor perhaps ever tasted it in my life, and to allege a retraction on my part of the original statement.

I emphatically declare that I had not the slightest knowledge of these anonymous articles, the contents of which I entirely disapprove of; and that in every respect I adhere to the statement made in my letter to you, which certainly you were, and are at perfect liberty to publish.

JUSTUS LIEBIG.

Munich, 12th September, 1852."

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
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By order,

W. BOYLAN, Registrar.

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The Winter Course of Practical, Medical, and Surgical Instruction commenced on the 1st of October.

The Clinical Lectures will be delivered by Dr. Jacob, Dr. Benson, Dr. Beatty, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell.

Dr. Jacob will deliver a full Course of Lectures on Diseases of the Eye; Dr. Beatty, select Lectures on Diseases peculiar to Women and Children; and Mr. Tufnell on Military Surgery.

Sir Henry Marsh, Sir Philip Crampton, Professor Porter, Mr. Cusack, and Dr. Apjohn, give their assistance in cases requiring consultation.

Certificates of attendance are received as qualification by all the Colleges, Halls, and Boards.

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DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

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For the reception and treatment of the INSANE, and of persons suffering from a disturbed state of the Nervous System.

Under the direction of Dr. JACOB, Physician to the Maryborough District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c.

THIS ESTABLISHMENT, which has recently been considerably enlarged on the most improved principles, consists of two separate and commodious residences—Anne Brook for the reception of Ladies—Woodville for Gentlemen,—each situated on extensive and highly ornamented grounds, with large well-enclosed gardens. Neither house presents any of the usual characters of a lunatic asylum, as they are handsome, well-furnished country residences, where the patients enjoy all the comforts and indulgences of a private house, without being exposed to what might distress the feelings by giving rise to the idea of confinement. Arrangements have been made by which the inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establishments are conducted can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, &c., and intermediate towns.

**QUEEN'S COLLEGE, BELFAST.**

SESSION 1852-53.

**FACULTY OF MEDICINE.**

The Session will commence on Tuesday, October 19, 1852. The Matriculation Examination will begin on Friday, the 22nd of October.

Six Scholarships, of the value of £20 each, will be awarded by Examination at the commencement of the Session. Scholars are exempted from payment of one-half of the class fees in their department.

Two Senior Scholarships, of the value of £40 each, will be awarded by Examination at the commencement of the Session to Students who shall have completed the course of study of the first, second, and third year prescribed to Candidates for the Degree of M.D.

For the times and subjects of the several examinations, the courses of study, and other particulars, including full information as to the method of proceeding to the Degree of M.D. in the Queen's University in Ireland, see "Belfast Queen's College Calendar" for 1852.

By order of the President,

W. J. C. ALLEN, Registrar.

Queen's College, Belfast, June, 1852.

**MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.**

The Winter Session commenced on the 1st of October. The usual courses of Clinical Instruction will commence on the first Monday in November, and will be continued through the session by the Physicians and Surgeons of the Institution.

Arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin.

The Medical and Surgical Clinical Instruction will be carried on on the alternate days—Mondays, Wednesdays, and Fridays for SURGICAL; and Tuesdays, Thursdays, and Saturdays for MEDICAL Instruction.

Operations, unless in cases of emergency, will only be performed on the days of surgical instruction.

A Surgical Registry of all cases admitted into the hospital is carefully preserved, and is open to the inspection of the pupils. A dispensary is attached to the hospital, in which the pupils are allowed to perform all the minor operations in surgery, under the guidance of the attending surgeons. From 200 to 300 patients are prescribed for and relieved in the dispensary daily.

The following premiums are to be awarded, as usual, at the close of the session:—

1. The Clinical Medical Premiums.
2. The Clinical Surgical Premiums.

Of these there are two in each class to be awarded according to the order of merit.

The situation of Resident Pupil is open to pupils as well as apprentices of the hospital.

Special recommendatory certificates are given to such gentlemen as have filled the situation of Clinical Practising Assistants in the hospital for at least four months to the satisfaction of the medical officers.

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The Medical Clinical Instruction is given by Dr. Stokes, Regius Professor of the Theory and Practice of Physic, Trinity College, Dublin, &c.; and Dr. Lees, Fellow of the College of Physicians, Lecturer on the Practice of Physic, Examiner in Medicine to the Queen's University in Ireland, &c.

The Surgical, by Sir Philip Crampton; Mr. Porter, A.M., Professor of Surgery, Royal College of Surgeons, Ireland, &c.; Mr. Smyly, A.M., F.R.C.S.I., &c.; Mr. G. Porter, A.M., F.R.C.S.I., &c.; Mr. Collis, A.M., F.R.C.S.I., &c.; and Mr. Rynd, A.M., F.R.C.S.I., &c. &c.

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Wednesday, October 13, 1852.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

VOL. XXVIII.  
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## ORIGINAL COMMUNICATIONS.

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Mode of Reduction—Authorities as to the Position of  
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Examiner in Anatomy and Physiology in the Royal  
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## METEOROLOGICAL TABLES.

## ORIGINAL COMMUNICATIONS.

### DISLOCATION OF THE HUMERUS FORWARDS AND UPWARDS—MODE OF REDUCTION— AUTHORITIES AS TO THE POSITION OF THE LIMB.

By RICHARD G. H. BUTCHER, F.R.C.S.I.,  
Examiner on Anatomy and Physiology in the Royal College  
of Surgeons in Ireland,  
Surgeon to Mercer's Hospital,  
&c. &c. &c.

THE following well-marked case of dislocation of the hu-  
merus forwards recently came into hospital, presenting  
characters, striking and conclusive, on the disputed point,  
as to the shortening or lengthening of the limb in this dis-  
placement. I consider it stamped with sufficient import-  
ance to demand a few observations:—

Eliza McMahon, aged 35, a large muscular woman, was  
admitted into Mercer's Hospital at eight a.m. October 3,  
1852, under my care. On the evening previous to her  
admission, at eleven o'clock, she was disorderly in the  
street, and being taken up by the police, she offered great  
resistance against being taken to the station-house. In  
the struggle that ensued, she says she remembers having got  
a very violent twist in the right arm, which gave her the  
most excruciating pain. She was retained all night as a  
prisoner, and brought on the following morning, at the time  
specified, to the hospital, nine hours having elapsed from  
the period of the receipt of injury.

On stripping the chest and shoulders, the deviation from  
symmetry was marked and striking. Circumstances com-  
bined to render the outlines of the injury prominent—viz.,  
a few hours had only passed from the moment she sus-  
tained the accident; therefore, effusion had not time to  
set in and round off the irregularities created by the new  
position of parts. Again, the patient, though large and  
full, had the muscular system well developed, with scarcely  
any deposit of fat.

The most prominent features of the accident were the  
following:—There was flattening of the shoulder and pro-  
minence of the acromion far greater than in the dislocation

into the axilla. The deltoid was not only flattened and  
flaccid, but likewise twisted forwards, the fibres attached  
to the posterior edge of the acromion participating most in  
this puckering of the muscle. The head of the bone formed  
a remarkable tumour to the sternal side of the coracoid  
process, corresponding to the centre of the clavicle, and  
about half an inch below its inferior edge; so prominent  
was the swelling, that the coracoid process could very in-  
distinctly be felt as it lay buried external to it. The axis  
of the shaft of the humerus was directed from this point,  
about the centre of the clavicle, slightly backwards; at  
the same time, it lay close to the side—a position quite  
contrary to the descriptions given by writers on the sub-  
ject. In another instance where I was consulted very  
recently, the limb also hung close to the side, and its other  
characteristics were as marked as in the present instance.  
*The amount of shortening, measured with the greatest accu-  
racy, was more than half, and very nearly three-quarters of  
an inch.* Now, this fact was verified by the observation  
and measurement of others as well as myself. All the  
movements of the joint were greatly restrained. Any  
attempt at bringing the limb forwards was productive of  
great pain, and at once interrupted by the head of the bone  
being tilted against the coracoid process. Backward, mo-  
tion was restrained by the action of muscles, and the carry-  
ing of the limb outwards was prevented by the opposition  
of the clavicle to the head of the bone.

I readily reduced the dislocation in the following way:  
Having placed the patient on the side of the bed in which  
she had been lying, in the sitting posture, a folded sheet  
was passed round the chest, close under the injured part,  
and the ends given to an assistant who stood at the op-  
posite side of the bed; thus counter-extension was provided  
for. Standing on the right side of the patient, with my  
left foot resting on the edge of the bedstead, I brought the  
luxated arm over my knee, and made forcible extension  
downwards by means of a jack-towel previously fastened  
and secured by the clove hitch round the humerus at its  
lower end: thus, the head of the bone was moved down-  
wards below the coracoid process. The extending force



was then directed outwards, and a little forwards, by the aid of an assistant, and the head of the bone was quickly drawn up to the glenoid cavity, and restored with an audible snap. By placing the patient on the side of the bed, instead of on a low chair, as is usually done, I gained great additional power by bringing into acquisition the weight of my body and shoulder in forcing down the extending band in the manner described.

After the reduction was effected, the limb was bandaged to the side, and the elbow supported, by a sling tied over the opposite shoulder. Surgical authorities are somewhat divided as to whether the arm be shortened or lengthened in the dislocation of the humerus forwards. In the cases which I have seen, and as noticed in the one just mentioned, the shortening amounted to *more than half, and nearly three-quarters of an inch*. According to Sir Astley Cooper, too, the arm will be shortened, and though by a reference to the cases which he details in his work, there is no allusion to this symptom, yet it is clear that from what he observed in those cases, he arrived at the above conclusion. On the other hand, Desault and Malgaigne maintained there would be elongation; and Dupuytren, though at first discountencing this opinion, yet from some experiments which he instituted after dissecting the ligament in a recent joint, and producing dislocation, he found lengthening to half an inch. Now, I contend that a careful analysis of the experiments instituted by Dupuytren and Malgaigne on this point will prove them to be imperfect, faulty, and incapable of establishing the premises sought to be laid down. Dupuytren writes:—"It was my impression that, when lengthening existed, it could only be attributed to dislocation *downwards* beneath the glenoid cavity; but M. Malgaigne was of opinion that, as the head of the humerus occupied the concavity of an arch formed by the acromion, the coracoid process and the ligament which connects them, it should evidently be at a lower level when forced beneath either pier of this arch: we therefore determined on having recourse to an experiment to decide the question. In the dry bones, it was clear that dislocation under the acromion involved lengthening of the arm; but it remained doubtful whether this was the case in displacement beneath the coracoid process. The latter dislocation was produced in an arm recently prepared for the purpose with the ligaments attached; and by carefully comparing the measurements before and after the experiments, it was proved that elongation to the extent of about half an inch was the result." The fallacy of the foregoing observations in reference to the point under dispute is, I think, apparent for the following reasons. Having frequently tried myself to dislocate the head of the bone in the dead subject, I have failed to produce the displacement I desired. The force cannot be measured with that accuracy, or the same direction given to the bone as takes place by accident; and this very fact is proved by the experiments made by Dupuytren and Malgaigne, who write: "A further experiment was made on the ~~same~~ joint, having reference to the ~~downward~~ dislocation. When all the muscles were stripped off, it was still found impracticable to dislocate the bone in this direction, so long as the ligamentous fibres connecting the coracoid process and capsule (coraco-humeral ligament) retained their integrity; but when they were divided, it was easily accomplished." The next sentence which Dupuytren writes, shows that he, too, doubted the accuracy of these experiments as applicable to the living body, for he says:—"It may be naturally asked

are these results identical with those which are usually observed in the living?" He goes still further, for he absolutely invalidates the truth of the experiments altogether; for in speaking of the dislocation downwards, he writes: "The most remarkable point about the latter experiment is, that the amount of lengthening exceeds *an inch and a half*, which is far more than ever existed in any authenticated instance." I deny altogether the head of the bone in the dislocation forwards being in the position ascribed to it by Dupuytren and Malgaigne. No doubt if it rested "beneath the coracoid process," the internal pier of the arch, which they assert from their experiment, the limb must be slightly lengthened; but Dupuytren, when he writes, "are these results identical with those which are usually observed in the living?" likewise says, "the solution of this question can only be found in the dissection of suitable cases." Suitable cases have occurred of recent dislocation, and where dissection proved the inaccuracy of the experiments and the erroneous conclusions of these investigators.

In the third volume of the *Dublin Journal of Medical Science*, there is a case of undoubted primary dislocation, recorded by Sir Philip Crampton, which is interesting, not only as setting at rest the long-disputed question as to the possibility of its being primary, but also as being the first recorded dissection of the parts in an example of recent dislocation forwards. The head of the humerus was lodged on the inner side of the neck of the scapula to the *sternal side of the root of the coracoid process*, and extending up nearly as far as the notch in the superior costa. The capsular ligament was perfectly entire in the direction of the axilla, showing that the bone could not have been sent first to the axilla and afterwards to the situation here described. The opening in the capsular ligament was on its inner side, and was caused by its being torn from the glenoid cavity, the rent extending from the supra-spinatus muscle above to the under part of the subscapularis muscle below. The supra and infra-spinati were much on the stretch, but not lacerated, and the subscapular muscle was partly detached from the upper and the anterior parts of the subscapular fossa, and passed downwards, so that its fibres in a curved manner embraced the neck of the bone. The axis of the bone was scarcely a quarter of an inch above the centre of the glenoid cavity, and the vessels and nerves were on the sternal side of the tumour. Mr. Key made a dissection of a shoulder which had been long dislocated inwards. The glenoid cavity was completely filled up by ligamentous matter, and the head of the humerus was situated under the clavicle to the *sternal side of the root of the coracoid process*, in contact with the venter of the scapula, from which the subscapularis muscle at that part was torn off, and separated from the ribs by that muscle and the serratus magnus muscle.

In addition to these dissections, which establish the position of the head of the bone as being *internal to the coracoid process*, and the limb shortened, I may adduce the following authorities:—"In the luxation forwards, the limb appears somewhat shortened."—*Liston*.—"The arm has either its natural length, or is rather shorter."—*Chelius*.—"The head of the bone is displaced to the inside of the coracoid process, and is locked between that and the clavicle; the arm is somewhat shortened."—*Miller*.—"The limb is shortened." (See Plate in "Fergusson's Practical Surgery.")

It is strange that Mr. Bransby Cooper "never saw a dislocation where the head of the bone was thrown upon the inner side of the coracoid process." He states in the dislocation forwards, the head of the bone "is thrown *beneath* the coracoid process of the scapula." This certainly is not the position of it, and he contradicts himself, for he adds, "under common circumstances, the shortening of the limb is so slight as to be scarcely appreciable." Now, if the head of the bone be where he states, beneath the coracoid process, the limb must be lengthened, as proved by Malgaigne.



## OBSERVATIONS ON THE IMPULSE OF THE HEART.

By ROBERT CARTWRIGHT, Esq.

THE cause of the impulse and sounds of the heart still lies in the greatest obscurity; each successive writer brings forward, like an advocate defending a bad case, an ingenious and fine-spun theory, merely to be torn in pieces by his successor. This extraordinary discrepancy appears to the author to proceed from the fundamental error, that the impulse occurs during the systole; and the difficulty can, in his opinion, only be solved by returning to the theory formerly advocated by Drs. Corrigan and Stokes.

The theory that the impulse takes place during the contraction of the ventricles rests entirely on vivisections and experiments on dead hearts; Mr. Cartwright is not aware that a single physiological reason has been advanced in favour of it. All those experiments led to the following conclusion, "that the heart during its contraction is elongated, and strikes against the chest by raising the apex;" but latterly it is generally agreed, that the heart during its contraction is shortened (a fact the author knew twenty years ago), and that the appearances in those experiments were misunderstood and incorrectly explained; consequently, the author observes, if the conclusion drawn from those experiments is erroneous, the theory based on that erroneous conclusion naturally falls to the ground. The latest theory is Dr. Kiwisch's, "that the impulse is caused by the swelling of the muscular substance of the heart during its contraction;" but this explanation the author says is untenable, as the external layers of muscular fibres are spiral and not longitudinal; consequently, their contraction being concentric, simply diminishes the cavity of the heart without any swelling or external elevation, as in the muscles of the extremities. But granting that there is an external swelling, the diminution at the same time in the circumference will prevent any nearer approximation to the surface of the chest; and granting, again, that an impulse were produced by such a swelling of the muscular substance, it would occur in the third or fourth, and not in the fifth intercostal space.

In 1830, being then a student in Dublin, Mr. Cartwright heard of Dr. Corrigan's theory, that the impulse occurs during the diastole. On returning home, he opened a rabbit, and not wishing to cause the animal unnecessary pain, he gave it a gentle rap on the head, sufficient to cause a depression of the bone. On opening the chest, he saw the heart beating quietly and regularly; after about half a minute it became agitated, and during these agitated movements the heart appeared to be elongated, and its apex to be turned upwards, at the same time giving a kick, as it were, an expression much in favour with lecturers on anatomy some twenty years ago. After about a minute, the action of the heart became quieter, and the last movements resembled the first. A month ago he examined two rabbits under the influence of chloroform; no irregular or spasmodic action occurred in either case; the heart appeared to dilate and contract in its natural manner. During its contraction, the heart was evidently shortened and narrowed; that is, less in circumference; the apex was somewhat flattened, and appeared once to be actually drawn inwards; but during the diastole the apex shot out again with some force. These appearances are in perfect harmony with the anatomy of the muscular substance of the heart; the muscular substance of the left ventricle, for instance, may be to a considerable extent separated into two layers—an internal, consisting of longitudinal fibres, running from the apex towards the basis, and an external, consisting of a network of fibres, running principally in a spiral direction. The contraction of the longitudinal fibres shortens the heart, and their consequent swelling fills up the space previously occupied by the blood driven out by their contraction; at the same time the spiral or circular fibres, by their contraction, force out a certain quantity of blood, and press in relative proportion the internal surfaces towards one another, so that a contracted heart is shorter and less in circumference

than a heart dilated and full of blood; and as the heart lies in a sloping direction from above downwards and forwards, and with a part of its surface in close apposition to the inner surface of the chest, the author concludes that the impulse occurs during the diastole, when the heart is increased not only in length, but also in circumference, and consequently presses closer to the inner surface of the chest than it does during the systole.

The following case, about a child a few days old, and in which the sternum was deficient, is reported by Dr. Skoda: "By applying the hand, one could easily perceive that the heart was vertically placed, and moved with each systole downwards and forwards, with each diastole upwards and backwards. The impulse was felt with each systole of the heart, immediately above the insertion of the diaphragm; with each diastole, on the contrary, as high as the second rib, if the fingers were sunk sufficiently deep towards the spinal column. The impulse of the diastole was just as strong as the impulse of the systole. On placing two fingers in such a manner, so that with the systole the lower, with the diastole the upper, finger felt the impulse, it was found that the heart, during each systole, glided about an inch downwards." There can be no doubt that Dr. Skoda has here made a slight mistake between systole and diastole. It is quite past the author's comprehension how a heart during its contraction could move downwards and forwards, and during its dilatation, upwards and backwards; and how the impulse of the heart, shortened by its contraction, could be felt immediately above the insertion of the diaphragm; and during its dilatation, when it is not only increased in circumference but also in length, an impulse should be felt nearly under the second rib, and then only by sinking the finger sufficiently deep towards the spinal column. It would almost seem that Dr. Skoda had recorded this case in anticipation, as a refutation of Dr. Riviset's theory, and as a proof of the diastolic theory. Dr. Albers, in his work, principally compiled from Davies's Lectures, states that the heart must elongate itself several lines, so as to produce the impulse in the fifth intercostal space. Mr. Cartwright believes that the ventricle acts as a sucking-pump, and sucks the blood in; its dilatation being quite independent of the contraction of the auricle, which is proved by the following experiment:—He cut the auricle through, the blood flowed into the chest, and the ventricle dilated several times afterwards. The heart also pulsates after it is cut out and placed on the table. This active dilatation of the ventricle is caused by the elasticity or tone of the muscular fibres. What he understands by the elasticity or tone of the muscular fibres is the power by which they return to their natural position; thus if a muscle is stretched by an abscess underneath it, or by any other cause, on removing the cause the muscle immediately returns to its natural position. This act is not contraction in its usual meaning. Also when a muscle, be it a voluntary or involuntary one, contracts, this occurs through the agency of a higher power; and when this power ceases to act, the fibres of the muscle do not remain relaxed in the same identical position, but return with a certain degree of force to their natural position. This is apparent in the biceps humeri, but still more so in the vastus internus and the gastrocnemii. This action—namely, the muscle returning to its natural position from a state of contraction or extension—depends on a principle resident in the fibres themselves, call it elasticity, tone, or by any other name; and it is through this principle that the dilatation of the heart takes place.

The semilunar valves are never pressed against the sides of the artery, otherwise they would be retained in that position by the continuous stream of blood; and it also appears to the author, from observations on the hearts of animals in a state of spasmodic contraction after death, that certainly not more than half of its blood is expelled out of the left ventricle during each systole. With reference to the sounds of the heart, he states that the first is heard most distinctly at the apex; it appears to come towards the ear; whilst the second is acknowledged to arise at the semilunar valves, and to be carried along the



aorta. This harmonises completely with the diastolic theory; while the first sound is caused by the passage of the blood through the auriculo-ventricular opening and the valve towards the apex; and the second sound is caused by the forcible pulsation of the blood through the semilunar valves. The bruits in diseases of the heart are also more naturally and correctly explained by this theory, as may be proved by an analysis of the various treatises on auscultation, especially the admirable treatise by Dr. Skoda (4th edition, 1850, Vienna), a work to one can read without feeling the highest esteem for the candour and logical acumen of the learned professor. But it is not necessary to make vivisections or experiments on dead hearts; every man carries in his own breast evidence sufficient to prove that the impulse occurs during the diastole. The author has himself made the following experiment several times:—If a person lies in bed, on the left side, and listens attentively, he can hear the second sound most distinctly; should his heart palpitate, or beat somewhat violently, he will feel at the same time, synchronous with the second sound, a shock or concussion in the chest, extending even to the carotid arteries.

Mr. Cartwright remarks further, that each contraction of the ventricles causes one pulsation throughout the arterial system, before another contraction takes place; and as the arteries are elastic tubes, a certain interval or space of time, be it more or less, elapses before the pulsatory wave, caused by the contraction of the left ventricle, reaches the extremities of the arterial system. The carotid artery, just before its bifurcation, may be considered as a middle point between the heart and the capillaries in the brain; consequently the pulse at that point ought to be intermediate between two contractions of the ventricle; and if the impulse of the heart is caused by its dilatation, it ought also to occur in the interval between two contractions of the ventricle; now the impulse of the heart and the pulse of the carotid are synchronous. This explanation also accounts for the impulse not being synchronous with, but immediately preceding, the pulse at the ankle. Mr. Cartwright concludes, therefore, that the impulse of the heart takes place during the diastole.—*Ranking's Abstract.*

### CHLOROFORM AS AN EMMENAGOGUE.

By Dr. Gibson, of Fort Towson, Choctaw Nation, U.S. HAVING nowhere seen, in the course of my professional reading, any allusions made to the use of chloroform as an emmenagogue, I am induced to submit the following facts, partly from a desire that relief may be afforded to the suffering, and partly from a sense of professional duty.

Cases 1 and 2, occurring in the same person. In October last, Mrs. W., having a violent headache, to obtain relief resorted to the inhalation of chloroform. Within an hour after the inhalation (which was but for a few seconds) she was flowing freely, and continued thus for four days. There was no irregularity of the function of menstruation in the succeeding month (November), but another attack of headache supervening, she again had recourse to the chloroform, and in a half hour the menstrual secretion made its appearance, the discharge continuing for five days. In both instances, the chloroform was inhaled about ten days after the subsidence of her regular periods. Since the last inhalation, she has menstruated at her usual period. Mrs. W. is slightly inclined to plethora, general health usually good, aged 35.

Case 3. In the absence of Mrs. W. from home, her servant girl, having gotten hold of the chloroform, imitated Mrs. W.'s example. A like result was produced upon the girl, who menstruated for four days. The girl is very healthy, and about thirty years of age. The inhalation was never renewed by her. In this case, the chloroform was inhaled two weeks prior to her usual period, at which time she again menstruated, and has since continued regular.

Case 4. Miss —, aged 19, general health excellent, no deviation having ever taken place since her first menstrual period, was, during a visit to Mrs. —, induced to inhale chloroform, through curiosity, to experience the sensations produced by it. In a half hour the menstrual fluid

made its appearance, and the flow continued for four days. The inhalation in this instance was ten days antecedent to the regular period, with which it did not interfere. Mrs. W., my informant in regard to the foregoing cases, is an intelligent and reliable lady.

Case 5 came under my immediate observation. Was called to see Mrs. H., found her suffering much from suppressed menstruation. To relieve urgent pain, ordered hot hip-bath, from which the patient experienced much relief. Waited three hours after the use of the bath, without recourse to any other means, having decided, as this was an opportune case, to exhibit the chloroform, which was done for thirty seconds. In twenty minutes after its administration, the patient was flowing freely, and continued to do so for three days. Patient is of a weakly constitution, the result of much hardship. Age of the patient, about 40. This case is the more remarkable from the fact that the patient has not menstruated for more than eight months.

The suppression was induced by causes not deemed necessary to relate at present. Prior to the suppression, she had been very regular for many years. Pregnancy has nothing to do with the case, as the patient is not at this time, nor for many years past, has she been in that condition.

I regret that I have not a greater number of cases to submit for the consideration of the profession. Being but a young practitioner, I am desirous that more experienced physicians should give the chloroform a trial, in order more fully, than my position will allow, to test its value as an emmenagogue; and diffident of my ability to account correctly for the *modus operandi* of the chloroform in the above cases, I shall without comment submit them to those who have better opportunities for investigation.

Before closing, however, I will present the following case. Miss —, aged 18, had an acute suppression of the menses, upon the first recurrence of the monthly period, subsequent to the age of puberty. Epileptic spasms quickly succeeded the suppression. Three years have elapsed since, and she is yet subject to these spasms, at longer or shorter intervals. Within the last eight months, she was placed under my care. At one time she will menstruate healthily—at another, there will not be the slightest appearance of menstruation—again, a leucorrhœa will take the place of the proper menstrual fluid. Sometimes, the leucorrhœa, as also the menstrual discharge, whichever it may be, will appear a week, sometimes two weeks antecedent to the regular period. Without entering into detail, as regards the treatment adopted in this case, I will submit the subjoined query. Upon the hypothesis, that the chloroform did act as an emmenagogue in the cases already related, how far would it comport with the safety of this epileptic patient to administer the chloroform? This question is predicated upon the belief, that, if the menstrual function were regularly performed, recovery from the epilepsy might take place. It is intended that the question shall refer more particularly to the epileptic condition, than to the irregularity of the menstrual function. I have no reason to suppose the existence of organic disease, either of the brain or uterus, in this patient.—*Phil. Med. Examiner.*

### RUPTURE OF THE TENDO-ACHILLIS.

J. H.—, labourer, aged 48, of intemperate habits, while walking, in November last, across a bridge, stepped upon the edge of a hole with his right foot, letting the heel drop into it, and making a sudden effort to recover himself, he felt a sharp pain extending from the heel up the leg, accompanied by an audible snap. In attempting to go a few steps farther he felt the same again, which rendered him unable to walk. He was brought home, and on examination the tendo-Achillis was found entirely separated about two inches above its insertion. The divided extremities were nearly an inch apart, as plainly to be felt as after a subcutaneous section for club-foot. He has been unable to walk without a crutch or cane until within the last month, but at the date of this the union seems to be pretty firm, and he walks pretty well by favouring it a little.—*Dr. Barrett in Buffalo Med. Jour.*



## TREATMENT OF THE DUKE.

A very old gentleman, somewhat beyond four-score years, feels unwell very early in the morning, and sends for his surgeon-apothecary, who on his arrival prescribes tea and toast, and leaves his aged patient to his fate. Soon after, the surgeon-apothecary is recalled, when, on his return, he finds his patient alarmingly ill, with incipient epilepsy, and for the first time considers his case; when he fixes, as its cause, on some venison eaten the day before. Now, query, if the patient's then condition proceeded from undigested venison, was the further cramming with tea and toast judicious, or a common-sense proceeding?

Again, was an emetic at all admissible in a subject of such an extended age? A mustard emetic, it is true, was only administered, which is considered (because generally at hand) an "innocent dose;" but let some of those who are so fond of prescribing the innocent dose, make a trial of one, and they will understand its powerful effects. Innocent, indeed! How many unhappy children have I seen sent flying to a premature grave by this domestic and innocent dose.

In very old people it is a very common circumstance for irritating gas to be secreted and to be pent up in the stomach and bowels, frequently exploding on the sensorium, and causing what are called fits, with sometimes intolerable pain and anguish; but which may be easily remedied by some of the various carminative doses in general use. I recollect having been once hurriedly sent for to visit an old lady of 72, suffering from great agony, and which the two "cognoscenti" medicos, whom I found in attendance, considered to be pleuro-peritonitis, and had the old lady's arm tucked up, ready for bleeding. I recommended a carminative draught, in which there was ol. ruta. The effect was, apparently, miraculous; an explosion equal to the cannonading of a ten-gun battery was the consequence of the draught, with immediate relief, and a total disappearance of the pleuro-peritonitis. Further, is it usual to place a person in the erect position, bolt upright, with fits of any kind? I am aware that slight elevation of the head is usual.

I notice, in the periodicals of the day, comparisons made between the career of Napoleon and the late Duke, which I think may not be irrelevant to my queries, but that some similarity, by some of your numerous correspondents, may be discovered as to the exit from this sublunary sphere of the two heroes in question, although neither were killed on the battle field. A word at parting, as a last query.—Should not much caution be exercised as respects vomiting, even with mustard, and bleeding octogenarians?—*Med. Circular.*

## INSTRUMENT FOR CAUTERIZING THE URETHRA.

By Dr. COOPER of Peoria, Illinois, U.S.

An instrument for cauterizing the urethra has been invented by Dr. Cooper of this place; which, for facility of application and certainty of results, is superior to all other means hitherto used combined.

It consists of a copper catheter, with the end for half an inch a little smaller than the body, and perforated with several holes. This is introduced down to the stricture, and then filled with dilute nitric acid, which, acting on the copper, soon produces the nitrate, which, coming in contact with the urethra through the holes, produces cauterization to the extent desired.

The strength of the solution and the length of time the instrument is permitted to remain, regulates the degree of cauterization completely. Dr. Cooper generally uses one-third of nitric acid, and two of water, and permits the instrument to remain for one and a half minutes, though a much shorter time will often answer.

The shape of the instrument may be varied to suit the case; thus, when several strictures exist in the strait part of the urethra, a strait catheter might be used, with holes at several places to correspond to their number and location.

Though great contrariety of opinion exists among medical

men in regard to the degree of cauterization most valuable, this instrument commends itself alike to all; for whether it is believed that caustics should be applied boldly, so as to cause the detachment of a slough, and thus physically enlarge the canal, or by a slighter application modify the action of the lining, the variations are easily made with it. —*Phil. Med. Examiner.*

## DISLOCATION OF FEMUR LEFT UNREDUCED.

It is probably no very uncommon event for a dislocated hip to be left unreduced, even where the case has been under the hands of a clever surgeon, but it is certainly not often that such cases obtain a public record. We are not over-zealous generally to publish our own failures, and it is hardly generous to advertise the failures of others; so that between our selfishness and our unselfishness many of the shortcomings of our art are hidden. Fortunately, Mr. Chelius, the author of a most excellent "System of Surgery," has sufficient reputation the world over to enable him to bear a portion of these failures, without injury to himself or the profession, which he so eminently illustrates. I shall therefore make no apology for requesting you to record this unsuccessful attempt to reduce a dislocated hip, in which he was himself the operator. June 11, 1851: J. Maurer, a German, aged 19, called upon me, and related as follows: "When ten years old I fell from a tree, a height of six feet, and dislocated my left hip. I was then living twelve miles from Heidelberg, and was immediately taken there, but I did not see Mr. Chelius until the next day. He took me to the University, and, before the medical students, attempted to reduce it, but he could not. During several weeks following he tried six times, using pulleys, &c., but he never could succeed." I find the limb shortened two inches; the knee is turned in, and the toes out. The dislocation is upward and backward upon the dorsum ilii. He walks rapidly and without pain or discomfort, but with a manifest halt.—*Mr. F. H. Hamilton in Buffalo Med. Jr.*

## REVIEWS AND NOTICES OF BOOKS.

NEURALGIA, its Various Forms, Pathology, and Treatment. Being the Jacksonian Prize Essay of the Royal College of Surgeons for 1850, with some Additions. By C. T. DOWNING, M.D., M.R.C.S. London. 8vo. pp. 375.

We have had this book, with others, on our table for some time waiting for notice, but not forgotten. We often, perhaps, postpone such duty until authors begin to think that we have neglected them altogether; but we are of opinion that a review comes in very good time when the novelty of the publication has a little worn off, and when our contemporaries have exhausted all their critical powers on them.

As the title states, this is an amplification of a prize essay, embracing some points not previously noticed, and suggesting a new plan of treatment in certain cases. The subject is one of the highest importance to the practitioner, not merely as affording information respecting the nature and treatment of a most distressing disease, but as furnishing materials for the elucidation of obscure symptoms often considered inflammatory. We cannot better explain to our readers the object of the work than by selecting a few extracts, comprising some of the most important inquiries and suggestions. On the remedies for neuralgia we have the following chapter:—

"One of the most prominent of the internal remedies, generally employed in the treatment of neuralgia, is the sesquicarbonate, or carbonate of iron. This medicine was introduced to notice by Mr. Hutchinson of Southwell. In the second edition of his work, published in 1822,\* many cases are recorded of its successful administration; but, as has been acutely remarked, those of failure are not alluded to. At first, the greatest hopes were entertained that this preparation of steel was a real specific for the tic douloureux. Experience has shown, however, that it cannot be depended on,

\* Hutchinson on Tic Douloureux.



Sometimes it has been eminently successful; at others, quite useless.

Dr. Elliotson, who is a great advocate of this mineral, says of it:—"Although it is the best medicine at present known under these circumstances (neuralgia), it frequently fails altogether; and still more frequently the disease returns, but perhaps yields again and again to it." The cases which this gentleman has detailed in the *Medico-Chirurgical Transactions*, afford, perhaps, the most direct and decided evidence of the power of iron over this disease. They are much better than those of the original discoverer, for in several instances Mr. Hutchinson employed active agents at the same time. *Levi Vallerius* has shrewdly remarked this, for he says, "But in estimating the value of the remedy, there is another point that deserves consideration. Was the subcarbonate of iron the only agent employed? In five of the cases that I have taken from Hutchinson, the treatment was complicated; and the remedies employed with the salt of iron were by no means powerless agents, as we shall see. Two patients were rubbed with tartar-emetic ointment, until a crop of pustules arose on the surface; two others took the datuara stramonium with great regularity during a considerable period of their affliction; with the fifth, pills of calomel, antimony and opium, were given night and morning, in addition to belladonna and other narcotics; in a sixth case, it is not stated whether the iron was used alone or combined with other remedies. It is therefore very difficult to determine what effects were produced by the subcarbonate. In one case only could the cure be distinctly traced to its employment. In this instance all the other remedies which had been tried and found useless were suspended, and the amelioration commenced directly the steel was administered by itself. Mr. Hutchinson himself, in his postscript, candidly admits that he never trusted to his favourite preparation alone."

That the sesquicarbonate of iron will not always cure neuralgia the most ample testimony is afforded. I will venture to assert, that in every one of the chronic, reported-incurable cases now existing in this country, this favourite remedy has been repeatedly tried. Many of my patients have told me that they have swallowed very great quantities of 'rust-iron,' as they call it, sometimes with a little, often with no benefit. Sir H. Hallford mentions the case of a lady, who took, during the course of her illness, twenty-seven pounds of the carbonate, and yet died the victim of neuralgia.

Notwithstanding these drawbacks, I consider it a valuable remedy. When the patient is not plethoric, and has no tendency to determination of blood to the head, it should always be tried. It is most likely to be serviceable when the disease is associated with debility and anæmia. If the patient have a weak small pulse, with coldness and paleness of the surface, the happiest effects may be expected from its employment. In moderate doses it tends to improve the general health; in larger quantities it is a tonic to the nervous system, allaying, in a specific manner, that excitability on which the neuralgic paroxysm depends. If it disagrees with the stomach, or produces restlessness and fever, it should be discontinued, as itself a sufficient exciting cause of the malady.

Great care should be taken in the selection of the medicine, as there is a great difference in the quality of various samples. The best preparation is the precipitated sesquicarbonate, and it should be newly made, otherwise it may have passed into the comparatively inert oxide. That manufactured by Howard I believe to be the best.

It may be given in large and frequently-repeated doses. Mr. Hutchinson gave, it appears, about ninety grains in the twenty-four hours. Dr. Elliotson has since most satisfactorily shown that it may be taken with safety in much larger quantities. In fact, as much may be swallowed as can be borne on the stomach. It will rarely constipate when taken in twice its weight of treacle; and this is therefore the usual vehicle in which it is administered. A smart aperient should be given now and then, to obviate the ill effects that would arise from accumulation of so bulky a material. It should be persevered with for some time.

Other ferruginous compounds may be employed when the carbonate disagrees; the sulphate in full doses, for instance, or the muriated tincture. For persons of delicate stomach, the elegant preparation called citrate of iron may be prescribed. The magnetic oxide has been lately introduced. Where steel is decidedly indicated, I have found it advisable to change the form frequently, in order to ensure its full and permanent effect on the system.

Previous to the trial of this and other tonic remedies, great care should be taken that the cases are suitable—otherwise more harm than good will follow their administration. It is

assumed by most people, that neuralgia is a disease of debility, and that the nerves require strengthening, or bracing as it is called. It was the opinion of Sir Astley Cooper, that they were rather below par than otherwise in this complaint; and therefore required to be brought up to the healthy standard. Yet it cannot be denied that, occasionally, neuralgia is associated with a plethoric condition of the system, and a tendency to determination of blood to the head. Dr. Copland has cited one or two remarkable cases, where the disease seemed to depend upon such congestion, and was cured by general and local bloodletting. Hence it will always be advisable to take precautionary measures, and preface the iron by the application of a few leeches to the head if necessary, or the administration of a brisk purgative. As a general rule, it will be found that these tonic remedies are only serviceable when the tongue is clean, and the mucous membranes in a healthy condition.

*Bark, Quinine, and Arsenic.*—These are medicines that should be classed together, as they act in a similar manner upon the system. They are tonic and antiperiodic. Their power in ague and other intermittent diseases probably suggested their employment in neuralgia, which we know is characterized occasionally by some aguish phenomena. Their value in the treatment of the douloureux is in proportion to its periodicity. When the paroxysms recur at stated fixed intervals—say six o'clock every evening for instance, with an entire absence of pain at other times—they are especially serviceable. They should be tried also whenever the pains are transient, or fly about from one point to another.

With respect to the comparative qualities of these drugs something should be said. The quinine is an elegant preparation, and is well borne by the stomach. It should be given in large doses; two, three, or four grains three times a day. Ten grains administered just before the anticipated accession of a paroxysm, will sometimes cut it short altogether, as it does in ague. It has, I believe, more power over the douloureux in the liquid than in the solid form. In deference, however, to the opinion of Dr. Elliotson, the powder should be tried if the solution fail.

A combination of this drug with a salt of iron will often be found to act most beneficially. A physician of large practice in this metropolis is in the habit, I understand, of prescribing for his neuralgic patients very large quantities of these medicines—ten grains of quinine and five of the sulphate of iron every fourth hour. As such very heroic doses are rarely well borne, I have generally adopted some such formula as the following, in cases of neuralgia attended with debility and an anæmic condition of the system:—

*R Quininae disulphatis, gr. xxiij.*  
*Ferrisulphatis, gr. iij.*  
*Tinct. cinnam. co. ss.*  
*Infus. rosæ, ℥viij.*  
*Misce, fiat mistura.*

The citrate of iron and quinine is an admirable preparation, well adapted to young and delicate females. Sometimes, when quinine has failed altogether, a cure has been effected by the Peruvian bark itself. We know that all the virtues of the latter do not reside in its alkaloid. Some of the best qualities and the full effect of the cinchona are only to be obtained by having recourse to the original drug. It will be well, therefore, in certain cases, to try the powder or decoction. The liquor cinchonæ flavæ of Mr. Battley is a very efficient preparation. In the hands of Mr. Roberts it appears to have been very serviceable. It is useless, however, to persevere in the administration of this or any other form of cinchona beyond a week or ten days together, as the beneficial influence, if at all, is evinced in a very short time.

When the bark and its alkaloid are found to disagree, or fail to relieve the symptoms, a trial may be made of arsenic. Of course great care must be taken that the system be in a fit state for its exhibition.

Some gentlemen have great faith in the virtues of this mineral in neuralgia, as it was the sheet-anchor of Dr. Macculloch. It is said to be especially beneficial in cases arising from malaria, as well as where the disease is very chronic and irregular. A modern writer (Dr. Hunt), who advocates strongly its employment, thus describes its qualities and the cases in which it should be administered:—

"Arsenic operates most favourably on persons who are of lax fibre, accompanied by a languid state of the circulation, and whose secretions are rather profuse than otherwise; the urine pale and plentiful; and more especially on those whose skin is cold and moist. In persons of this description, while arsenic, to an extent far beyond any other medicine, relieves



the neuralgic pain, it improves the general health, and gives firmness and vigour to the constitution. Dr. Hunt recommends that it should be given in full doses, and continued until its effects are felt on the system. As soon as symptoms of poisoning appear it should be discontinued, but not before; as it is then only that its specific effect is manifested. A case that came under my own care a while back will serve to illustrate the mode of administration, and the effects of this powerful auxiliary.

#### Case of Neuralgia treated with Arsenic.

A. H., aged 35, a lumber in the East India Docks, living in the Isle of Dogs, complained, September 13, 1848, of violent pain in the right temple, shooting from thence up to the top of the head, down the neck and to the back of the ear. This had seized him suddenly upon returning home from work one afternoon about a fortnight before. Obligated to give up his employment; could not sleep at night; appetite gone altogether.

Upon inquiry, found that the pain was remittent. It never left him entirely, but came on with increased severity at times about four in the morning, and from six to seven in the evening. The paroxysms returned also at uncertain intervals during the night; the pain not increased by warmth or pressure; teeth sound; tongue clean, but rather white.

Concluded that the *tic douloureux* originated in malaria. so, after regulating the secretions, I prescribed—

September 14th. B Liq. potassæ arsenitis, ʒss.  
Tinct. zingib., ʒj. Misce.

Of this medicine the patient took ten drops, gradually increased to twenty, three times a day, after meals.

21st. The pains have considerably abated, but still are troublesome. Increased the dose to thirty drops.

28th: Patient reports himself perfectly free from pain in the head and face, but complains of a burning sensation at the pit of the stomach, with feverishness; urine scanty and high coloured. As these symptoms were considered to be indicative of the full action of the arsenic, that medicine was discontinued, and ordered to be resumed upon their subsidence.

October 5th: The pains in the head have returned with some severity; they vanished, however, as before, as soon as the system was affected by the mineral.

Two other attacks were similarly treated. By using great care not to push the action of the remedy too far, and by steady perseverance in its use, all symptoms of the disease yielded before the expiration of the month, and did not return.

This is perhaps a favourable instance of the remedial power of arsenic in neuralgia. The effect is by no means always so perfect or permanent. The disease generally returns after the symptoms of poisoning have passed off. An inspection of the recorded cases will show this. Very often it exercises no influence whatever on the neuralgic symptoms. A good illustration of this was furnished a short time since in the case of a baronet, a patient of Mr. E. Wilson, who was suffering severely from frontal *tic douloureux*, although fully under the influence of Fowler's solution for the cure of a skin affection. Arsenic, like quinine, will in some rare cases be found to answer better in the solid than in the liquid form. Care should, of course, be taken that it be properly divided. Dr. Macculloch employed it rubbed up with sugar. The following is a good formula for pills:—

B Arsenici albi, gr. j. Pulv. capsici, gr. v. Ext. gentianæ, gr. v. Misce ut fiant pil. xx.

Of these, one, afterwards two, should be taken three times a day after meals.

Zinc.—A French practitioner named Meglin, some time since published an account of several cases of neuralgia that he had cured by this mineral. I believe that the pills of Meglin still constitute a favourite remedy on the Continent. They are prepared as follows:—

B Ext. hyoscy. nig. Oxydi zinci sublimati an., gr. j. Fiat pil. Sometimes to this is added a grain of extract of valerian.

Meglin began with one pill night and morning, and doubled the dose each day, until there was a sensible amelioration of the symptoms or a derangement of the stomach. In this compound-interest way the Frenchman administered, they say without inconvenience, as many as from thirty-six to forty-eight of his pills in the twenty-four hours, and these large doses were continued for some considerable time. In

this country they find little favour, on account of the supposed inactive nature of one, at least of the ingredients. The oxide is generally superseded by the sulphate of zinc. It is rarely given alone however, but combined with belladonna in the following proportions:—

B Ziñci sulphatis, gr. iss.  
Ext. belladonnæ, gr. ss.  
Ext. anthemidis, gr. ij. Fiat pilula.

This is taken three times a day, and the doses carefully augmented, until either the stomach is affected by the mineral, or the head by the vegetable preparation. It is, I am given to understand, a favourite remedy with some medical men. For my own part, I must confess that I have never succeeded in curing a case of true neuralgia with it alone, although I have found it alleviate the symptoms of several.

The sulphate of zinc is tonic and antiperiodic in its action, and should thus be classed with the preparations of iron and bark. In addition, it is supposed to exert a peculiar sedative influence upon the nervous system, and is hence employed largely in the treatment of epilepsy and chorea. The stomach becomes very irritable, however, during its use; and it may therefore be questioned whether we act altogether wisely in rejecting the continental medicine, which, although mild in its operation, may be persisted in for a much longer period, and thus has a more permanent influence in allaying the nervous irritability.

Nux-Vomica and Strychnine.—These should be enumerated among the favourite remedies in neuralgia, and classed with the tonics, as they act by invigorating the system, and thus checking the tendency to periodicity. They are said to be especially serviceable when the disorder is of a remittent or intermittent character. Strychnia may be given internally, in doses of a twelfth or an eighth of a grain, two or three times a day, to persons of a leuco-phlegmatic temperament. The alcoholic extract of nux-vomica is, however, a much safer and more manageable preparation. It may be given in the form of pill two or three times a day, in doses of from a quarter of a grain to a grain.

Croton Oil.—Those who hold the opinion that neuralgia of the head and other parts of the body is dependent on disorders of the stomach and bowels, put their chief trust in the use of purgatives for its cure, and for this purpose croton oil is by them especially recommended. Undoubtedly, it has been at times most serviceable. Sir Charles Bell, its chief advocate, details several instances of its successful employment. Dr. Allnatt and other writers have added to the list. But it appears to me that the virtues of croton oil, and aperients in general, have been too much overrated. I have tried them repeatedly, and in the exact manner recommended by the above gentlemen, without benefit. Still I can well imagine cases obviously depending upon derangement of the *primæ viæ*, where their administration is plainly indicated. As previously suggested, it would be well to begin the treatment, in all instances, by a course of alterative aperients, as a suitable prelude to the exhibition of more potent remedies. They do good in various ways. They remove possible sources of irritation, restore the secretions to a healthy standard, improve the general health, and determine from the head and chest. The form of medicine employed by Sir C. Bell was the following:—

B Ol. tigllii crotonis, gutt. j.  
Mas. pil. colocynth. co., ʒj.  
Misce et fiant pilulæ xij.  
Mitte pil. galbani comp., xij.

One of the purgative and two of the gum pills to be taken on going to bed. By perseverance in their use, as often as the strength of the patient would admit, Sir Charles says he cured five patients in succession; but, singular enough, he was not so successful in subsequent trials. In some cases they appeared only to relieve a little; in others, to be quite useless. In this great surgeon's hands, therefore, this medicine was by no means a specific. Other practitioners give the croton oil in small divided doses, combined with stomachic aperients, as in the following formula:—

B Ol. crotonis, m. j.  
Pil. rhei co., ʒj. Fiant pilulæ xij.

This is, perhaps, as good a method of administration as any. One or two of the pills should be taken each night at bedtime. Sometimes I have combined the oil with syrup of ginger or orange-peel, so that a teaspoonful contained a dose.

These are the general, internal, or systemic, remedies recommended by Dr. Downing.



## MEDICAL TRIALS.

## BATH COUNTY COURT.

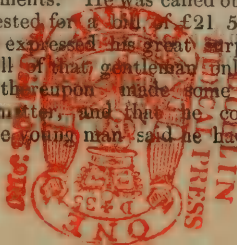
*Action for Malicious Arrest.*

Bourn v. Cox.

THIS was an action brought by Mrs. Bourn of Kingsmead-terrace, as the next friend of her son, Francis Bourn, a minor, who has recently emigrated to Australia, against W. A. Cox, Esq., surgeon of this city, for a malicious arrest. Females were ordered out of court.

Mr. Saunders opened the case to the jury, and proceeded to detail the facts of the case. The plaintiff was a young man, named Francis Bourn. His father died some years ago, and he had since, and till very recently, resided with his mother, on Kingsmead-terrace. The mother had an independency, and the son was an apprentice to Mr. Hooper, upholsterer and appraiser. He was aged nineteen, and on becoming of age, would be entitled to considerable property by his father's will. Mr. Cox, the defendant, was a surgeon, residing in this city, who, among his fellow-citizens, enjoyed a very high character. In July last, the young man, Mr. Bourn, was unfortunate enough to incur the venereal disease. Mr. Field was the ordinary medical attendant of the family; but the young man, probably from feelings of delicacy, instead of consulting him, went to Mr. Cox, and for the space of five weeks received that gentleman's assistance. Feeling, however, dissatisfied that he did not get better sooner, and meeting an assistant of Mr. Harries, surgeon, at Sydney Gardens, he told him of his case. The assistant advised him to apply to Mr. Harries, and the young man subsequently did so. The last time he went to Mr. Cox's house he did not see that gentleman, but he saw Mr. Lawrence, his assistant who gave him a bill for the assistance he had received, the amount of which was £2 3s. 6d. He did not pay the amount, but said he would have another bottle of medicine, which, at 2s. 6d., would make Mr. Cox's claim upon him £2 6s. Mr. Bourn went to Mr. Harries, who found that the disorder was of so light a kind as would almost cure itself, and he took the young man in hand and completely cured him, his charge for which was 6s. Mr. Bourn, like many others, was taken with the gold mania, and, with others, resolved to go to Australia. It was not his intention, however, to remain there long, because at twenty-one he would become entitled to his property, so that in about two years, in all probability, he would be back again. During Mr. Cox's attendance upon him, he frequently mentioned his intention of emigrating. The vessel, the *Winchester*, was lying at Bristol, and on Saturday, 7th of August, Mr. Bourn was at Bristol, superintending the arrangements for his voyage, the vessel being expected to sail on the following Tuesday. Mr. Cox heard of this, he got into a great fever about his trilling bill of £2 6s., and instead of going to Mrs. Bourn, the mother, who would have paid the amount twenty times over rather than her son should fall under reproach, or to his half brother, Mr. James Bourn, who was a respectable tradesman, and who would have paid the bill twenty, aye, fifty times over rather than his brother should be so treated,—Mr. Cox, however, instead of applying to the young man's friends, immediately resorted to the power given by the Absconding Debtors' Act, to arrest a person whose debt was above £20. In order to avail himself of this power, Mr. Cox, by some process which he (Mr. Saunders) could not understand, screwed up his conscience, and made his bill of £2 6s. into one of £21 5s. Upon his making an affidavit that his bill amounted to the sum, his Honour granted him a warrant, and thereupon Mr. Cox, his solicitor's clerk, and an officer of the court, at once proceeded to Bristol, and found Mr. Bourn on board the vessel superintending his arrangements. He was called out of the ship, and told he was arrested for a bill of £21 5s., which he owed Mr. Cox. He expressed his great surprise at this, and said that the bill of that gentleman only amounted to £2 6s. Mr. Cox thereupon made some remarks about that being no matter, and that he could charge what he chose. The young man said he had no means of paying,

and the officer asked him if he could find bail. He said he had an uncle residing there; but Mr. Cox, it appeared, refused to accept bail, the consequence of which would have been that if the young man had not settled the claim, he would have been detained, his passage be forfeited, and the company of his friends with whom he was going lost to him. The poor young fellow, then, having £15 in his possession, gave the whole to Mr. Cox, and he having an eye to the money, said he would take less than his claim, and he (the defendant) accordingly took the sum of £15 in full discharge of his bill and costs. He (Mr. Saunders) had no hesitation in describing this as a gross perversion of the power of the court. Mr. Bourn was obliged to come back to Bath and tell his mother what had occurred. Up to the time she had never heard of her son being so afflicted, and this was a point he should refer to by-and-by. She was naturally very indignant with the treatment her son had received, and in company with him and a friend named Mr. Wiggins, she had an interview with Mr. Cox. The conversation he would not detail now, as that would be given in evidence, but Mr. Cox on that occasion seemed to have considered that he had a right to charge what he chose. Now if he ran away with that idea it was a very fallacious one. Any man might charge what he liked—a grocer might charge £100 for a pound of tea, but he couldn't recover it. The law required that the charge should be a reasonable one. In this instance, however, the case did not depend upon the question whether the charge was fair or unfair, reasonable or unreasonable; but the complaint was that for vicious purposes Mr. Cox had trumped up a charge in order to be able to arrest the young man. They said that he had trumped up what he knew he had no right to, and had raised up his charges for the vicious purpose of obtaining a warrant against Mr. Bourn. If the warrant was obtained by these means, Mr. Cox was liable to compensation by damages to the person injured. The plaintiff, having a great interest at stake, it did not suit his purpose to remain in this country, and he therefore left on Thursday, the 11th of August, and they were consequently deprived of his evidence; but he (Mr. S.) believed that, after hearing the testimony of the witnesses, the jury would have no doubt left upon their mind as to what ought to be their verdict. Mr. Cox had not given any bill except the one given by Mr. Lawrence, and which he subsequently repudiated; but if this bill was not a genuine one, it followed that all his subsequent proceedings against the young man were taken without any application for payment being made to him. When his friends, however, subsequently, with a view to these proceedings, made an application to him for the particulars of the charges, he had sent a bill which more than anything else showed Mr. Cox's folly and irregularity for a more monstrous concoction he had never heard of. To say that such a disease existed, and without the mother discovering any symptom, was absurd, and proved that the bill was a trumped up one. He should call upon Mr. Harries who attended the young man after Mr. Cox, and he would tell them that the disease was in the mildest form, and he would gladly undertake a hundred such cases at 10s. each. What, then, could be their conclusion but that this was a trumped up charge. If the difference in the two bills had been small, say from £18 to £21, nothing would have been thought of it, but an increase from £2 to £21, showed that such a course could only have been taken to enable Mr. Cox to obtain a warrant. If he proved that Mr. Cox had grossly misconducted himself, then he must be content to suffer the consequences. The Absconding Debtors' Act was passed for a good purpose, but it was a powerful engine in the hands of those who used it improperly. It had been used, he believed, improperly in this instance, and if he proved this, it was a case which would bring down upon Mr. Cox a vast amount of censure. In this court the highest damages they could award was the sum of £50, and that amount he thought they would consider a very low estimate of the injury sustained by the plaintiff. This was a very aggravated case, and, as he had said before, he much regretted that it should ever have occurred. If





their verdict was against Mr. Cox, it would, no doubt, bring the odium of his fellow-citizens upon him ; but they had a public duty to perform, and if Mr. Cox chose to act as he had, he must bear the consequences.

Mr. Saunders then put the affidavit made by Mr. Cox in order to obtain the warrant of arrest, in which he swore that the debt due to him from Francis Bourn amounted to £21 5s.

George Wilcox, one of the officers of the court, arrested Francis Bourn on board the *Winchester* ; he told him he was arrested for a bill of £21 5s. ; Bourn said in surprise, £21 5s., why your bill is only £2 6s. ; Mr. Cox said how do you know it is only £2 6s. ? he replied, I had the bill. We then went out, and going along I asked Bourn if he had any money ; he said he had he thought about £12 ; Mr. Cox and he began talking ; Mr. Cox still persisted that his bill was £21 5s. ; Bourn said how can that be ? Mr. Cox said never mind, I can charge you what I like ; he said he did not want to hurt Bourn, or prevent his going abroad ; Bourn then said he had £15 ; Mr. Cox said he would take that ; I asked him if he would give a discharge in full for that ; he said he would, and did so.

Mrs. Betty Bourn, mother of the young man, deposed that she always assisted in making Francis Bourn's bed whilst he lived with her, but she never saw any symptoms of her son been afflicted with disease ; after her son came from Bristol, she went with him and Mr. Wiggins to Mr. Cox's house ; I asked Mr. Cox why he had arrested my son ? he said he would give no explanation ; I replied that as a mother, and as my son was a minor, I should ask for a bill ; he said I shall give no bill ; but as the affair is settled I shall say no more about it ; then I said, Mr. Cox how could you suppose that a young man not of age could have £20 to pay in so short a time ? Mr. Wiggins before that asked Mr. Cox how long he had been attending my son, and he said about two months ; to which my son replied, "No, not above five weeks ;" Mr. Cox said if he had been paid at the time the thing would have been waived ; I then said you mean that if paid at the time it would not have been £20 ; he said if it had been paid at the time it would have been a very different thing ; I said I suppose you have been obliged to make it more than £20 in order to take out the warrant ; he replied yes ; then I said, Mr. Cox you have taken a false oath : you know you have ; if ever a false oath was taken in a court of justice, you have taken it against my son ; he made no reply ; I then said, the name of man ought to be taken from your shoulders. Mr. Cox then seemed irritated ; I said how could you make £2 6s. into £21 5s. ? he said it is for medical advice, and I can charge what I like ; I replied, then I wonder you did not make it £100 ; he replied, and so I could if I chose ; I then said if you have given medical advice I will have legal advice. My son asked for the assistant, and said he had given him a bill for £2 6s. ; Mr. Cox said it was done without his knowledge ; since the bill has been given by Mr. Cox, my son James, with my consent, has had it printed and circulated.

Mr. George Wiggins deposed that he was related to Mrs. Bourn, and that he accompanied her and her son to Mr. Cox's ; he said to Mr. Cox he understood he had tendered a bill for £23s. 6d., and arrested him for £21 5s. ; Mr. Cox said the bill was tendered without his knowledge ; I remarked upon the amount, and asked Mr. Cox how long he had been attending the young man ; he replied about two months ; I said I could not make it more than six weeks ; Mr. Bourn said no not five ; Mrs. Bourn asked him if he had any right to make such a charge, and he replied that he had for medical attendance ; then you might have made it £100 ; Mr. Cox made an observation that Bourn had often evaded seeing him, and that he asked him who his medical attendant was ; and that he said Mr. Field, when he told him he had better see Mr. Field ; Mrs. Bourn asked for a bill of particulars, but Mr. Cox said he had got his money and he should not give any.

Cross-examined : Mr. Cox did not say why he advised Bourn to apply to Mr. Field ; he did not say that he told him.

George Lawrence, assistant to Mr. Cox : Recollects Mr. Bourn, jun., coming for advice on one occasion, 24th July ; had not made out a little bill to Mr. Bourn, nor any bill to my knowledge ; nothing was said to me about a charge of £2 3s. 6d.

Mr. Slack, in cross-examining, was objected to by Mr. Saunders in point of form ; witness was aware in reference to disease to which the plaintiff was subject, that a new medicated bougie had been introduced ; the application of the instrument was of such consequence as to require Mr. Cox's direction ; he has frequently charged a guinea for such an operation ; recollected a case in which Mr. Bourn attended two or three times a-day ; had known Mr. Bourn sometimes in consultation with Mr. Cox half an hour ; had known him to be there before ten o'clock, and to have kept him afterwards while his carriage has been waiting to take him to his daily visits. Mr. Bourn appeared to be very ill ; in cases such as his, the operation required was anything but pleasant.

George Topp examined, assistant to Mr. Harries, surgeon : Has known Mr. Bourn from a child ; met him in July and found him labouring under disease ; he called on Mr. Harries, and told him he had been under Mr. Cox ; am used to such cases, and am of opinion that his case was common gonorrhœa ; Mr. Harries examined him in my presence. [The witness described the stage of the disease under which Mr. Bourn was suffering, which was not such as to require the extreme treatment, nor any difficulty in the application of the instrument used ; the instrument might have been frequently used, but if so it was likely to be injurious.] Mr. Harries supplied him with medicine, for which he charged him 6s., and he became quite cured ; had a patient been under a surgeon six weeks for the disease, no such sum as £21 could have been incurred as a fair charge ; I think the bill is not a fair one, but a manufactured one.

Cross-examined : I am a surgeon's assistant, but have not passed a medical examination at Apothecaries' Hall, or the College of Surgeons ; thirty passes of this instrument in five days would have been bad practice ; have some respect for the late Sir Astley Cooper. [Mr. Slack read an extract from that surgeon's work, in which he recommended its use twice a day, asking the witness if he did not agree with him.] The witness said, I differ from Sir Astley Cooper on that point ; the cross-examination in detail extended to much technical explanation, which was checked by his Honour as exceeding the due latitude of the rules of evidence.

Re-examined : Was twenty years resident apothecary at the Bath United Hospital, since which I have been with Mr. Harries five years ; the different symptoms described in the bill could not have co-existed in the same patient, but one must have preceded the other ; saw Mr. Bourn dance at the Odd Fellows ball as others did.

Mr. Alexander Harries, surgeon, deposed that, on the 25th July, Mr. Bourn was examined by him, and was suffering from simple gonorrhœa, describing the symptoms and appearances as of a very light character ; had never during his practice observed the two diseases described co-existing in the same patient ; gave him three bottles of medicine, and he was soon well ; would be very happy to undertake the cure of a 100 people in a similar way for 10s. ; the bill produced is such a one as he never saw in such a case before ; the treatment said in the bill to be adopted was totally different from his.

By the Judge : Poulting and fomenting did not belong to surgical attendance ; the case professed to have been created in the bill would not in his judgment be cured in the time stated ; the external appearances of the patient when I saw him were not consistent with the description given in the bill.

Cross-examined : Such a case was very remarkable if a real one ; such a patient would receive attention on board a ship from the ship surgeon, as at home ; had never seen the two diseases exist, and the best writers agree in the opinion that they do not ; Sir Astley Cooper was out of fashion now ; Sir Astley Cooper would have said aye to



this question, but Mr. Hunter and the surgeons of the present day would say nay.

Mr. Skeate, surgeon, heard that Mr. Cox had arrested Mr. Bourn, and that his friends were annoyed and were about to take legal proceedings; might have said to him that the bill was an overcharge; but do not recollect the particulars of the conversation; Mr. Cox said the bill was a genuine one, and he should charge full fees; the public had been talking about the overcharges; I told him he had better go and make it up with them.

By the Judge: He told me he should charge half a guinea, and a guinea, where it was not usual.

By Mr. Saunders: I told Mr. Cox that I would rather give a £100 than not settle it.

By the Judge: The treatment described in the bill produced is inconsistent with the case, and would increase the disease.

Mr. Field, surgeon, examined: The bill is a very exorbitant bill, and one which I could not have made conscientiously for the same case; had everything been done which is set down, the charges would have been excessive.

By the Judge: Never saw a case with the same symptoms coexisting; it is possible the two diseases may be contemporaneous, but in all my experience I never witnessed it; some use of the instrument twice a day was highly improper.

Cross-examined: Supposing the bill to be a correct bill, had I been in such a case, I should see no objection to an explanatory appendix like that in the bill produced.

Mr. Bartrum was called, and on examining the bill said, it was the most unsatisfactory one on such a case he ever saw, and that the treatment for the disease described was improper.

By the Judge: The particulars which the bill described of medicine and treatment to me appear to be, with respect to the latter, very extraordinary, and some of the former would be considered *infra dig.*, and only belongs to nurses; in other points of the case, Mr. Bartrum agreed with the other medical witnesses.

Mr. Bagshawe, surgeon, examined, spoke of the bill and the treatment to the same effect as Mr. Bartrum.

Mr. Slack said that if Mr. Saunders chose to call Mr. Cox as a witness, he was ready to tender his books for that purpose.

His Honour said, he should throw the onus of rejecting such evidence upon Mr. Cox himself.

This closed the case for the plaintiff.

Mr. Slack offered some legal objections which he supported by several cases; but after a lengthened discussion, they were overruled. Mr. Slack then addressed the jury. This was an action for malicious arrest; but he entertained a very strong view of the case, and he said without hesitation that the tables ought to be turned, and instead of an action being brought against Mr. Cox for malicious arrest, it ought to have been brought against those who were maliciously persecuting him. Never in the course of his (Mr. Slack's) professional career had he known a professional man so unfairly dealt with and so ungenerously treated. What were the facts? Here they had Mr. Bourn afflicted with a most serious and odious disease, they had him resorting to Mr. Cox, and that gentleman devoted to him the most assiduous attention, seeing him twice a day for some weeks, and doing everything which his professional skill suggested to rid his patient of the disease from which he was suffering. It was not open, therefore, he thought, to the learned counsel to take parts out of the bill of particulars given, and throw dirt on the rest; the bill ought to be taken as a whole, and then it would show the great diligence Mr. Cox had shown in allaying the sufferings of Mr. Bourn. It had been said that the bill was trumped up; but he had asked all the witnesses against Mr. Cox what was that gentleman's character, and they had all concurred in saying he was an honest man. Now an honest man could not put down charges for attendance which he did not give, and therefore the bill could not be trumped up. The question then arose as to the necessity for so much attention. The fact was, that Mr. Bourn's was an

extraordinary complication of diseases when he was attended by Mr. Cox. Mr. Harries said, it was slight gonorrhoea when he saw him; and that he only gave him three bottles of medicine, but he did not venture to say that the young man was cured by these three bottles. The fact was, that the man was cured before he went to Mr. Harries of the disease, and there were some slight remains left for which Mr. Harries' medicine was sufficient. It was patent that the cure was effected by Mr. Cox. It was said by the medical witnesses that the two formidable diseases described had not existed in one individual at the same time within their experience; but they did not venture to say that such a state was impossible. He maintained that this case upset that doctrine, and that such doctrine must now be exploded. Mr. Slack then referred to the state of the law which does not give the power of arrest, unless the debt amounts to £20, but the spirit of the law was no doubt to prevent absconding debtors from cheating their creditors, and he did not think there was a person who could believe that it was Mr. Bourn's intention to pay Mr. Cox before he left England. One little circumstance was remarkable. His mother had received from him a list of debts, but Mr. Cox's name did not appear in it. It was clear that after all the attention bestowed upon him, this was a debt he intended to evade. But supposing he did intend to pay, was that a fact of which Mr. Cox could be cognizant? They judged men by their actions, and all the acts of this young fellow went to show that he had no intention of paying. On the day before he was expected to sail, Mr. Cox called at his house, and hears from the servant that he is gone to Bristol, and that his mother was gone to see him off. His conviction was immediately that it was intended to deceive and cheat him, and he therefore adopted the only course left open to him of seeking a warrant for his apprehension. His bill, he maintained, was a fair one, and when the young man expressed his surprise at the amount, Mr. Cox told him he could satisfy him that his claim was a just one. If Mr. Bourn did not think so, his remedy was open—he could have had the matter settled in court. He was not bound to compromise, but when the offer was made he at once saw that his interest lay in that direction, and he paid £15. He (Mr. Slack) on the part of Mr. Cox said that his charges were perfectly fair and honourable, and that the amount could not be judged of by parties who had not seen the case, because they were ignorant of the amount of skill and attention it required. After pointing out some extraordinary features in the present case, Mr. Slack said the responsibility of a medical man ought also to be borne in mind in judging of his claim. It was said that some of the charges were for nurse's work. The fact was, that Mr. Cox under the circumstances (the young man being particularly anxious for secrecy) had done that for him which he did not usually do in such cases. Was it to be held, then, that because a gentleman descended to such drudgery, he was not to be paid for it? Every one must see that his claims were the greater on that account. Mr. Slack then contended that these proceedings were very ungracious, and that Mr. Cox, after succeeding in detaining Bourn, had shown that he had no malicious feeling towards him, or he would not have consented to take £15 in discharge of his claim. But having been obliged to pay the £15, the plaintiff now turned round and said Mr. Cox should pay £50 for endeavouring to obtain his own. Would the jury encourage such a proceeding? What had been the damage sustained by Mr. Francis Bourn? He was not detained; but had gone on his voyage. Mr. Cox, however, having succeeded in obtaining the £15, Mr. Bourn's friends were traducing him in every way. Why when the bill of particulars was sent in, and be it remembered Mr. Cox was not obliged to send it, the next step was that Mr. Bourn got the bill printed and distributed all over Bath, with the view of prejudicing his client. This showed that it had been attempted to run Mr. Cox down, and ruin him. The learned counsel asked him if he was ashamed of the bill? He was not. The bill arose in this way. Being asked for the particulars, Mr. Cox had departed from his usual custom, and that of



the profession, and gave minute particulars of all he had done to the patient. It was dragged out of him, and he expressed his repugnance by the following note which he appended to it: "The above is an explanatory bill of the charges in my ledger. I make it out thus that the parties may have some idea of the nature of the case, and of the services rendered. Each attendance occupied a very considerable time. I regret in self-defence to set out my charges so minutely." He said it was creditable to Mr. Cox that he had given these particulars, and that if he had not done so he would be blamed. Mr. Slack then referred to the fact that Mr. Cox had discovered a new mode of treating this disease, and said he deserved consideration in consequence, and that plaintiff had derived the advantage of that discovery. He then repudiated the idea that Mr. Cox entertained malice against the plaintiff, and dwelt upon the important fact that the other side had totally failed to prove that any bill for £2 6s., as alleged, had ever been sent in by Mr. Cox or his assistant. In fact it was positively denied. He maintained that Mr. Cox had been much maligned upon this point, and that he was an injured man. He had looked through the bill and found that £5 10s. out of it was for medicine, and the rest for attendance. Mr. Cox, however, only got £15, and out of that he had to pay £6. 6s. for expenses. Deducting this and the medicine, it left the trumpery sum of £2 for each attendance. He put it to any reasonable man if that was too much? The learned gentleman then adverted to the refusal of Mr. Saunders to call Mr. Cox as a witness, and stated that although it would lay him open to a reply from the learned counsel, he should himself put Mr. Cox into the witness-box and produce his books to the court. He then concluded by contending that there was no case for damages, and by appealing to the jury to preserve the reputation of his client, which by these proceedings was so assailed.

Mr. Cox was then examined. He said the patient entreated him to use every means to cure him quickly, as he was going abroad; he also told him that he had been under a chemist for two months, and witness found his system saturated with copaiba; the state of the young man (according to witness's description) was exceedingly bad, and required extraordinary attention and treatment; the treatment was successful, and the patient was cured of the diseases for which he consulted him; on the Friday previous to the Saturday the warrant was issued, he went to the patient's house and inquired if Mr. Bourn was at home; the servant replied that he was gone to Bristol to depart for Australia, by a ship that was to sail at twelve o'clock on the following day; he then asked if Mrs. Bourn was at home, and the servant stated that she was gone with him; he asked if she was going to remain there to see him off, and the servant said she did not know; he believed then that Bourn intended to cheat him, and went home and made out the bill immediately from his ledger. The ledger and day-book were here produced. He then made an affidavit of the amount of the bill and procured a warrant for his arrest; he sent the officer to the vessel to call Mr. Bourn out, because he was desirous of respecting his feelings and the feelings of his mother if she was there; witness took the bill in his hand, and told Bourn the amount, and said he had not taken these proceedings without looking to the end, and with a view to its being settled in a court of justice; he pleaded poverty, and named his brother as security for the amount, but not as bail; he knew very well that it did not require his (witness's) sanction to his finding bail; witness refused to accept the brother as security; they then went into a private room, and witness told him, "Now you have tried to cheat me, but have not succeeded; I have no wish however to hurt you, and if you pay me £15 I will give you a discharge in full;" he then paid him £15, and he gave him a receipt; witness afterwards offered him a seat in his conveyance to go to Bath, which he accepted; on their way Bourn began talking about his having no intention to cheat witness, when witness asked him "how it was that he and

[another patient who has gone off in the same vessel without paying him], came to be sitting down and talking over the matter; were you not laughing to think how nicely you had done the doctor?" To this question Mr. Bourn made no denial; the witness then described the interview between himself, Mrs. Bourn, Mr. Bourn, and Mr. Wiggins. He denied that he had said he purposely made his bill above £20, and said when he stated the disease, Mrs. Bourn said she thought so from stains on him; he never met with such a complexity of bad disorders in one person as in this.

Cross-examined: I should call the cure of this extraordinary case a good one. I think any properly educated man with proper attention might have effected the cure; it never occurred to him to apply to Mr. James Bourn for the money; he was the last man in the world he should have thought of applying to.

His Honour, after examining the books produced by Mr. Cox, drew attention to the fact, that the charges for attendance daily were interlined on each occasion between the charges for medicine, which he considered a very suspicious circumstance.

Mr. W. Bush, surgeon, deposed, that he attended between 2,000 and 3,000 patients yearly; he was senior surgeon to the Eastern Dispensary, senior surgeon to the Bath Eye and Ear Infirmary, and had a large medical district under the board of guardians; he had practised in Bath for thirteen years; he believed syphilis and gonorrhoea might exist at the same time in one individual; he also considered Mr. Cox justified under the extraordinary circumstances in which he was placed in the treatment he had adopted; he had not come into court as a witness, but gave evidence from a sense of justice between both parties.

By the Judge: He thought Mr. Cox was justified in making the charges he had if he thought proper to do so; the sum was higher than in usual cases, and he should have thought it exorbitant had he not heard Mr. Cox's evidence of the time and attention required.

Mr. John Barrett, surgeon, deposed that in early life he had had great experience at the Lock Hospital, London, which was particularly devoted to venereal cases; he was induced to give evidence by hearing the evidence of Mr. Cox; he was of opinion that the two diseases described by Mr. Cox as existing in this case might exist together; he came into court deeply interested in the case, and with a strong prejudice in consequence of what he had heard out of doors against Mr. Cox; since hearing Mr. Cox's evidence his opinion of the case had been quite changed.

Both these gentlemen were cross-examined, but nothing of interest was elicited.

Mr. Saunders then addressed the jury in reply. His Honour summed up very impartially, and the jury, after a consultation of ten minutes, returned a verdict for the plaintiff. Damages, £15.

**IODIZED CIGARS.**—It has been suggested by Kletzinsky that the iodized cigars introduced by Chartronne and Bertson might be advantageously used more generally in medicine. He finds, 1st, that a sufficient quantity of iodine may be found in a cigar which, after being iodized, has been lying exposed for four days in a warm room (we may observe that the process of iodizing consists in lightly washing a cigar with an alcoholic solution of iodine, or in exposing it for a few minutes, in a closed box or vessel, to the simultaneous action of iodine vapour and steam); 2nd, the greater part of the iodine which has been taken up is found in the ash as iodide of potassium, calcium, and magnesium; 3rd, the smoke, after being passed through cotton wool to retain any particles of ash, and then conducted through a neutral solution of starch, did not give rise to the slightest blue colouration, even after the neutralization of the carbonate of ammonia contained in the smoke, with acetic acid. On the addition, however, of chlorine water or nitric acid, a blue tint was evolved, showing that there was a little iodide of ammonium, although no free iodine, in the smoke; 4th, after a few puffs, the saliva and buccal mucus gave distinct, although slight, traces of combined iodine; 5th, after smoking an iodized cigar, iodine could generally be detected in half an hour, and often earlier, in the urine. —Kletzinsky in *Wein. Med. Wochen. and Prov. Jour.*



# MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 20, 1852.

## PAYMENT IN PRIVATE PRACTICE.

WE this day devote more space than we can well spare for such a purpose, to a report of a trial between Surgeon and Patient which has attracted a good deal of attention in England amongst "medical men." We have no personal knowledge whatever of the parties, and only direct attention to the matter in order to make our readers acquainted with the method of "doing business" in England. At the present moment much difference of opinion prevails in Ireland as to the course to be pursued in future with respect to persons unable to pay the guinea *honorarium*; and it is well to exhibit the working of the plan adopted elsewhere in such cases. Not that we feel inclined to recommend it, especially as thus carried into practice; but that we would warn our brethren against the dangers to be apprehended from any fictitious substitution of one charge for another. It is evident that when the General Practitioner supplies medicine and charges for it, he must have adequate remuneration for this part of his service; but he is inevitably tempted to increase his profits in this way by an excessive administration of remedies, until in the sequel this becomes the only means by which he can obtain payment for his labours. He finds, as he proceeds, that many object to charges for attendance as well as for medicines, and these he is compelled to wheedle into a quiet acquiescence in the law which inculcates that the labourer is worthy of his hire; but in doing so he embarks in a trade which requires the practice of arts which conscientious men would gladly avoid. In the case before us this is well exemplified; for although the Surgeon-Apothecary in question claimed adequate remuneration in the shape of fees, he demanded additional payment under pretence of medicinal remedies, which, from the "bill of particulars" before us, were obviously unnecessary. How far he is blameable for this, or how far exonerated by the plea of custom and usage, we cannot well tell; but of this we are quite sure, he has had his character placed in jeopardy by the proceeding. As to the individual delinquency, if any, we do not care to express an opinion; all we want is to elicit an explanation which will inform us as to the prevalence of this practice in England. We wish to know whether the Surgeon-Apothecaries or General Practitioners in this part of the world are in the habit of supplying excessive quantities of medicine to their patients, in order to obtain remuneration for their services, which they could not obtain by direct means? If such a habit, usage, or custom prevails, we cannot but consider it a dangerous one for application in Ireland; and therefore do we dwell upon the subject, in order to bring our brethren embarking in a new career to consider well whether the safest course may not be a reliance on fees, however small. We are fully aware that there are practitioners, both in England and Ireland, who derive a livelihood from small fees in the shape of payment for pills, powders, and bottles; who must cajole the customer by giving him something tangible for his money: but this, after all, entails a vast amount of trouble and expense, as well as a very serious diminution of a man's self-respect. In the common routine practice of the Apothecary "over the counter," the method does not seem so open to objection; it is when, as in the case

before us, a man in extensive and lucrative practice adopts it, that the risk of reproach is incurred. Be the consequences, however, what they may in England, here in Ireland, or in the metropolis at least, they are of the most deplorable nature. If an English General Practitioner drugs his patient to swell his bill, we can leave the gentleman to settle the matter as his conscience suggests; but when the Apothecary employs a Physician or Surgeon to effect this object for him, it is then high time for us to complain. That this sometimes happens, we believe is notorious; but we venture to hope that the practice is rather decreasing than otherwise, and that it is more adopted by particular individuals than by the profession at large. That some men, without disguise, habitually write prescriptions to benefit the Apothecaries, and thereby to secure their "good word," is well known; but as patients have learned that such tactics are practised, the plan does not always succeed, and the "drugging doctor" loses as much as he gains by his speculation. It is also well known that particular Practitioners are "called in" by certain Apothecaries, who have ascertained their powers of adaptation; but as this leads to a system somewhat analogous to exclusive dealing, it is not found in the sequel so safe a course to pursue. Of the case in which the Surgeon, or whatever else he may be, becomes the confederate of an Apothecary of the same stamp as himself, "hunting in couples," we need not say much: such cases are exceptional ones, although they do really occur. But we cannot help expressing our abhorrence of the one man who writes prescriptions for the sole purpose of rewarding as an agent, and of the other who acts as his touter in return. Such persons are co-partners or confederates, and their proceedings are in fact little less than downright swindling. Notwithstanding all this, it is cause of congratulation that cases like this now before us have seldom met the public eye in Ireland. It is also cause of congratulation that in the case before us, the reproach, whatever it may be, rests on the shoulders of the principal party. There was no consultation, no "calling in," to "cover him"; all was done boldly on his own responsibility. We have a communication before us on this subject, but so much of our space is occupied by it already, that we must postpone its insertion.

## FISHING LETTERS OF INSURANCE COMPANIES.

IF we had not become familiar with the practice, should we not view with amazement the cool impudence of a trading firm, which, without the slightest claim to any such service, demands a certificate from a Surgeon without any intention to pay for it. Yet such is the state of the case with regard to Insurance Companies, which have the audacity to persevere in this most unjustifiable proceeding. It is abundantly evident that these "gents" avail themselves of a hitch in the Surgeons' affairs to extort this gratuitous service. They knew that he will be unwilling to disoblige a patient by refusing such a certificate, or by charging him for it after he has paid for attendance on him, and meanly go behind him to execute this manoeuvre. Now, when we find a body of traders playing such a trick as this, the conclusion appears to us inevitable that they are prepared to play similar tricks in other directions; and our firm belief is, that they do play them, having first effectually muzzled the press by advertisement bribery. Dr. O'Rourke is entitled to the thanks of our profession for his resistance to the imposition, as explained under the head of correspondence.



## CORRESPONDENCE.

## THE MEDICAL CHARITIES ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I perceive the attention of "One of the late County Secretaries" has been directed to my communication of the 6th instant in the Press, with respect to holding two dispensaries by one medical officer, and that in doing so "existing rights" were only preserved.

Now, may I beg to ask him, are there no rights of the poor to be preserved—are they to be thrown overboard as a class not to be looked after? How was it that the Poor-law Commissioners so often refused, in the first instance, their sanction in holding two dispensary districts? What new light came over them to sanction it afterwards? Surely it was not the large extent of districts, the number of townlands that were added, actuated them. It is in proof that officers who were sanctioned to hold two dispensaries were peremptorily called on by the Commissioners to give up one of them. Can it be contended for that two extensive districts, the waiting on two boards of guardians, the attending four days in each week, and the keeping of two sets of the most intricate and elaborate set of books, independent of being exposed to travel to the extreme ends of the districts, some forty miles back and forward daily, could be efficiently done by any one officer without neglecting his duty to some.

I would say remunerate the medical officer, but do not impose on him duties he cannot efficiently perform, by pluralities of dispensaries. Let there be one uniform mode of acting; let one principle guide all transactions in the different appointments by the Poor-law Commissioners. I feel an anxiety for the welfare of the profession as well as the "Secretary," but I will not allow the violation of principle by men without remonstrating.

With regard to the desire of your other correspondent, A Subscriber, wishing for the "names and localities." If he be an independent member of parliament that would bring the proceedings I alluded to in my communication before the House of Commons, I could have no objection to put myself in communication with him; or if he be a person in authority who could explain the inconsistency of the Poor-law Commissioners, I shall feel much pleasure in giving every information in my power, both as to "names and localities;" but otherwise, I would say, "cui bono," as I cannot see how we could investigate the matter and come to the facts of the case, except he is in some way connected with the Poor-law Commissioners. Your "Subscriber" is mistaken that I am dissatisfied with all parties concerned. The parties I find fault with are the Commissioners, who could in the first instance prevent much ill-feeling by appointing the medical officer at once, if they had sufficient grounds to do so; if not, why did they do it afterwards. A CONSTANT READER.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Having seen in your number of the Press of the 6th inst., a letter signed "A Constant Reader," on the subject of pluralities of dispensary districts being held by one physician, I beg leave to observe, that in my opinion it is not a question for the consideration of the profession in general, but clearly and distinctly concerns the individual himself and the ratepayers of the district; they are and should be the best judges as to whether the duties could be properly performed; consequently, I submit that if the same medical man be elected by the committees of the two districts, and his election be confirmed by the authorities, the profession should no more interfere with him than they do with the fortunate man who holds a county infirmary, jail, fever hospital, &c., and receives a distinct salary for each.

If a district be very large, and the remuneration very small, then the profession should exert itself to procure justice for the hardworked and illpaid members; but it is fallacious to confound the two questions.

Now, sir, I happen to know the particulars of the very case which the "Constant Reader" had in view when he penned his rather intelligible communication. The successful man held for years two dispensaries, with districts almost as large as the new ones, and nearly coincident, and he fulfilled the duties to the satisfaction of every one—rich and poor; and knowing that not one-half the number of persons are qualified to receive medical aid under the new system, as under the old, still I may safely conclude, though his duties be more extensive, that he is quite equal to the work—he lives in the centre of them—he is young and active, and confines himself solely to professional avocations. On the other hand, the non-elected (I would not call him for the world the disappointed) candidate lives in a town away from the district, say, fully fourteen miles from parts of it. He, no doubt, is fully qualified for a dispensary, keeps a medical establishment, retails drugs, and I know not what else; and surely your readers will appreciate the wisdom of the Commissioners in preferring the man they did, who only professes to be physician and surgeon. I cannot say how far they were influenced in their decision by the fact, that the non-elected came forward in the teeth of a pledge, that he would not oppose the other candidate. I think that under those circumstances it would have evinced more prudence to allow the matter to rest in peace; but when the virus of disappointment gets into the judgment, it naturally impairs its functions.

I have, sir, a love and esteem for our profession. Its position, however, will depend in a great measure on the position of its members with regard to honour and respectability, and I believe that to perform the duties of even a dispensary district faithfully, sedulously, and satisfactorily, will conduce more to the exaltation of our profession than the breaking of a pledge, even were the doing so to secure his election. I am your obedient servant, MEDICUS.

October 16, 1852.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In all the late numbers of the Press, I read various letters about the Medical Charities Bill. How it is working, some saying, well, others ill; but if all the committees are like mine, I do not hesitate to say it is the best act that could be passed, both for the poor and for the profession. It is a little laborious, no doubt; but when one's hands are not tied up, by being not allowed a proper supply of necessities, it is a pleasure to be worked, and to do good. The bill has only one fault, the salaries are too small. I would think for the work done £100 a year should be the minimum, but as the country is too poor at present to increase them, I would suggest that a meeting should take place, composed of the heads and professors of the College of Physicians and College of Surgeons, when the matter might be brought under consideration, and a draft of a bill to parliament drawn up, demanding one-half of our salaries to be paid out of the consolidated fund, and the other half as it is at present; and that every medical man connected with a charity should sign a petition to that effect; also they should make it a point to have a certain sum per cent. stopped out of all salaries to make up a fund which would enable a medical man (incapacitated from bad health) to receive a compensation, if only a short time in harness, and a pension after twenty years service, should he then be unable to perform his duties. Such a fund is in the constabulary and revenue police. It would be no tax on the country, as it would be from our own incomes the fund would be derived. I have no doubt if the



matter was brought properly before parliament, and that we all united, instead of growling over things we cannot help, we might succeed.

"Unity is strength," and medical men ought to have some interest with members of parliament, and the representatives of the people must be aware that we are as well entitled to be pensioned (in the way I show) as either constabulary or revenue officers. For surely fever, dysentery, and other infectious diseases, are as dangerous opponents as a cabbage-garden rebellion at Balingarry, a row in a fair, or the storming a set of smugglers over a private still. Now, sir, let us set to work at once: the government seems inclined to acknowledge our claims, let us use all our local interest, and victory is certain. Then shall we be able to insure our lives and carry out the motion brought forward by Dr. Neligan in the 10th report of the Medical Benevolent Fund Society; but the way we are at present situated, what is the use of doing so, as we may lose all by missing one payment, and I fear that good society will never be able to pay for all that would require it (however well inclined). As you are always willing to work for the good of the profession, and from your high standing in it must command attention, if you take it up it must succeed. Let there be no provincial or county meetings, let you (if you approve of these suggestions) take it up, both as a journalist and in the College of Surgeons, for surely the College has a right to exert itself in a matter so vital to the welfare of so many of its fellows, members, and licentiates. I have the honour to remain, sir, your obedient servant.

A SUBSCRIBER AND DISPENSARY MEDICAL OFFICER.

October 15, 1852.

#### INSURANCE OFFICES.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—As it is the imperative duty of all medical men to uphold their profession against an unpaid service which the insurance officer would impose on them, I beg to forward you the enclosed correspondence, to show at least that I have done my duty. I would not give the required information without a fee. Another office was applied to: from whom I got one guinea; the first losing the insurance (if it were an object) for not paying the requisite remuneration.—Yours truly,

P. O'ROURKE, M.D.

Enniscorthy, October 14, 1852.

Provident Life Office, 50, Regent-street, London.

SIR,—Being desirous of assuring my life in the Provident Life Office, I am required to produce certificates from the medical gentlemen who are best acquainted with my general health and habits, and also with the nature and extent of any particular illness from which I may have suffered. I therefore request the favour of you to answer the queries as under, and send the paper as directed per post in the accompanying envelope. Your answers, I am informed, will be held confidential by the directors.—I am your very obedient servant.

Dr. O'Rourke, Enniscorthy.

P.S. The inquiries were annexed. I omit the name of applicant.

Enniscorthy, April 30, 1852.

SIR,—Having received from your Dublin agency this morning, some queries respecting the health and constitution of Mr. —, to be answered by me, and which would be held confidentially by your directors, may I beg to say that the fee usually sent on these occasions was not enclosed, whether by neglect or otherwise. Please say it is intended to be forwarded; if not, I must decline giving the required information, for I consider it for the benefit of your society that it should be paid for. Waiting your reply, I am your very obedient servant,

P. O'ROURKE, M.D.

John A. Beaumont, Esq.,

Provident Office, 50, Regent-street, London.

P.S.—There was no reply.

#### BITTER BEER.

To the Editor of the Monthly Journal of Medical Science.

SIR,—I had much pleasure in reading the amusing dialogue, in your August number, on the late attacks on pale ale, and the means I had adopted of self-defence against such attacks. So far from feeling offended at the strictures you therein pass upon the course adopted, I, on the contrary, recognize in them a very proper susceptibility of the dignity of the medical profession, and am grateful that they give occasion for what I value especially—a high testimonial in favour of our ale—spontaneous, unsolicited, and, I might almost say, unintentional. This, sir, I have instructed my agents to insert in their advertisements throughout the public press; and I trust the proprietors of the *Edinburgh Monthly Journal* will find no objections to its appearance in their advertising columns.

Any attempt on my part towards a defence of those eminent medical gentlemen who have honoured me with their testimonials against the charge of interested motives implied in your columns, would be at once impertinent and unnecessary. Such a thought never entered my head; and you, sir, have yourself suggested their full acquittal. But I find in your number for the present month, a letter from Dr. Glover of Newcastle, which calls for some notice on my part.

The circumstance that gave rise to my application to Dr. Glover, was his writing a letter to the Editor of the *Lancet*, in which he seemed, unnecessarily, to add the weight of his professional opinion to the prejudice against bitter beer, so unexpectedly raised in the public mind, by the suggestion of the use of strychnine in its manufacture. Many distinguished members of the medical profession pronounced such an adulteration impossible. Dr. Glover, however, volunteered his opinion, that it was not only possible, but probable; and the Editor of the *Lancet* had given insertion to this letter, though certainly with a strong remark of his own on the absurdity of the supposition. Copies of these I submit.

(From the *Lancet* of April 3, 1852.)

#### "ALLEGED IMPORTATION OF STRYCHNINE."

To the Editor.

SIR,—I beg to state that I have found by experiment that one grain of strychnine will give a strong bitter taste to three or four bottles of ale, and will be efficient to even a greater extent. The wholesale price of a grain of strychnine is about a halfpenny. Probably this poison can be manufactured even more cheaply in France. There is therefore every inducement for an unprincipled brewer to adulterate his ale with this substance. Of the injurious effects of the long continued use of such a beverage, there cannot, I think, be a doubt. There is only one remedy for such adulterations—viz, for the legislature to repeal the absurd protection which now enjoys, and to levy no tax on hops, and to allow any wholesome bitter to be employed. Then I have no doubt that many vegetable bitters would be openly, cheaply, and beneficially employed.

—Yours, &c.,

R. M. GLOVER, M.D.

Newcastle-upon-Tyne, March, 1852.

[Dr. Glover and the public may feel perfectly confident that the odious allegation made by the French writer, that strychnine is commonly used in this country in the manufacture of bitter beer, is as foul a calumny as was ever invented. It is just possible that a few unprincipled and needy speculators may have resorted to the use of that poisonous drug; but that houses of established reputation and wealth should have employed it in their manufacture, is a supposition far too preposterous to be entertained.—*Ed. L.*]

Upon this, courting inquiry as I wish to do, I wrote to Dr. Glover, offering him an inspection of our brewery and stores, in any way he thought proper; and also (adopting a suggestion of the late Lord Tenterden, in the case of the *Burton Brewers v. the Society for the Diffusion of Knowledge*, in 1830), I put my head brewer in communication with him. The answer I received from Dr. Glover was, I must say, not quite so satisfactory as I could have wished, inasmuch as I considered that, as he had lent himself to fan the prejudice,



it was but fair he should assist in putting the matter right as publicly as he had aided the mischief.

Dr. Glover appears to be dissatisfied with my publication of a portion of his letter, of which, by-the-bye, I have made no exclusive use, giving it as a testimony in favour of all pale ales, as well as my own. But Dr. Glover, though expressing to me a modification—which rendered it harmless—appeared unwilling to give the same publicity to the explanation as he had volunteered to the charge. I could, therefore, regard him only in the light of a public accuser, to be defeated by the weapons with which he had himself supplied me; and the public, I thought, might be the better convinced by seeing how the doctors, whose curious learning was frightening them from drinking pale ale, could find no objection to enjoying it themselves.

If, however, there were any impropriety in the publication of Dr. Glover's good opinion in the first instance, it is now quite removed, by the permission he has now given me to that effect, with the explanation, that he had not originally meant it for publication, and that the sentence quoted is not such as he would have written in a letter intended for publicity. That you, sir, and the public may form an opinion how far I have compromised Dr. Glover, I beg (with his permission) to enclose you the letter, the publication of which, *in extenso*, will, I trust, do full justice both to Dr. Glover and myself.

Dr. Glover to Mr. Allsopp.

"Newcastle-on-Tyne, April 11.

Sir,—It was not my intention, in writing the hasty note to the *Lancet*, to cast any reflections upon, or to implicate, in any way, respectable brewers of pale ale.

When I first saw the statement about the alleged use of strychnine in bittering ale, I looked upon the assertion as incredible, both on account of the price of the drug and the symptoms it would create; but, on experiment, I found that strychnine possesses such wonderful bitterness, that it might perhaps be used as an adjuvant, at least by UNPRINCIPLED PERSONS. In short, my object was simply to show that the thing was not altogether so impossible as it appeared at first sight to be.

My own opinion is, that hops should not enjoy the exclusive privilege of being used for bittering beer; but I do not pretend to discuss the point with practical men.

I know there are bitters which might be used beneficially, in a medical point of view.

With regard to analysing your beer, my time is taken up, so far as analysing and chemistry are concerned, with two kinds of inquiries—1st, those which are purely scientific; and 2nd, those which are profitable. If you wish me, in the latter capacity, to analyse and report on your beer, I, of course, can have no objection.

I have to prepare for an absence of three or four days to-morrow, and so beg you to excuse me replying to the letter of Mr. Bottinger, for which I am much obliged.

Yours, &c.,

(Signed) H. M. GLOVER.

H. Allsopp, Esq.

P.S.—I presume you will hardly expect me to write to the *Lancet*. However, I shall be at home on Thursday evening, and most assuredly I have no desire to say anything which could weaken the confidence of the public in your beer. But that I am not now in the habit of drinking bitter beer, I should be glad to show my confidence by drinking plenty of it.

I consider any further observation unnecessary, save that I inserted Dr. Glover's good-natured remark on my bitter beer as an "incidental testimonial," and no more. I never called it "a certificate;" nor did I apply to him, or any other medical gentleman, for one. I am not responsible that such a construction has been placed upon the off-hand expressions of good opinion which have been sent to me from all quarters; and I have only to express my regret to Dr. Glover, that he has been exposed to an imputation so unfounded.

I am, &c.,

HENRY ALLSOPP.

Brewery, Burton-on-Trent, Sept. 22, 1852.

## RECOVERY OF FEES FROM DECEASED PATIENTS' FRIENDS.

AN action of great importance to the medical profession was lately brought in the Brompton County Court, whereby the practicability of recovering their fees after the decease of patients was shown, and also the necessity of their fairly understanding to whom they are to look for payment in the event of death. The plaintiff, Mr. Ince, is a surgeon residing in Pimlico, and the defendant is an elderly lady named Spencer, sued in her capacity of executrix to her deceased mother, who was indebted to plaintiff the sum of £13 2s. 6d. An objection was taken to the summons by defendant's solicitor, on the ground that Miss Spencer was not an executrix, her mother leaving nothing to administer to. Mr. Ince said the defendant called upon him, and asked him to visit her mother, who was lying dangerously ill. He attended her, and about twelve months afterwards he was requested to send in his bill instantly by Miss Spencer. Knowing them to be respectable people, he did not do so until Christmas, the usual time for medical men to send in their accounts. After this he waited some time, and sent a note. No notice being taken of this, he sent a person for the account, who brought word back that defendant's mother had previously paid witness £10 of the account. Mr. Ince then called, and Miss Spencer told him the same tale, and said she would not pay twice over. He asked her to produce some receipt or evidence of his having been paid. This defendant could not do, and offered to pay the balance of £10 if he would give a receipt in full. Defendant also denied that her mother had left any property. He pointed out several pieces of furniture to Miss Spencer, and remarked to her that they were surely her mother's property. Can positively swear he never received one penny from the deceased or defendant. The furniture in defendant's house is worth £300 or £400.

Miss Spencer examined by Mr. Roberts. I am perfectly convinced that the plaintiff's account has been partly paid; I searched the house for the receipt, but in consequence of having burned all my mother's papers, it could not be found; my mother did not leave a vestige of property, and I have not taken out letters of administration; the expenses of the funeral were paid by me partly out of an annuity of my mother's; it was not by my wish Mr. Ince attended my mother, and I merely acted up to my mother's instructions in telling him my mother wished to see him.

By Mr. Jones. My mother left about ten sovereigns; she had no other property; the furniture in the house was all mine; I purchased it out of the produce of my school; I purchased the house for about £400 out of my savings; my mother told me she was going out to pay Mr. Ince, and I am certain she paid him £10.

The Judge said: There is no evidence as to defendant being executrix. But that I will amend. As to plaintiff having been paid, there is not a title of evidence, and I believe his statement to be true. I consider plaintiff is entitled to a verdict, on the ground of defendant having herself employed him. Verdict for plaintiff, and costs.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

		1852.		Max. T.	Min. T.	Barom.	Rain.
		1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 10th,	53	46	30.110			
Monday,	11th,	54.5	46.5	30.272			
Tuesday,	12th,	55	47	30.450			
Wednesday,	13th,	57	42	30.380			
Thursday,	14th,	57	41.5	30.300			
Friday,	15th,	57	45	30.200			
Saturday,	16th,	58	48	30.250			

PORTARLINGTON, QUEEN'S COUNTY.

		1852.	Max. Min.	Dry Wet		
		1852.	Max. Min.	Barom.	T. Wet	Point Rain. Wind.
Oct.	10th,	55	44	29.860	54.2 48.4	42.4 .021 NNW
	11th,	57	45	30.004	51.2 48.9	46.7 .018 NNW
	12th,	53	45	30.170	52.1 48	43.8 .023 NNW
	13th,	55.5	39	30.120	52.2 48.7	45.2 .018 WSW
	14th,	53	35	30.022	51.3 46.2	40.6 .016 SSE
	15th,	54	43	30.012	52.5 48.2	43.9 .008 SSE
	16th,	55.5	46	29.959	54.1 50	46.1 .014 SSE

M. W. HANLON, M.B.

OBITUARY.—October 10th, at Roseborough, near Naas, in the 67th year of his age, Samuel Hall, M.D.



**STUDENTS' NUMBER OF THE MEDICAL PRESS.**

THE STUDENTS' NUMBER will be published on WEDNESDAY, the 27th of October. Regulations of Colleges and other Institutions for Medical and Surgical Education, properly authenticated, should be transmitted to our Office *without delay*, in order to secure a careful analysis of them. Advertisements of Lectures and Hospitals, Books, Surgical Instruments, and Medicines, not later than the 23rd.

**CITY OF DUBLIN HOSPITAL.**

UPPER BAGGOT-STREET.

The Winter Session will commence on Monday, the 25th of October.

The arrangements of this hospital are such as to afford the student an opportunity of studying disease in all its forms—medical and surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every pupil of becoming practically acquainted with the uses of the stethoscope. Clinical lectures are also delivered after the hospital visit.

Connected with the hospital is an extensive dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as dressers and clinical assistants, subsequent to which all pupils of the hospital are eligible to the situation of house-surgeon, according to merit.

A distinct course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of eye cases. Extended opportunities are thus afforded thus afforded for acquiring a thoroughly practical knowledge of this important subject.

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Mr. Tufnell's course of Lectures upon Military Surgery is also open to the pupils of the hospital. This course is recognized as equivalent to six months' surgery in the professional qualification of candidates for admission into the army, navy, and ordnance medical departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service.

A lending library of well chosen books has been provided for the use of the pupils; and a correct registry of the cases in hospital is kept by the house-surgeon, to which they have free access.

Certificates of attendance on this hospital are recognized by all the colleges, universities, and halls, and by the army and navy medical boards.

Fee for	Winter six months	...	...	Six guineas.
"	Summer six months	...	...	Four guineas.
"	Nine months	...	...	Eight guineas.

*Medical Attendants.*

- A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 23, Ely-place.
- T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merrion-square, North.
- C. Benson, M.D., Fellow and Professor of the Practice of Medicine, Royal College of Surgeons, 34, York-street.
- W. Hargrave, M.D., Fellow and Professor of Surgery, Royal College of Surgeons, 37, York-street.
- R. C. Williams, M.D., Fellow and Professor of Materia Medica, Royal College of Surgeons, 14, Lower Fitzwilliam-street.
- T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street.
- J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street.

*Consulting Physicians*

Sir Henry Marsh, Bart., and Professor Apjohn.

*Consulting Surgeons.*

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

\* \* For further particulars apply to Dr. Benson, 34, York-street.

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By order,

W. BOYLAN, Registrar.

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Wednesday, October 20, 1852.



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### EDUCATIONAL REGULATIONS OF COLLEGES AND BOARDS.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

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*Vice-President*—William Hargrave.

*Secretary*—Alexander Read.

*Council*—Sir Philip Crampton, Bart., Alexander Read, Arthur Jacob, Wm. Tagert, T. E. Beatty, Andrew Ellis, Robert C. Williams, Robert Adams, James Barker, Wm. Colles, J. H. Power, Lewis E. Lipsett, John Macdonnell, Michael H. Stapleton, Philip Bevan, Hans Irvine, James S. Hughes, R. Pentland, and S. Wilmot.

*Secretary of the Council*—Henry Maunsell.

*Court of Examiners*—T. Rumley, Robert L. Nixon, J. Smyly, C. Fleming, J. Morgan, R. Tuohill, and R. Butcher.

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Descriptive Anatomy—J. Hart and J. H. Power.

Surgery—H. Porter and W. Hargrave.

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Chemistry—W. Barker.

Materia Medica—R. C. Williams.

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Botany—A. Mitchell.

The Royal College of Surgeons in Ireland grants two different Diplomas—one conferring the rank of Fellow, and the other that of Licentiate. The Fellow is a member of the corporation, and entitled to vote at all elections for president, vice-president, and councillors, and also to be elected president, vice-president, or member of council. The Letters Testimonial granted to the Licentiate enables him "to exercise and enjoy all rights of practice in the art or science of surgery, or otherwise, which are commonly enjoyed by the Fellows, and to have free access to the library and museum of the College, and makes him eligible to the rank of Fellow, subject to specified regulations." Both Fellows and Licentiates are obliged to make and subscribe a formal declaration legally binding them "to observe and be obedient to the statutes, by-laws, and ordinances of the College, and to the utmost of their power to promote its honour, reputation, and dignity." Fellows,

in addition, declare that they "do not practise the business or profession of an apothecary or druggist, or indirectly sell drugs or medicines, and that they will not, while Fellows, practise such business or profession."

A student who proposes to become a Fellow or Licentiate of the College must first become a Registered Pupil, for which he pays a fee of five guineas; but he is permitted to postpone such entry as Registered Pupil, and such payment, until the period of his final examination.

The fees for the Diplomas are as follows:—For Fellowship, twenty-five guineas, in addition to the registration fee of five guineas; thirty guineas in all. But if the candidate has already passed as a Licentiate, and paid the registration fee of five guineas, and twenty guineas, the fee for Letters Testimonial—twenty-five in all; he is required to pay a Fellowship fee of ten guineas only, should he propose to become a Fellow. If a person becomes a Fellow at once, he pays thirty guineas; but if he commences as Licentiate and afterwards passes as Fellow, he pays thirty-five guineas in all—viz., five guineas registration fee, twenty guineas for Letters Testimonial, and ten guineas for Fellowship. For the Licence or Letters Testimonial alone, the candidate pays five guineas registration fee, and twenty guineas for the final examination—twenty-five in all. The student who becomes a Registered Pupil as soon as he commences his studies in Dublin, is thereby matriculated in the College, and entitled to its protection, aid, and guidance. Fellows of the College who settle to practise in Dublin, are required to pay ten guineas in addition to their other fees.

*Fellowship.*—The candidate for the Fellowship must be twenty-five years of age, and if not a Graduate in Arts of some university, must be prepared to answer a classical examination, which is generally confined to the principal books read for entrance into Dublin University. He must have been six years engaged in professional study, three of which must have been in Dublin; and he must also have been a house-surgeon or dresser in an hospital. He is required to attend lectures on anatomy and physiology, and on surgery with dissections during three seasons, che-



mistry during two, and practice of medicine, materia medica, midwifery, medical jurisprudence, comparative anatomy, natural philosophy, and botany, for one course each. His hospital attendance must be three years at least. Bachelors of Arts, after five years' study, are admitted to examination on compliance with the above regulations; and Licentiates of the College of ten years' standing are also admitted, although they may not have been educated in strict conformity with them.

*Letters Testimonial.*—The candidate for Letters Testimonial is required, as has been already stated, to become a Registered Pupil, and to pass a classical examination. He is also required to prove that he has studied for three years in the metropolitan schools (nine months in each year), and for a fourth year either there or anywhere else, where he might have obtained professional information. His hospital attendance is by the by-law declared to be three years "where clinical instruction is given," and all the Dublin hospitals are recognized. Credit is given for attendance on provincial hospitals, but it is expected that while the pupil is in attendance on lectures in Dublin, he shall, at the same time, attend an hospital there. Candidates for Letters Testimonial are also required to prove that they have attended three courses of lectures on anatomy and physiology, surgery, and practical anatomy (being demonstrations with dissections), two courses on chemistry, and one course on the practice of medicine, materia medica, midwifery, and medical jurisprudence.

Candidates both for the Fellowship and Letters Testimonial are examined on the *practice of medicine and pharmacy* as well as on surgery. The Diploma is a full qualification as General Practitioner, entitling the holder of it to be appointed to county infirmaries, fever hospitals, dispensaries, poorhouses, and all other medical charities. They can also practise medicine as fully and freely as Doctors of Medicine, or Fellows or Licentiates of Colleges of Physicians; and *Licentiates* of the College can dispense medicines to their own patients; but they cannot keep open shops, or retail drugs, or compound the prescriptions of other practitioners without the licence of the Apothecaries' Company. Both Fellows and Licentiates are authorized by law, and permitted by the charter, to compound and dispense medicines for their patients in the hospitals, dispensaries, and poorhouses to which they are attached. None but Fellows and Licentiates of this College are eligible to be appointed Surgeons of County Infirmaries in Ireland.

The College of Surgeons of Ireland is empowered by charter to grant a diploma in midwifery to its own Fellows and Licentiates only; and does not recognize any of them as midwifery practitioners, or mark them as such in the printed lists of the College, unless they have had that diploma granted to them.

Certificates granted by Professors in universities which do not receive the certificates granted by the Professors in the College of Surgeons, are not recognized as qualifications from candidates for either of the diplomas.

Returns of the names of those who have entered to attend lectures, are required to be forwarded to the College, by Professors and Lecturers, on the 25th of November, and at such other periods during the session as the Council may think fit; which returns must certify that the students named therein are then attending regularly; and no certificate is received from any candidate for either of the diplomas unless his name appears in the returns corresponding to the date of such certificate. Professors or Lecturers neglecting or refusing to make such returns, or who grant certificates to any student whose name has not been inserted in such returns, are not recognized.

Students are admitted to the classical examination required by the by-laws without being required to become Registered Pupils, or to pay the registration fee of five guineas; it being considered desirable that pupils on their

first arrival in Dublin, and as soon as they can conveniently do so after leaving school, should pass this preliminary trial, and not postpone it until the period of their final examination for Letters Testimonial. They have only to present themselves at the College, and to pay a fee of five shillings to enable them to offer themselves; and if approved, the certificate required by the by-laws to be produced by candidates for Letters Testimonial is granted to them. On payment of five guineas at any subsequent period, they are enrolled as Registered Pupils, and become entitled to study in the museum and library, and to attend the lectures on comparative anatomy. They are examined in the Gospel of St. John in the Greek Testament, and in the first five books of the *Æneid* of Virgil. The following Ordinance of Council was made April 9, 1851:—

"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the School of the College, and in the Schools recognized by the College. To secure due attendance on hospital practice by the student for the full term required by the by-laws, certificates of such attendance during the summer session shall be granted separately from those granted for the winter session. Certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial unless issued in conformity with these regulations."

On the 4th of December, 1850, the Council of the College adopted the following resolution with reference to the by-law which enjoins that "certificates shall not be received from teachers or professors in colleges or other institutions which refuse to receive the certificates of Professors in the College of Surgeons":—

"The Council being anxious to encourage liberal education among candidates for Fellowships and Letters Testimonial, in future all *Graduates in Arts* of the University of Dublin, being Registered Pupils of the College of Surgeons, shall be admitted to the examinations for Fellowship and Letters Testimonial, provided they produce the certificates of surgical education required by the by-laws, and of such course of education the several certificates of the School of Physic, now required by the 'Regulations of the University to be produced by candidates for the degree of Bachelor of Medicine, shall be received as part.'"

The Board of Trinity College not having reciprocated to this resolution in accordance with the terms of the by-law (notwithstanding its adoption at their suggestion), Bachelors of Arts, being Licentiates of the College of Surgeons, may be disabled from availing themselves of the advantages it offers, when seeking the degree of Bachelor of Medicine.

The following are the educational by-laws in detail:—

#### 1. *Registration of Pupils.*

Every person requiring to be registered as a pupil on the College books, shall, if the Council think fit, be so registered, if he shall have laid before the Council a receipt, showing that he has lodged, to the credit of the College, in the Bank of Ireland, a registry fee of five guineas. Registered Pupils are admitted to the classical examination at the time of registry, or at any time previous to the final examination for Letters Testimonial. Students, not being Registered Pupils, are admitted to the same examination on payment of five shillings.

#### 2. *Qualifications of Candidates for Letters Testimonial.*

Every Registered Pupil shall be admitted to an examination for Letters Testimonial, if he shall have laid before the Council the following documents:—*a.* A receipt, showing that he has lodged a sum of twenty guineas in the Bank of Ireland, to the credit of the President, and for the use of the College. *b.* A certificate from the examiners of the College that he has passed an examination as to his acquaint-



ance with the Greek and Latin languages. *c.* Certificates showing that he has been engaged in the study of his profession for not less than *four years*; *three* of which shall have been passed in attendance on lectures or hospitals in Dublin, London, Edinburgh, or Glasgow. *d.* Certificates of attendance on a hospital recognized by the Council, where clinical instruction is given, during three years. [An attendance of nine months in each year is accepted.] *e.* Certificates of attendance on *three* courses of lectures on anatomy and physiology, *three* courses of lectures on the theory and practice of surgery, and of the performance of *three* courses of dissections, accompanied by demonstrations; also certificates of attendance on *two* courses of lectures on chemistry; or one course of lectures on general, and one on practical chemistry; one course of lectures on *materia medica*; one course of lectures on the practice of medicine; one course of lectures on midwifery; and one course of lectures on medical jurisprudence.

### 3. Examination of Candidates for Letters Testimonial.

The examinations of candidates for Letters Testimonial shall be held from time to time, as the Council may direct. Five examiners at least shall be present at each examination. Each candidate shall be examined upon anatomy, physiology, the theory and practice of medicine and surgery, *materia medica*, and the form of prescription; and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the examiners may require. Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of six months from their first examination.

### 4. Qualifications of Candidates for the Fellowship.

Every Registered Pupil or Licentiate shall be admitted to examination for the Fellowship if he shall have laid before the Council the following documents:—*a.* A receipt, showing that he has lodged in the Bank of Ireland, for the use of the College, the sum of *ten guineas*, in case he is a Licentiate, or of *twenty-five guineas*, in case he is a Registered Pupil; provided, in either case, he intends to reside beyond ten miles from Dublin. [Should the candidate intend to reside in Dublin, or within ten miles thereof, he shall lodge, if he is a Licentiate, twenty guineas; or if he is a Registered Pupil, thirty-five guineas. Fellows entering on the country list, who may subsequently settle as practitioners in Dublin, or within ten miles thereof, shall pay ten guineas to the College.] *b.* A certificate that he is twenty-five years of age. *c.* A certificate that he is a Bachelor of Arts of some university, or that he has been examined in such manner as the Council may, from time to time, direct, with a view to ascertain that he has obtained a liberal preliminary education. *d.* A certificate, signed by two or more Fellows of the College, of good general conduct during his professional education. *e.* Certificates that he has been engaged in the acquisition of professional knowledge for a period of not less than *six* years, during three of which he must have studied in one or more of the schools and hospitals of Dublin recognized by the Council. He may have studied for the other three years in any school or schools of the united kingdom, which shall be approved by the Council, or in any foreign school of repute. It is also required that the candidate shall have had opportunities of practical instruction, as house-surgeon or dresser, in a recognized hospital. *f.* Certificates of attendance on the several courses of lectures required to be attended by candidates for Letters Testimonial, together with one course of lectures on comparative anatomy, one course of lectures on botany, and one on natural philosophy. *g.* A thesis on some medical subject; or clinical reports, with observations of six or more medical or surgical cases taken by himself. *h.* Candidates of the required age, who shall have taken the degree of Bachelor of Arts in a British or Irish University, and have complied with the foregoing regulations in other respects, will be admitted to examination at the end of five years of professional study; of which three years must have been passed in one or more of the recognized schools or hospitals of Dublin. *i.* Licen-

tiates of the College, who may not be able to show that they have followed the course of study specified in the preceding regulations, may, at the expiration of ten years from the date of their diploma, be admitted to the examination required for the Fellowship, provided they produce such evidence as shall be satisfactory to the Council that they have conducted themselves honourably in the practice of their profession.

### 5. Qualifications of Candidates for the Diploma in Midwifery.

Any Fellow or Licentiate of the College shall be admitted to an examination for the diploma in midwifery, upon laying before the Council the following documents:—*a.* A certificate, showing that he has attended one course of lectures on midwifery and diseases of women and children, delivered by a professor or lecturer in some school of medicine or surgery recognized by the Council. *b.* A certificate, showing that he has attended the practice of lying-in hospital, recognized by the Council, for a period of six months; or the practice of a dispensary for lying-in women and children, recognized by the Council, and devoted to this branch of surgery alone. *c.* A certificate showing that he has conducted thirty labour cases at least. Candidates for the midwifery diploma shall be publicly examined on the organization of the female; the growth and peculiarities of the fœtus; the practice of midwifery; and the diseases of women and children; and if approved of, shall receive a licence or diploma certifying the same.

### 6. Regulation of Schools.

Certificates shall not be received for attendance on lectures delivered in Ireland, unless from teachers in schools permitting the visitation of the Council, and receiving their sanction. Neither shall certificates be received from teachers or professors in colleges, or other institutions for medical or surgical education, in Great Britain or Ireland, which colleges or institutions refuse to receive, as qualifications for a degree or licence, the certificates issued by Professors in the College of Surgeons; nor shall certificates be received from teachers who deliver lectures upon more than one distinct subject, as hitherto allotted to professors in colleges and universities. This regulation shall not, however, exclude the certificates of two or more teachers, who may deliver conjointly, separate, perfect, and distinct courses on anatomy and physiology, and on the theory and practice of surgery.

Certificates shall not be received for attendance on lectures on anatomy and physiology, unless such lectures shall have been delivered upon at least five days of each week of the usual *winter* season, between October and May, nor on the theory and practice of surgery, unless delivered within the *same* period, on at least three days in each week.

The courses of lectures on the practice of medicine, chemistry, *materia medica*, midwifery, and medical jurisprudence, shall consist of sixty lectures at least,\* and the courses of dissections and demonstrations shall be of six months' duration.

Certificates shall not hereafter be received for attendance on lectures delivered in Ireland, unless from persons who shall have acquired, either by education or practice, such ample information, on professional subjects generally, as is required from candidates for the Fellowship of the College, and who shall have enjoyed such opportunities of acquiring information on the particular subjects upon which they propose to lecture, as the Council may consider necessary to qualify them to perform that duty.

### Returns of Students attending Lectures.

Professors and Lecturers are required to transmit to the College on or before the 25th day of November in each year returns of the names of the pupils who shall have entered to attend, and are then actually attending their respective lectures or demonstrations. They are also required to ascertain, from time to time, whether the students so returned are in attendance or not, as similar returns are required in the course of the session.

\* The summer courses on these subjects are recognized.



KING AND QUEENS COLLEGE OF PHYSICIANS  
IN IRELAND.*President*—W. F. Montgomery.*Vice-President*—Aquila Smith.*Censors*—T. Brady, W. Stokes, A. Smith, J. F. Duncan.*Treasurer*—J. Mollan.*Librarian*—G. A. Kennedy.*Registrar*—W. E. Steele.*Professor of Midwifery*—W. F. Montgomery.*Professor of Medical Jurisprudence*—T. Brady.*Midwifery Court of Examiners*—W. O'B. Adams, H. L.

Dwyer, F. Churchill.

*Inspectors of Apothecaries' Shops*—T. Brady, A. Smith,  
J. F. Duncan, W. E. Steele.*Regulations respecting the Education, Examination, and  
Admission of Candidates for the Licence to Practise  
Medicine.*Candidates for the Licence of the College to Practise  
Medicine, are required to make application to the College,  
according to the forms supplied by the Registrar.Every application for admission to examination, on being  
received and read at one meeting of the College, will, at  
the next meeting, be taken into consideration.No member or Licentiate of any company of apothecaries  
is admissible to the licence of the College, unless, on  
being examined and approved of, he shall surrender to the  
College his licence as an apothecary, and cease to act as  
such in any part of the united kingdom.Every candidate for the licence of the College, except  
those who have entered as Students in Arts in the Univer-  
sities of Dublin, Oxford, or Cambridge, is required to pro-  
duce a certificate of matriculation in the University of Dub-  
lin, conformably to the statute, 40 Geo. III., c. 84, s. 34.Candidates must produce evidence of having been en-  
gaged in the study of medicine for four years at least, and  
of having attended not less than two of the required courses  
in each year.Candidates must produce evidence of having completed  
the following course of education—viz., of having attended  
one or more courses of lectures on each of the following  
subjects for the periods specified:—Anatomy and phy-  
siology; chemistry; institutes of medicine; materia me-  
dica and pharmacy; practice of medicine; midwifery, and  
diseases of women and children; surgery—six months  
each; botany and medical jurisprudence, three months  
each; of having performed a course of dissections and at-  
tended the accompanying demonstrations during six months;  
and of having attended a course of practical chemistry for  
at least three months.All the lectures are required to have been delivered by  
the respective professors of the School of Physic in Ireland,  
or by other lecturers recognized by the College.Candidates must also produce certificates of attendance  
for two years and six months on the practice of a recog-  
nized hospital, and the clinical lectures delivered therein  
during that period; also for six months on the practice of  
a lying-in hospital recognized by the College.The foregoing regulations apply to all candidates ex-  
cept—1st, Graduates in medicine (not honorary) of one  
of the universities in the united kingdom; 2nd, Licen-  
tates of the Royal Colleges of Physicians of London or  
Edinburgh; 3rd, Officers holding medical or surgical com-  
missions in her Majesty's service; 4th, Licentiates of a  
college of surgeons in the united kingdom of four years'  
standing; 5th, Licentiates of a college of surgeons in the  
united kingdom, producing, in addition to their diploma  
as such, certificates of attendance on a course of lectures  
on the institutes of medicine and botany, and on the prac-  
tice of a lying-in hospital for six months; candidates are  
admissible to examination on producing evidence of their  
possessing any of the foregoing qualifications, in addition to  
the certificate of matriculation in the University of Dublin.On having obtained permission to be examined for the  
licence, the candidate is required to present himself before  
the College within three months.

The President appoints the day for the examination of

the candidate, but not until the admission fee, and the  
stamp duty, have been lodged with the Treasurer of the  
College; which sums, in the event of the candidate not  
being admitted, will be returned.Every candidate, previously to examination, is required  
to sign the following declaration:—"I, A. B., hereby  
authorize the President and Fellows of the King and Queen's  
College of Physicians in Ireland, to erase my name from  
the list of Licentiates, and I consent to surrender my licence,  
and to have my privileges as a Licentiate withdrawn,  
if I shall, after having obtained the licence from said Col-  
lege, either continue to be or become a Licentiate of any  
company of apothecaries; or if I shall at any time hold  
or have any interest in an apothecary's shop, or engage in  
any trade in any part of the united kingdom."The President and Censors examine the candidate pub-  
licly before the Fellows and Licentiates of the College.The examinations are conducted in the English language;  
but every candidate, except Graduates in Arts of Dublin,  
Oxford, or Cambridge, may be required, at the option of  
the President, to translate from a Latin or Greek medical  
author, before being examined as to his professional  
acquirements.The examination of candidates for the licence of the  
College to practise medicine is conducted on two sepa-  
rate days;—the subjects of examination for the first day  
are anatomy and physiology, botany, chemistry, and ma-  
teria medica and pharmacy; for the second day, acute dis-  
eases, chronic diseases, the institutes of medicine, and mid-  
wifery.Candidates who are Graduates in Medicine of one of the  
Universities in Great Britain or Ireland; Licentiates of  
either of the Royal Colleges of Physicians, London or  
Edinburgh; or Members of a Royal College of Surgeons in  
the united kingdom, being also Graduates in Arts of the  
Universities of Dublin, Oxford, or Cambridge, are required  
to undergo the second day's examination alone—botany  
and materia medica in the case of members of a College of  
Surgeons being added thereto.Should the College not be satisfied with the answering  
of any candidate, they may repeat the examination of either  
day after the lapse of not less than two months.Every candidate, previously to his being admitted as a  
Licentiate of the College, is required to subscribe and prom-  
ise the due fulfilment of the following declaration—viz.:  
"I, A. B., do hereby solemnly and sincerely promise that  
I will observe the statutes and by-laws of this College, and  
to my power endeavour that the honour of the College be  
preserved entire; and in all things that belong to the  
honour or profit thereof, I shall be ready to give my ad-  
vice and assistance. I engage not to practise any system  
or method (so called), for the cure or alleviation of disease  
of which the College has disapproved; nor to endeavour to  
obtain practice or to attract public notice by advertising,  
or by any other unworthy means: I also engage that I  
will neither permit nor sanction the use of my name by  
any other party for such purposes, nor in connexion with  
any secret or other remedy; and in case of any doubt rela-  
tive to the true meaning or application of this engagement,  
I promise to submit to the judgment of the College. I  
promise that in all things lawful and honest, I will be obe-  
dient to the president, vice-president, and censors of the  
College. And I solemnly and sincerely declare, that should  
I violate any of the conditions enumerated in this declara-  
tion, so long as I shall be either a Licentiate or Fellow of  
the College, I thereby render myself liable, and shall sub-  
mit to any reasonable punishment, whether censure of the  
College, pecuniary fine (not exceeding twenty pounds), or  
expulsion and surrendering of the licence, whichever the  
President and Fellows of the College, or the majority of  
them, shall think proper to inflict."The President then admits the candidate to the licence  
of the College, authorizing him to practise medicine.Fee for the licence to practise medicine, exclusive of the  
stamp duty, £30.Every member of this College who may desire to obtain  
the licence to practise midwifery is required to produce a



certificate of attendance for six months on the practice of a recognized lying-in hospital, when the College will proceed to examine him as to his knowledge of midwifery, and if approved of, will grant him a special licence as a practitioner in midwifery, and cause him to be designated as such in the authorized lists of the College.

The by-laws relative to the examination and admission of candidates for the licence to practise medicine shall, so far as they may be applicable, also regulate the examination and admission of candidates for the licence to practise midwifery. The fee payable to the College for the licence to practise midwifery shall be one guinea.

The following shall be the form of the Diploma to be granted to every person examined and admitted by the College to practise midwifery:—"We, the President and Fellows of the King and Queen's College of Physicians in Ireland, in pursuance of the powers vested in us by Royal Charter, having duly examined \_\_\_\_\_ in the Theory and Practice of Midwifery and the Diseases peculiar to Women, and having found him well skilled in those branches of Medicine, hereby certify him to be fully qualified to practise therein. In testimony whereof, we have hereunto subscribed our names and affixed our common Seal. Dublin, dated this \_\_\_\_\_ day of \_\_\_\_\_ 185 \_\_\_\_."

W. E. STEELE, M.B., Registrar.

#### REGULATIONS RESPECTING THE TAKING OF MEDICAL DEGREES IN TRINITY COLLEGE, DUBLIN.

By the Statutes or Rules of Dublin University, entitled, "Consuetudines sue Regulæ pro Solenniori Graduum Collatione," first published in 1778, but enacted long before that period, the method of taking Medical Degrees, and the terms upon which they are to be granted, are laid down; and as these Rules are still in force, having never been repealed, Degrees in accordance with their provisions are given as heretofore. These are the Degrees which have been taken by the present Bachelors and Doctors of Medicine of Trinity College in practice; but within the last few years a Degree of a different description has been granted to some, the legal and academic value of which does not appear to be defined. The following are the Rules for taking the regular Degrees:—

##### *"Of taking Degrees in Physic."*

No one shall be admitted to the degree of Bachelor in Physic who has not first taken the degree of Bachelor in Arts, and who has not completed three years (reckoning from the day of his admission to the degree of Bachelor in Arts). Whoever applies for the degree of Bachelor in Physic, shall, before he is proposed for the grace of the College, solemnly in the public hall perform the part once of respondent and once of opponent in two questions of physic, from one of the clock in the afternoon to three: he shall moreover solemnly and publicly prelect twice on two several days. No one shall be admitted to the degree of Doctor in Physic who has not completed five years in the study of physic from the time of his being admitted Bachelor; and who shall not publicly and solemnly prelect four times on four several days, from one of the clock in the afternoon to two: in which prelections he shall explain some part of Hippocrates or Galen, and shall moreover in the public hall solemnly perform the part once of respondent and once of opponent, in two questions in physic, from one of the clock in the afternoon to three.

##### *Form of supplicating for Degree of Bachelor in Physic.*

This degree may be applied for after three several manners:—1st, whoever begins the study of physic immediately on his admission into the College by matriculation, may apply for his degree after the completion of twenty-four terms; 2ndly, if he begins from his being admitted Bachelor of Arts, then after three years; 3rdly, if from the time of commencing master, then after two years.

##### *The Form for the first Manner.*

Right Rev. the Vice-Chancellor, and the whole University, N. N. prays your reverences that twenty-four terms completed in the study of physic, from his matriculation, together with all exercises required by the laws and customs of the College, may be sufficient for him to answer a question in physic.

##### *For the second Manner.*

That three years, from his commencing Bachelor, completed in the study of physic, &c., as above.

##### *For the third Manner.*

That two years, from his commencing Master, completed in the study of physic, &c., as above.

##### *For the Degree of Doctor in Physic.*

The degree of Doctor in Physic may also be applied for three several ways, according to the different manners of applying for the degree of Bachelor:—1st, six years being completed from his Bachelor's Degree in said faculty, which was taken after twenty-four terms, or six years from his matriculation; 2ndly, five years being completed from his Bachelor's Degree, which was taken, having been before admitted Bachelor of Arts; 3rdly, four years being completed from his Bachelor's Degree, which was taken, having been before admitted Master of Arts.

##### *The Form for the first Manner.*

Right Rev. the Vice-Chancellor, and the whole University, N. N. prays your reverences, that six years completed in the study of physic, from his Bachelor's Degree, which was taken after twenty-four terms, or six years from his matriculation, together with all exercises required by the laws and customs of the College, may be sufficient for him to begin in physic.

##### *For the second Manner.*

That five years completed in the study of physic, from his Bachelor's Degree, which was taken, having been before admitted Bachelor of Arts, &c.

##### *For the third Manner.*

That four years completed from his degree of Bachelor in Physic, which was taken, having been before admitted Master of Arts, &c.

##### *The Form of Presentation.*

Right Rev. the Vice-Chancellor, and the whole University, I present to you these my sons, whom I know to be fit and qualified, both by their morals and learning, to be admitted to the degree of Doctor or Bachelor of Medicine; and this I testify and engage for on my faith to you and the whole College."

The following has been promulgated respecting the other degrees:—

"A candidate for the degree of Bachelor of Medicine must be a Graduate in Arts, and may obtain the degree of Bachelor of Medicine at the same commencement as that at which he received his degree of B.A., or at any subsequent commencement, provided the requisite medical education shall have been completed. The testimonium of the M.B. degree will contain the following certificate:—"Testatur A.B. sedulam operam medicinæ navasse, et examinationes coram professoribus feliciter sustinuisse." The medical education of a Bachelor of Medicine is of four years' duration, and comprises attendance on the following courses of lectures:—Anatomy and physiology, practical anatomy with anatomical demonstrations, surgery, chemistry, materia medica and pharmacy, institutes of medicine and pathology, practice of medicine, midwifery, botany, practical chemistry, medical jurisprudence, and also attendance on Sir Patrick Dun's Hospital during nine months, with three consecutive courses of clinical lectures, each of three months' duration, and also nine months' attendance on some general hospital in Dublin, approved of by the Board, in which clinical instruction in medicine and surgery is delivered.

A year's attendance, or an *annus medicus* in the School of Physic, may be kept in three ways:—1, by attending at least two, or not more than three, of the foregoing courses of lectures, which are of six months' duration;



2, by attending one course of six months' and two of three months' duration; 3, by nine months' attendance on Sir Patrick Dun's Hospital, and clinical lectures; together with one course of lectures of six months', or, in lieu thereof, two courses of three months' duration.

Three of these courses, at the discretion of the candidate, may be attended in the University of Edinburgh.

The course of practical anatomy and anatomical demonstrations does not count as a course of lectures.

Every pupil, before he be admitted to attend the clinical lectures, must pay the Professor £3 3s. for each three months' course of lectures, and shall enter his name with the Treasurer of Sir Patrick Dun's Hospital, and pay him *ten guineas*, unless he shall have been matriculated in the University of Dublin, or of Oxford, or of Cambridge, and shall have continued his studies in arts, under a tutor, in one of the said universities, for the space of *two years at least*, in which case he shall pay the sum of £3 3s. to such Treasurer, for the first half year, with a proportionate sum for any longer period.

The examination for the degree of Bachelor of Medicine is conducted by the Regius Professor of Medicine, the Professor of Surgery in the University, and the Professors of the School of Physic in Ireland.

A Doctor in Medicine must be M.B. of at least three years' standing, and must perform exercises for the degree before the Regius Professor of Physic, in accordance with the *rules and statutes* of the University. This degree entitles the holder to vote as a University elector, under the act 2 & 3 Wm. IV., c. 88, at all elections of members to represent the University in parliament.

The fees payable to the University for these degrees are as follow:—Bachelor of Medicine, £11 15s.; Doctor of Medicine, £22. In addition to these fees, the Stamp Act imposes a duty of £6 on each degree, and of £10 on the testimonium or certificate, under the College Seal, of the admission of any person to either degree."

As the document from which we copy this contains several erroneous statements, and suggests incorrect inferences respecting the Medical Department of Trinity College and the construction of the School of Physic, it becomes necessary to state that the only Professors of Trinity College who are Professors of the School of Physic, are the three following:—*Anatomy and Surgery, Chemistry, and Botany*. There is no Professor of Anatomy and Physiology in the University, neither is there any *Regius* Professor of Physic. Medical students, not in College, attending the lectures of the Medical Professors, are obliged to "matriculate;" that is, to pay a fee of five shillings, and to have their names entered on the College books, in order that they may be subjected to academic authority if they misconduct themselves, but they are not recognized as pupils of the University, or admitted to any examination or degree.

The following is the course of study to be pursued concurrently with the above medical exercises to obtain the degree of Bachelor of Medicine on four years' standing, arranged in Terms:—

**JUNIOR FRESHMEN. HILARY.—Mathematics.**—Elrington's Euclid, Books i. ii. Arithmetic.—The Theory of Fractions, Vulgar and Decimal; and the Doctrine of Proportion. *Greek*—Lucian, the Dialogues contained in Stock's Edition—viz., *Micyllus, Vitarum Auctio, Piscator, Prometheus*. *Latin*—Livy, Books iv. v. *Catechetical Examination*.—St. Luke's Gospel.

**TRINITY.—Mathematics.**—Euclid, Books i. ii. iii. Defs. Book v., and Book vi., omitting Props. 27, 28, 29. Arithmetic, as before. *Greek*—Stock's Demosthenes, vol. i. (Philippicæ i. ii., Olynthiacæ i. ii., and Oration de Pace). *Latin*—Cicero, Archias and Catiline. *Catechetical Examination*.—The Acts of the Apostles.

**MICHAELMAS.—Mathematics.**—Euclid, and Arithmetic, as before. Compendium of Algebra, and Geometry, to

end of Solution of Plane Triangles. *Greek*.—Stock's Demosthenes, vol. ii. (De Chersoneso, Philippicæ iii. iv. Literæ Philippi, in Philippi Epistolam). *Latin*.—Cicero against Catiline, i. ii. iii. iv. *Catechetical Examination*.—Archbishop Secker's Lectures on the Creed.

**SENIOR FRESHMEN. HILARY.—Mathematics.**—As before. *Logic*.—Walker's Edition of Murray. *Greek*.—Plato, Apology and Crito. *Latin*.—Cicero, de Amicitia and de Senectute. *Catechetical Examination*.—Genesis, and chapters i.-xx. of Exodus.

**TRINITY.—Mathematics.**—As before. *Logic*.—As before. Locke's Essay, Intr. and Books ii. and iii. (omitting in Book ii. sects. 10-20 of chap. i.; sects. 10 to end of chap. xiii.; chap. xv.; sects. 11-71 of chap. xxi.; chaps. xxx. and xxxii.; and chap. vi. of Book iii.) *Greek*.—Herodotus, Book i. *Latin*.—Tacitus, Germania and Agricola. *Catechetical Examination*.—Historical Books of the Old Testament, from Joshua to ii. Kings, both inclusive.

**MICHAELMAS.—Mathematics.**—As before. *Logic*.—Logic and Locke as before, with fourth Book of Locke. *Greek*.—Homer, Iliad, Books ix. xviii. xxiv. *Latin*.—Virgil, Georgics. *Catechetical Examination*.—Those parts of Isaiah, Jeremiah, Daniel, Micah, Zechariah, and Malachi, which are prophetic of the Messiah.

**JUNIOR SOPHISTERS. HILARY.—Logic and Locke.**—As before. *Physics*.—Hart's Mechanics, Part i. and chaps. i. ii. iii. of Part ii., omitting notes. *Greek*.—Sophocles, *Edipus Rex*. *Latin*.—Terence, *Adelphi* and *Hecyra*.

**TRINITY.—Logic and Locke.**—As before. *Physics*.—Hart's Mechanics, as before. Hart's Hydrostatics. Lloyd's Optics. *Greek*.—Euripides, *Medea*. *Latin*.—Juvenal, Sat. i. iii. iv. vii. viii. x. xiii. xiv.

**MICHAELMAS.—Logic and Locke.**—As before. *Physics*.—As before. *Astronomy*.—Brinkley, chaps. i.-viii. incl., xiv. xvi. xviii. *Greek*.—Æschylus, *Septem contra Thebas*. *Latin*.—Horace, Odes, Epodes, and Carmen Seclulare.

**SENIOR SOPHISTERS.**—In the Senior Sophister year there are five distinct courses, headed—Astronomy, ethics, mathematical physics, experimental physics, and classics, as given below. Students in general must answer in the courses headed astronomy and ethics, and in any two of the remaining courses which they may prefer. Students, however, who have credit for full attendance on the professional lectures in the School of Medicine, in any term, will, at the subsequent examination, be required to answer in *one* only of the three remaining courses, in addition to astronomy and ethics. At the degree examination no student can claim this privilege unless he has credit for full professional attendance for the actual year in which he presents himself for his degree.

**HILARY. Astronomy.**—As in Junior Sophister year. *Ethics*.—Stewart's Outlines of Philosophy. *Mathematical Physics*.—Mechanics, Hydrostatics, and Optics, as in Junior Sophister year. *Experimental Physics*.—Dixon on Heat, parts marked. Gregory's Outlines of Chemistry, 2nd Edit., vol. i., to p. 134. *Classics*.—Aristotle's Ethics, Books i. ii. iii. Cicero de Officiis, Book i.

**TRINITY.—Astronomy.**—As before. *Ethics*.—Stewart as before. Butler's Analogy, Part i., Introduction and chaps. iv. v., vii., and conclusion: Part ii., except chap. vii. *Mathematical Physics*.—As before. *Experimental Physics*.—Heat, as before. Roget on Electricity and Galvanism. Gregory's Outlines, remainder of vol. i. *Classics*.—Xenophon's Memorabilia, Books i. ii. Horace, Satires and Epistles.

**MICHAELMAS.—Astronomy.**—As before. *Ethics*.—Stewart and Butler, as before. Paley's Evidences, Part i. *Mathematical Physics*.—As before. *Experimental Physics*.—Heat and Electricity, as before. Chemistry, as before. Roget on Magnetism. *Classics*.—Thucydides, Book vii. Lucretius, Book i.

A student must obtain credit for four terms, or examinations, at least, in his two Freshmen years, in order to rise to the Junior Sophister Class. Of these four, one examination must be passed in the Junior Freshman year, and two terms, or examinations, in the Senior Freshman year, one of which must be the Michaelmas examination.



A student must obtain credit for three terms, or examinations, at least, in his Sophister years, before he can present himself for his degree examination. Of these three, one examination must be passed in the Junior Sophister year, and one term, or examination, in the Senior Sophister year.

### SCHOOL OF PHYSIC IN IRELAND.

This institution was established by several acts of parliament (21st Geo. II., 25th, 31st, and 40th Geo. III.), in consequence of bequests made by Sir Patrick Dun, a native of Aberdeen, in Scotland, and an eminent physician practising in Dublin. Its foundation and construction is peculiar, being composed of the three Professors appointed by act of parliament in Trinity College, to lecture on *anatomy and surgery, chemistry, and botany*; and of three other Professors, similarly appointed, to lecture on the *institutes of medicine, the practice of physic, and materia medica*; called the King's Professors in the city of Dublin, on the foundation of Sir Patrick Dun; elected by three Fellows of the College of Physicians and the Provost and Professor of Physic of Trinity College. No other person holds or can hold any other professorship in the SCHOOL of PHYSIC, unless, when the income derived from the estates of Sir Patrick Dun shall permit, a Professorship of Midwifery shall be established. The Provost and Senior Fellows of Trinity College are empowered to make rules and orders to regulate the conduct of the University Professors; and the College of Physicians are similarly empowered as regards the King's Professors, on the foundation of Sir Patrick Dun; with appeal to the Visitors of Trinity College on the one hand, and to those of the College of Physicians on the other; but no power exists enabling either of these bodies to disturb the constitution of this institution, or to add to or alter the professorships which compose it. Another body, however, the Electors of the King's Professors, are empowered to admonish any of these Professors who wilfully neglect their duties, and to deprive them of their professorships in case of obstinate neglect; as the Provost and Senior Fellows of Trinity College can admonish and deprive the University Professors. The act of parliament enjoins that the lectures of the University Professors shall be delivered in Trinity College, and that those of the King's Professors, on Sir Patrick's Dun's foundation, shall be delivered in the theatre erected for the purpose in Sir Patrick Dun's Hospital, and if not delivered there, the professorships are void. The University Professorship of Anatomy and Surgery also becomes void, as regards this institution, unless continued as such by Trinity College.

The SCHOOL of PHYSIC grants neither Degrees, Diplomas, nor Licences; but the certificates granted by it for attendance on its lectures and clinical hospital are received as qualification by the College of Physicians; and by Trinity College, if candidates presenting them are Graduates in Arts, but not otherwise. Students attending the Lectures of the University Professors, who are not Graduates or Undergraduates of Trinity College, are obliged to enrol themselves as such in the College books, for which they pay a fee of 5s., and this is nominated in the act of parliament a *matriculation*; but they are not required to pass any examination, or permitted to perform any academic exercises; the object being merely to bring them within the limits of College authority, in order to restrain them in case of misbehaviour.

The present King's Professors, on the foundation of Sir Patrick Dun, are—Dr. Law, on the institutes of medicine; Dr. Osborne, on *materia medica*; and Dr. Banks, on the practice of physic. The University Professors are—Dr. Harrison, on anatomy and surgery; Dr. Apjohn, on chemistry; and Dr. Allman, on botany. The fees for attendance are three guineas for each course, and pupils are required to enter their names on or before the 25th of November.

### ROYAL COLLEGE OF SURGEONS, ENGLAND.

*President*.—Cæsar H. Hawkins.

*Vice-Presidents*.—James Luke and Robert Keate.

*The Council*.—The President and Vice-Presidents, G. J. Guthrie, T. Copland, W. Lawrence, Sir B. C. Brodie, Bart., B. Travers, J. Swan, J. H. Green, E. Stanley, J. M. Arnott, J. F. South, F. C. Skey, B. B. Cooper, J. Hodgson, T. Wormald, G. Pilcher, J. Bishop, G. W. Mackmurdo, F. Kiernan, W. Coulson, G. Gulliver, and R. Partridge.

*Court of Examiners*.—The President and Vice-Presidents, G. J. Guthrie, W. Lawrence, B. Travers, E. Stanley, J. H. Green, J. M. Arnott, John F. South.

*Examiners for the Fellowship in Classics, Mathematics, and French*.—G. Smith, G. G. Stokes, and I. Brasseur.

*Professor of Anatomy and Physiology*.—F. C. Skey.

*Hunterian Professor and Conservator of Museum*.—R. Owen.

*Conservator*.—J. T. Quekett.

*Librarian*.—T. M. Stone.

*Secretary*.—E. Belfour.

*Regulations respecting the Education of Candidates for the Diploma of Member.*

Candidates will be required to produce the following certificates—viz, 1, of being twenty-one years of age; 2, of having been engaged during four years in the acquirement of professional knowledge; 3, of having studied practical pharmacy during six months; 4, of having attended at a recognized hospital or hospitals in the united kingdom the practice of physic during one winter and one summer session; 5, of having attended, during three winter and two summer sessions, the practice of surgery at a recognized hospital or hospitals in the united kingdom; 6, of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions; 7, of having attended, during two winter sessions, lectures on the principles and practice of surgery; 8, of having attended, during one summer session, lectures on *materia medica*, and lectures on midwifery; practical midwifery to be attended at any time after the conclusion of the session; 9, and of having attended one course of lectures on the practice of physic, and one course on chemistry.

Members or licentiates of any legally constituted college of surgeons in the united kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

Graduates in medicine of any legally constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognized schools and hospitals in the united kingdom.

Candidates who shall have attended at recognized colonial hospitals and schools, the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections, required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognized hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

Certificates will not be recognized from any hospital unless the surgeons thereto be members of one of the legally constituted colleges of surgeons in the united kingdom; nor from any school of anatomy and physiology or midwifery, unless the teachers in such school be members of



some legally constituted college of physicians or surgeons in the united kingdom ; nor from any school of surgery, unless the teachers in such school be members of one of the legally constituted colleges of surgeons in the united kingdom.

Certificates will not be received on more than one branch of science from one and the same lecturer : but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science ; and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the institutes of medicine,—anatomy, demonstrations, and dissections,—may be separately certified.

Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year ; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools. By order of the Council,

E. BELFOUR, Secretary.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed ; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination ; and all such certificates are retained at the College.

#### ARMY MEDICAL SERVICE,

12, St. James's-place.

*Inspector-General of Hospitals and Superintendent of the Medical Department*—Dr Andrew Smith.

*Professional Assistant*—Dr. Thomas Spence.

*Inspector of Medicines, &c.*—Staff-Surgeon Pilleau.

*Apothecary to the Forces*—F. M. Bassano, Esq.

REGULATIONS—DATED FEBRUARY, 1840.

Candidates are required to produce the diploma of the College of Surgeons of London, Edinburgh, or Dublin, and the following testimonials :—

Eighteen months' attendance at an hospital of celebrity, where the average number of in-patients is not less than one hundred ; twelve months' anatomy ; twelve months' practical anatomy ; six months' physiology ; twelve months' surgery, or (what is preferred) six months' surgery, and six months' military surgery ; eight months' clinical surgery, a complete course of two or three lectures during the week ; twelve months' practice of physic, or six months' practice of physic, and six of general pathology ; eight months' clinical lectures on ditto, the same as required in surgery ; twelve months' chemistry ; six months' practical chemistry ; three months' botany ; three months' materia medica ; three months' practical pharmacy or apprenticeship ; three months' natural history ; three months' midwifery ; three months' practical midwifery ; one course natural philosophy ; one course logic.

The candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred ; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

The greater the attainments of the candidates, the more eligible will they subsequently be deemed for promotion, as selections to fill vacancies will be guided more by reference to such requirements, especially in the higher ranks, than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign universities or schools will be admitted to examination.

With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lecturers for each branch of science.

Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at this office for examination and registry at least one week before the candidate appears for examination ; likewise certificates of moral conduct and character, one of them by the parochial minister, if possible. Baptismal certificates are required at the same time, and if the parish register cannot be resorted to, an affidavit from one of the parents, or some near relative who can attest the fact, will be accepted.

The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil. Certificates of lectures and attendance must be from physicians or surgeons of the recognized colleges of the united kingdom, or of foreign universities.

All candidates for medical appointments are required to be conversant with "Cullen's Nosology."

#### ORDNANCE MEDICAL DEPARTMENT,

63, Pall-mall.

*Inspector-General*—Mr. James Stewart.

*Deputy Inspector-General*—Dr. Verling.

*Provisional List.*—Medical students who have completed their twentieth year, who have been well instructed in Latin and Greek, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being diligent in the study of their profession, and the sciences connected with it, may be entered in the Provisional List of gentlemen desirous of being admitted candidates for the Ordnance Medical Department.

*Candidates.*—No applicant is to be received on the list of candidates before he is twenty-two, nor retained on it after he is twenty-five years of age. The age of every individual must be verified by a certificate of his baptism, if it can be procured ; but if not, by a solemn declaration of one of his parents, or of some other person who can attest the date of his birth.

*Qualifications.*—Every candidate must bring proof of having diligently served five years to a surgeon and apothecary, if educated in England ; but if not, qualification in the practice of medicine and pharmacy equivalent thereto. Of having attended the practice of surgery in a recognized hospital or hospitals, where clinical instruction is constantly given for three years, three months being allowed for a vacation in each year. Of having attended anatomical lectures, demonstrations, dissections, three anatomical seasons or sessions ; morbid anatomy and pathology, one course ; lectures on the principles and practice of surgery delivered in two distinct periods or sessions, two courses, each comprising seventy lectures, or one course of surgery and one of military surgery ; natural history or comparative anatomy, one course ; chemistry, one course of 100 lectures ; botany, one course ; materia medica and therapeutics, one course of 100 lectures ; lectures on the principles and practice of medicine, two courses, each 100 lectures, second third winters ; medical practice with clinical lectures, eighteen months, commencing the second session—viz., twelve months in a recognized hospital, and the remaining six months either in a recognized hospital or a dispensary ; medical jurisprudence with toxicology, one course of 50 lectures ; midwifery, two courses, each of 60 lectures, second and third sessions ; practical midwifery (not less than thirty cases) after the conclusion of the first course on midwifery lectures, a certificate of having passed the usual examination is to be produced ; diseases of the eye (with attendance on patients of that class), one course.

He must produce a diploma from either of the Colleges of London, Edinburgh, or Dublin, and, if not a graduated



M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree; a certificate also of qualification from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin, and for the treatment of patients affected with mental derangement.

### EAST INDIA MEDICAL SERVICE.

East India House, Leadenhall-street.

Surgeons—Dr. Jackson and Mr. Westall.

Examining Medical Officer—Dr. Scott.

#### Regulations.

**Age.**—The assistant-surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration and other certificates agreeably to forms to be obtained in the East India House for cadets and assistant-surgeons.

**Qualification in Surgery.**—The assistant-surgeon, upon receiving a nomination, will be furnished with a letter to the court of examiners of the Royal College of Surgeons, to be examined in surgery; or should the assistant-surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the Colleges of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the cupper of a public hospital in London, of being capable of practising with proper dexterity the art of cupping.

**Qualification in Physic.**—The assistant-surgeon will also be required to pass an examination by the company's examining physician in the practice of physic, as much anatomy and physiology as is necessary, and the art of prescribing and compounding medicines; and he will be required to produce proof of his having attended at least two courses of lectures on the practice of physic; and a certificate of having attended diligently the practice of the physicians at some general hospital in London for six months; or at some general hospital in the country (within the united kingdom) for six months, provided such provincial hospital contain at least, on an average, one hundred in-patients, and have attached to it a regular establishment of physicians as well as surgeons. No attendance on the practice of a physician at any dispensary will be admitted.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

List of gentlemen who obtained the Diploma of the College during the present year:—

John M. O'Reilly, Dublin  
Charles F. Anderson, do.  
Robert T. Furlong, Wexford  
James Brown, Dublin  
Peter Reynolds, Tyrrells' Pass  
Thos. McCarthy, Rathmines  
Pierre T. Connolly, Waterford  
Henry S. Halahan, Dublin  
Charles Allen, Sligo  
William Butler, Rathmines  
William Carte, Dublin  
Abel W. Doyle, do.  
Digby Lawlor, Portarlington  
Alexander F. Bartley, Dublin  
Arthur T. Greer, do.  
Charles W. Perceval, do.  
Charles H. Hyde, Longford  
David Woods, Banbridge  
Henry C. Boate, Dungarvan  
Bindon Seymour, co. Galway  
Frederick Lloyd, Dublin  
Richard Stanistreet, Youghal  
Daniel Ryan, Limerick  
James Stewart, Dublin  
William T. Harding, do.

James T. T. Doyle, Dublin  
Howard B. Montgomery, do.  
William G. Hill, —  
Archbald Stevenson, Dromore  
Robert Speedy, Dublin  
John Johnson, Baltinglass  
G. Pilkington, Carrick House  
Walter Thorpe, Dublin  
John McCoy, Dundalk  
John Cullinan, Ennis  
Thomas McGahan, Bailieboro  
William Cookman, Wexford  
John B. Newell, Gowran, co. Kilkenny  
Robert P. White, Dublin  
J. McGettigan, Letterkenny  
William H. Cruice, Belmullet  
William T. Martin, Dublin  
Thomas T. Murphy, Waterford  
John K. Barton, Dublin  
William H. Tomlinson, Mill Park, co. Carlow  
William B. Wallis, Dublin

### THE MIDLAND RETREAT,

(NEAR MARYBOROUGH, ON THE GREAT SOUTHERN AND WESTERN RAILWAY.)

For the reception and treatment of the INSANE, and of persons suffering from a disturbed state of the Nervous System.

Under the direction of Dr. JACOB,

Physician to the Maryborough District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c.

THIS ESTABLISHMENT, which has recently been considerably enlarged on the most improved principles, consists of two separate and commodious residences—Anne Brook for the reception of Ladies—Woodville for Gentlemen,—each situated on extensive and highly ornamented grounds, with large well-enclosed gardens. Neither house presents any of the usual characters of a lunatic asylum, as they are handsome, well-furnished country residences, where the patients enjoy all the comforts and indulgences of a private house, without being exposed to what might distress the feelings by giving rise to the idea of confinement. Arrangements have been made by which the inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establishments are conducted can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, &c., and intermediate towns.

### SHIRTS CUT BY MACHINERY.

WEBB AND CO.'S

New System of Shirt-cutting by Machinery enables them to produce really First-class Shirts at prices lower than they have ever yet been offered.

Their Eglinton Shirts,

at 2s. 6d., 3s. 6d., and 4s. 6d. each,

are accurately Cut, elegant in Design, and perfectly sound in Fabric.

A large assortment of Fancy Veined Full-dress Shirts always on hand.

### THE TAILORING AND GENERAL OUTFITTING WAREROOMS

are now most extensively supplied with every description of WINTER CLOTHING.

### THE READY-MADE DEPARTMENT

contains an immense variety of

Top Coats, Travelling Coats, Wrapper Coats, Pilot and Frieze Pea Coats,

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which, for Workmanship and Solid Value, are not and cannot be surpassed.

WEBB AND CO.,

10, 11, and 12, CORN-MARKET.

### HOSPITAL SULPHATE OF QUININE, PURE CRYSTALLIZED,

Prepared by EDWARD HERRING, of the late firm of HERRING, Brothers, for the use of Hospitals, Dispensaries, &c.

THIS Sulphate of Quinine is chemically pure, its form of crystal is the same and in every respect identical with the Sulphate of Quinine of commerce, the only difference being that the one is unbleached and the other bleached. It was originally introduced for the use of Hospitals, Dispensaries, and public Charities, but its purity and great reduction in price is attracting the attention of Medical Men and the Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each, capsuled, with the name of the Proprietor, and labelled with the name of the Inventor. The peculiar mode of preparing the unbleached and white sulphates is being made the subject of a patent, and will shortly be made public.

Both articles to be had of the leading Druggists in London and the united kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, Jun., Proprietor,

Chemical Works, Trinity-street, Southwark, London.  
October 23, 1852.





## SCHOOL OF SURGERY.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION 1852-53.

THE Dissecting-rooms opened on the 1st of October, and the Lectures commenced on the 25th.

Anatomy and Physiology—Dr. Jacob.  
Descriptive Anatomy—Dr. Hart and Dr. Power.  
Surgery—Mr. Porter and Mr. Hargrave.  
Practice of Medicine—Dr. Benson.  
Chemistry—Dr. Barker.  
Midwifery—Dr. Beatty.  
Comparative Anatomy—Dr. Jacob.  
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. T. D. Hargrave, Mr. Malcomson, and Mr. J. Morgan.

## SUMMER SESSION.

Materia Medica—Mr. Williams.  
Medical Jurisprudence—Dr. Geoghegan.  
Botany—Dr. A. Mitchell.  
Practical Chemistry—Dr. Barker.

The fee for each of the above Courses is two guineas, except Comparative Anatomy, which is free.

A public course of lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session, and additional lectures on the same subject at intervals during the winter.

Practical instruction in Operative Surgery is given by the Professors of Surgery, separate from the surgical lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the school of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England.

## Hours of Lecture:

Descriptive Anatomy—Twelve o'clock every day.  
Chemistry—One o'clock, Mondays, Wednesdays, and Fridays.

Anatomy and Physiology—Two o'clock every day, except Monday.

Surgery—Three o'clock, Tuesdays, Thursdays, and Saturdays.

Practice of Medicine—Three o'clock, Mondays, Wednesdays, and Fridays.

Midwifery—Four o'clock, Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Professor of Botany will commence a course of lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

CITY OF DUBLIN HOSPITAL,  
Upper Baggot-street.

The Winter Session commenced on Monday, October 25.

The arrangements of this hospital are such as to afford the student an opportunity of studying disease in all its forms—Medical and Surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every pupil of becoming practically acquainted with the uses of the Stethoscope. Clinical Lectures are delivered after the hospital visit.

Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of Eye Cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's course of Lectures upon Military Surgery is also open to the pupils of the hospital. This course is recognized as equivalent to six months' surgery in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service.

A Lending Library of well-chosen books has been provided for the use of the pupils; and a correct Registry of the cases in hospital is kept by the House-Surgeon, to which they have free access.

Certificates of attendance on this hospital are recognized by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards.

Fee for Winter six months	...	...	Six guineas.
" Summer six months	...	...	Four guineas.
" Nine months	...	...	Eight guineas.

## Medical Attendants.

- A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 28, Ely-place.  
T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merrion-square, North.  
C. Benson, M.D., Fellow and Professor of the Practice of Medicine, Royal College of Surgeons, 34, York-street.  
W. Hargrave, M.D., Fellow and Professor of Surgery, Royal College of Surgeons, 37, York-street.  
R. C. Williams, M.D., Fellow and Professor of Materia Medica, Royal College of Surgeons, 14, Lower Fitzwilliam-street.  
T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street.  
J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street.

## Consulting Physicians.

Sir Henry Marsh, Bart., and Professor Apjohn.

## Consulting Surgeons.

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, York-street.

## PRACTICE OF PHYSIC.

Dr. BENSON will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons on Wednesday, the 10th day of November, at Three o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of Medical Diseases will form the subject of the Course.

Pathological Preparations, Plates, and recent Specimens of Diseased Parts, will be exhibited for the purpose of illustration. The Lectures will be delivered on Mondays, Wednesdays, and Fridays, throughout the session, at Three o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; those entering the Navy to attend Three such Courses.

Fee for each Course ... .. Two guineas.



**DISEASES OF THE EYE**

**DR. JACOB** will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

THE  
**RICHMOND SURGICAL, WHITWORTH MEDICAL,  
AND  
HARDWICKE FEVER HOSPITALS,**  
*North Brunswick-street.*

The Course of Attendance and Clinical Lectures at the above mentioned hospitals will commence on Wednesday, the 3rd of November, 1852, at eleven o'clock a.m., when Dr. Corrigan will deliver the Introductory Lecture. The Course will be continued during the Winter and Summer Sessions.

These hospitals contain 300 beds, and have attached to them the Talbot General Dispensary, the Lunatic Asylum at Island Bridge, and the Truss Establishment for the Relief of the Ruptured Poor of Ireland; also a well-selected Medical and Surgical Library.

There is also an extensive Museum, containing nearly four thousand Morbid Preparations, Casts, and Drawings, available for clinical instruction, and always accessible to the hospital class.

The Surgeons visit daily at half-past eight o'clock, and the Physicians daily at ten o'clock a.m.

Two Surgical and two Medical Clinical Lectures will be delivered in each week.

The Resident Pupils and Clinical Clerks of the Richmond, Whitworth, and Hardwicke Hospitals are selected from the class, according to merit.

Two Prizes will be given at the end of the Winter Session—one in Clinical Surgery, and one in Clinical Medicine.

The Instruction in Clinical Medicine is given by—

**Dr. Corrigan, M.R.I.A.**, Physician in Ordinary to the Queen in Ireland, Lecturer on the Practice of Medicine in the Carmichael School of Medicine, &c.;

**Dr. Banks, M.R.I.A.**, Honorary Fellow of the King and Queen's College of Physicians in Ireland, King's Professor of the Practice of Medicine, Physician Extraordinary to the Richmond Lunatic Asylum;

**Dr. McDowell, F.R.C.S.I.**, Lecturer on Anatomy and Physiology in the Carmichael School of Medicine, &c.;

**Dr. Gordon, F.R.C.S.I., M.R.I.A.**, Physician to the Government Lunatic Asylum at Island Bridge.

The Instruction in Clinical Surgery is given by—

**Dr. Hutton, M.R.I.A.**, President of the Royal College of Surgeons in Ireland, Surgeon to Simpson's Hospital, &c.;

**Dr. Adams, F.R.C.S.I., M.R.I.A.**, &c.;

**Mr. Hamilton, F.R.C.S.I., M.R.I.A.**, Examiner in Surgery to the Queen's University, Lecturer on Surgery in the Carmichael School of Medicine, &c.;

**Dr. R. W. Smith, F.R.C.S.I., M.R.I.A.**, Professor of Surgery in the University of Dublin;

**Dr. Christopher Fleming, F.R.C.S.I., M.R.I.A.**, Surgeon to the Netterville Institution, &c.

In the immediate vicinity of these Hospitals is the Carmichael, late the Richmond Hospital, School of Medicine, where regular Courses of Lectures are delivered on the several subjects of medical science.

Attendance for nine months on the practice of a general hospital, with attendance on the clinical lectures on medicine and surgery therein delivered, is, by a recent regulation of the Board of Trinity College, required from candidates for the degree of M.B.

The London College of Surgeons require a list of the pupils entering for the Winter Session to be transmitted to their Secretary, on or before the 25th of November next.

*Terms of Attendance.*

For the Winter Session of six months, Eight guineas.  
For the Summer Session of three months, Three guineas.

For further particulars apply to the Secretary, Dr. Hutton, 29, Gardiner's-place, or at the Hospitals.

**JERVIS-STREET HOSPITAL, DUBLIN.**

The Winter Session 1852-53 begins on the 1st November.

The Hospital, which contains Eighty beds, will be visited daily at nine o'clock a.m.; and arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin. An extensive Dispensary is attached, in which the pupils are allowed to perform all the minor operations in surgery, under the guidance of the attending surgeons; and two wards have been recently fitted up for the treatment of Diseases of the Eye.

Two Medical and two Surgical Clinical Lectures will be delivered weekly by the attending Physicians and Surgeons, and due notice of Operations will be given, unless in cases of emergency.

The situation of Resident Pupil is open to pupils as well as apprentices of the Hospital, and the appointment for the ensuing session will take place on Monday, November 8th.

Certificates of attendance at this Hospital are recognized by the King and Queen's College of Physicians, the Queen's University, the University of Edinburgh, the Army Medical, Navy, and East India Boards, and all the licensing bodies in the kingdom.

In addition to the ordinary Clinical Instruction, a special Course of Lectures will be delivered during the ensuing session, for which distinct certificates will be given.

*Physicians.*

**J. Moore Neligan, M.D., M.R.I.A.**, Lecturer on the Practice of Medicine in the Dublin School of Medicine.

**John Hughes, L.K. and Q.C.P., and R.C.S.I.**, one of the Medical Officers of the Richmond Lunatic Asylum.

*Surgeons.*

**R. P. O'Reilly, F.R.C.S.I.**

**Andrew Ellis, F.R.C.S.I.**, Professor of Surgery to the Apothecaries' Hall, Dublin.

**M. H. Stapleton, M.D., M.R.I.A., F.R.C.S.I.**, Professor of Anatomy to the Royal Hibernian Academy.

**R. Harrison, M.D., M.R.I.A., F.R.C.S.I. and E.**, Professor of Anatomy and Physiology, Trinity College, Dublin.

**A. Banon, M.D., F.R.C.S.I.**, Medical Attendant of the Richmond Government Prison, and Acting Physician to the City of Dublin Prisons.

**James S. Hughes, M.D., F.R.C.S.I.**

**J. H. Power, M.D., F.R.C.S.I.**, Professor of Anatomy in the Royal College of Surgeons in Ireland.

*Fees for Hospital Attendance and Lectures.*

Winter Session	...	...	Six guineas.
Nine Months	...	...	Eight guineas.
Perpetual Pupils	...	...	Twenty guineas.

For further particulars apply to Mr. Macgrath, at the Hospital, or to any of the Physicians or Surgeons.

**LYING-IN HOSPITAL,**

*Rutland-square, Dublin.*

This Hospital, established by Royal Charter of Geo. II., 1756, contains 140 beds, fifteen of which are appropriated to the Diseases of Females. Upwards of two thousand women are annually delivered in this institution by the pupils, under the superintendence of the resident medical officers.

There is a Museum and library for the use of the students, and comfortable accommodation for intern pupils.

This hospital is recognized as a school for the delivery of Lectures on Midwifery, by the Master, by the Royal Colleges of Surgeons in England and Ireland; by the King and Queen's College of Physicians, Dublin; the Apothecaries' Hall of Dublin, and all other licensing bodies.

The Winter Course of Lectures begins in November; the Summer, in May.

Application to be made to the Master, Dr. Shekleton, at the Hospital.

**THE REVERSED AND DOUBLE-ACTIONED  
PATENT TRUSS.**

Invented by FRANCIS L'ESTRANGE, Esq., F.R.C.S.I.

**WILLIAM DUFF**, of 37, Molesworth-street, Dublin, calls the attention of the Medical Profession and the Public to this Truss. He can state with confidence it is the only instrument constructed on Scientific Principles, having for its object the Radical Cure of Rupture. It acts not merely as a palliative, but will produce a radical cure, as is attested by numerous certificates.

W. D. is the only Manufacturer of the Instrument. The trade and public institutions will be liberally dealt with.



## MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

The Winter Session commenced on the 1st of October. The usual courses of Clinical Instruction will commence on the first Monday in November, and will be continued through the session by the Physicians and Surgeons of the Institution.

Arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin.

The Medical and Surgical Clinical Instruction will be carried on on the alternate days—Mondays, Wednesdays, and Fridays for SURGICAL; and Tuesdays, Thursdays, and Saturdays for MEDICAL Instruction.

Operations, unless in cases of emergency, will only be performed on the days of surgical instruction.

A Surgical Registry of all cases admitted into the hospital is carefully preserved, and is open to the inspection of the pupils. A dispensary is attached to the hospital, in which the pupils are allowed to perform all the minor operations in surgery, under the guidance of the attending surgeons. From 200 to 300 patients are prescribed for and relieved in the dispensary daily.

The following premiums are to be awarded, as usual, at the close of the session:—

1. The Clinical Medical Premiums.
2. The Clinical Surgical Premiums.

Of these there are two in each class to be awarded according to the order of merit.

The situation of Resident Pupil is open to pupils as well as apprentices of the hospital.

Special recommendatory certificates are given to such gentlemen as have filled the situation of Clinical Practising Assistants in the hospital for at least four months to the satisfaction of the medical officers.

Certificates of attendance on this hospital are acknowledged by all the Colleges, Halls, and Boards.

The Medical Clinical Instruction is given by Dr. Stokes, Regius Professor of the Theory and Practice of Physic, Trinity College, Dublin, &c.; and Dr. Lees, Fellow of the College of Physicians, Lecturer on the Practice of Physic, Examiner in Medicine to the Queen's University in Ireland, &c.

The Surgical, by Sir Philip Crampton; Mr. Porter, A.M., Professor of Surgery, Royal College of Surgeons, Ireland, &c.; Mr. Smyly, A.M., F.R.C.S.I., &c.; Mr. G. Porter, A.M., F.R.C.S.I., &c.; Mr. Collis, A.M., F.R.C.S.I., &c.; and Mr. Rynd, A.M., F.R.C.S.I., &c. &c.

For further particulars apply to Francis Rynd, Secretary, No. 49, Ely-place, or at the hospital.

## DOCTOR STEEVENS' HOSPITAL.

The Winter Course of Attendance at this Hospital will commence on Monday, the 1st of November, at eight o'clock a.m.

Clinical Lectures will be delivered on Mondays, Wednesdays, Thursdays, and Fridays, at half-past eight o'clock a.m.

Medical Clinical Lectures by Sir H. Marsh, Bart., Physician in Ordinary to the Queen in Ireland, &c. &c.; Dr. C. P. Croker, Physician to Swift's Hospital for the Insane, &c. &c. &c.

Surgical Clinical Lectures by Mr. Cusack, University Professor of Surgery, Surgeon to Swift's Hospital for the Insane; Mr. Colles, F.R.C.S.I.; and Mr. Wilmot, F.R.C.S.I., Lecturer on Surgery in the Carmichael School of Medicine, &c. &c.

This Hospital contains 230 patients, and is provided with distinct wards for Venereal Complaints and Diseases of Children. A large Dispensary is attached to the institution, also an extensive Medical and Surgical Library.

There are, in addition, furnished apartments for eight Resident Pupils, two Surgical Clinical Clerks, and one Medical.

Four prizes will be given at the end of the session—two in Clinical Surgery, and two in Clinical Medicine.

As the Hospital is visited early in the morning, and with strict punctuality, no difficulty is experienced by the pupil in attending lectures at the various schools of medicine in the city.

N.B.—The Hospital adjoins Swift's Lunatic Asylum.

Terms of attendance on the Medical and Surgical Wards, Lectures included:—

Winter Session of six months	Eight guineas.
Summer Session of three months	Three guineas.
Intern Dressership for Winter six months,	Twenty guineas.
Ditto, Summer six months,	Fifteen guineas.

For further particulars apply to the Resident Surgeon at the Hospital.

## SAINT VINCENT'S HOSPITAL, 38

*Stephen's-green.*

The Winter Session for the Attendance of Pupils on the Practice of this Hospital will commence on Monday, 1st of November, 1852.

The Hospital, which is on the principle of the hospitals in Paris, contains one hundred beds, constantly occupied by instructive cases.

A large Ward has been opened for the reception of children, on the plan of the "*Enfants Malades*," and will afford opportunities for studying the diseases of early life.

Connected with the Hospital is an extensive Dispensary, where abundant means are presented for the acquisition of Medical and Surgical knowledge.

The Hospital will be visited daily at eight o'clock a.m. Clinical Lectures will be delivered twice every week during the Session, and Clinical Instruction daily.

The Clinical Lectures will be illustrated by a splendid collection of Original Drawings, Casts, and Preparations.

Certificates of attendance on the practice of this Hospital are recognized by the Colleges of Surgeons in London and Dublin, the London University, the Queen's University in Ireland, the Apothecaries' Hall, Dublin and London, the Army and Navy Medical Boards, &c. &c.

In order to encourage that branch of study, Dr. O'Ferrall will, at the end of the Session, award a Prize to the pupil who shall produce the series of cases containing the most accurate description of Diseases in Children.

### Medical Advisers.

First: J. M. O'Ferrall, Esq., M.D., M.R.I.A., F.R.C.S.

Second: O'B. Bellingham, Esq., M.D., F.R.C.S.

### Consultants.

Sir Philip Crampton, Bart., M.D., F.R.S., F.R.C.S.

Sir Henry Marsh, Bart., M.D., M.R.I.A.

Further particulars may be learned by inquiring at the Hospital during the hours of attendance.

## CARMICHAEL SCHOOL OF MEDICINE.

WINTER SESSION OF 1852-53.

The Winter Course of Lectures will commence on Monday, 1st day of November, at Twelve o'clock, and continue six months.

Anatomy and Physiology—Dr. Mayne and Dr. McDowel.

Surgery—Dr. Hamilton and Mr. Wilmot.

Medical Jurisprudence—Dr. O'Reilly.

Practice of Medicine—Dr. Corrigan.

Midwifery—Dr. Denham.

Chemistry—Dr. Davy.

Materia Medica—Mr. Macnamara.

Botany—Dr. Frazer.

Demonstrations—Mr. Macconchy and Dr. Cryan.

Dr. Cryan and Mr. Macconchy will attend constantly in the rooms to assist students in Practical Anatomy, which has already commenced.

### CARMICHAEL PREMIUMS.

By a bequest of the late Mr. Carmichael, these premiums have been continued to the school. Public examinations will therefore be held, and premiums awarded, at the termination of the course, to the best answerers in the various branches taught in the school.

For further particulars apply to Dr. Mayne, 13, Upper Gloucester-street; Mr. Hamilton, 37, Westland-row; Dr. McDowel, 10, Great Denmark-street; Mr. Wilmot, Stephen's-green, west; or Dr. Macconchy, 1, Blessington-street.

## MILITARY SURGERY.

MR. TURNELL will commence the Course of Lectures on Military Surgery in the Theatre of the City of Dublin Hospital on Tuesday, November 16th, at Four o'clock p.m.

This Course is recognized as equivalent to Six Months' Surgery in the professional qualifications of Candidates for the Medical Departments of the Army, Navy, and Ordnance; and by an Order of the India Board, dated March 1, 1852, is rendered imperative upon all Gentlemen educated in Ireland, who may hereafter seek admission into the Hon. East India Company's Service.



# SCHOOL OF PHYSIC IN IRELAND.

(Established by act of parliament 40 Geo. III., and under the joint government of the Board of Trinity College and the King and Queen's College of Physicians.)

The Professors will commence their Annual Courses of Lectures, and Hospital Attendance on Monday, the 1st of November.

At 10 o'clock, Dr. Law, on the Institutes of Medicine and Pathology, every Wednesday, Thursday, Friday, and Saturday.

11 „ Dr. Osborne, on *Materia Medica* and Pharmacy, every Wednesday, Thursday, Friday, and Saturday.

1 „ Dr. Harrison, on Anatomy and Physiology.

2 „ Dr. Apjohn, on Chemistry.

2 „ Dr. R. W. Smith, on Surgery, on Fridays and Saturdays, and at eleven o'clock on Mondays.

3 „ Dr. Banks, on the Practice of Medicine, every Monday, Tuesday, Wednesday, and Thursday.

4 „ Dr. Montgomery, on Midwifery and the Diseases of Women and Children, every Monday, Tuesday, Wednesday, and Thursday.

The following Course delivered during the Summer Session:—  
Dr. Allman, on Botany,  
Dr. Apjohn, on Practical Chemistry,  
Dr. Brady, on Medical Jurisprudence.

Sir Patrick's Dun's Hospital will be visited at twelve o'clock daily, and Clinical Lectures delivered twice in each week during the Winter Session, as also during the months of May, June, and July.

The Course of Practical Anatomy and of Anatomical Demonstrations will be conducted by the Professor of Anatomy, assisted by the Demonstrators, Messrs. A. Brabazon and W. Peebles.

The fee for each of the above courses of lectures is three guineas; second course, two guineas; but Students in Arts of Trinity College, who have matriculated in medicine, will be permitted to attend one course, *free of expense*, with each of the University Professors.

The Library of the College of Physicians at Sir P. Dun's Hospital is open on every Tuesday and Friday for the delivery of books to students subscribing 1*l*s. annually.

Students may matriculate in medicine on payment of 5*s*. to the Senior Lecturer of Trinity College, and such have the privilege of attending the lectures on Natural Philosophy in the University, and have free access to the Museum of Natural History, and to the College Botanical Gardens, when Demonstrations in Botany will be delivered by the Professor of Botany.

All the lectures, with the exception of the clinical lectures, will be delivered in the Medical Lecture-rooms of the University. WM. E. STEELE, M.B.

Fellow and Registrar of the King and Queen's College of Physicians in Ireland.

## CORK SCHOOL OF MEDICINE.

The Twenty-sixth Winter Session commenced on the 22nd instant, at Two o'clock p.m.

Anatomy and Physiology—H. A. Cæsar, M.D.

Surgery—W. K. Tanner, M.D.

*Materia Medica*—J. F. McEvers, M.D.

Botany—T. Power, M.D.

Midwifery—W. C. Townsend, M.D.

Practice of Medicine—C. Y. Haines, M.D.

Chemistry—W. C. Nash, M.D.

Natural History—T. C. Shinkwin, M.R.C.S.

Natural Philosophy—Ed. McCarthy, Esq.

Practical Anatomy—H. A. Cæsar, M.D., T. C. Shinkwin, M.R.C.S., and E. Lundy, M.R.C.S. Eng.

This School, situate on the South Mall, midway between the North and South Infirmaries, has all the requisites for complete Medical Education. Its reputation, for over a quarter of a century, is best tested by the high character of its numerous "Alumni," not only in this city and province, but in each department of Her Majesty's service, and every quarter of the globe.

DISSECTIONS HAVE COMMENCED.

For particulars apply to Dr. Cæsar, South Mall. October 12, 1852.

# SCHOOL OF ANATOMY, SURGERY, AND MEDICINE,

*Cecilia-street, Dame-street.*

The Winter Session will commence on 2nd of November, at One o'clock.

Anatomy and Physiology—Dr. J. H. Corbett.

Surgery—Mr. Ellis.

Practice of Medicine—Dr. Aickin.

Chemistry—Dr. Aldridge.

Descriptive and Surgical Anatomy—Dr. Corbett, Dr. Murney, Dr. Byrne.

Practical Anatomy—Dr. Corbett, Dr. Murney, Dr. Byrne, Dr. Torney, W. H. Tomlinson, L.R.C.S.I.

The Dissections are conducted under the constant direction of the Professor and Demonstrators of Anatomy.

The several courses delivered in this School are recognized by all the Colleges of Physicians and Surgeons, the Army, Navy, and East India Boards, &c. &c.

The Summer Session will commence in May.

## MEDICAL SCHOOL.

### ANDERSON'S UNIVERSITY, GLASGOW.

The Winter Session will begin on Tuesday, November 2, 1852. Lectures will be delivered daily for Six Months on the following branches of Medical Science:—

Anatomy, Descriptive and Physiological—Dr. M. S. Buchanan.

Anatomy, Demonstrative and Surgical—Dr. M. S. Buchanan.

Demonstrator—Dr. George Buchanan.

Principles and Practice of Surgery—Dr. Hunter.

Principles and Practice of Medicine—Dr. A. Anderson.

Institutes of Medicine—Dr. E. Watson.

*Materia Medica*, Pharmacy, and Dietetics—Dr. Easton.

Chemistry—Dr. Penny.

Practical Chemistry—Dr. Penny.

Midwifery and Diseases of Women and Children—Dr. Paterson.

Medical Jurisprudence and Police—Dr. Crawford.

Natural Philosophy (thrice a week)—Dr. Taylor.

Mathematics—Mr. Laing.

Summer Courses of Anatomy, Midwifery, Chemistry, and Botany, begin in May.

Botany—Dr. Bell.

Fee for each class, £2 2*s*. Perpetual, £3 3*s*.

Certificates of attendance on the above courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons in Glasgow; and by the Army, Navy, and East India Boards, and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing the practice of the following hospitals—viz., Lying-in Hospital, 10*s*. 6*d*. for six months; Eye Infirmary, £2 2*s*. for six months; Royal Infirmary, £8 8*s*. perpetual, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 900 annually; those admitted to the Royal Infirmary, nearly 3,000, besides 6000 out-patients treated at the Dispensary; average number of Surgical Operations, 120 annually.

The Saloon for Dissection, which is free to those attending either of the above Courses of Anatomy, is open from nine a.m. to four p.m.; and attached to it there have been opened a Reading Room and Museum for the use of the Anatomical Students.

The new and extensive Laboratory of the Institution, fitted up expressly for gentlemen desirous of pursuing Practical and Analytical Chemistry, is open daily from eleven till four o'clock. No charge for Apparatus and Materials in the Class for Practical Medical Chemistry.

The University Museum, a splendid collection of Specimens of Natural History, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all Students attending the University. A valuable Medical Library is also attached to the Medical School.



### M. BOISSONNEAU'S MOVEABLE ARTIFICIAL EYES.

The periodicals of the day have of late been frequently mentioning the improvements of this art, which may be looked upon as almost new.

M. Boissonneau, Oculist, of London, has succeeded in giving to the Artificial Eyes all the movements of natural eyes; this astonishing property would almost seem incredible, if the fact had not been clearly mentioned in several numbers of the *Lancet*. The loss of an eye is no longer an irreparable misfortune, for M. Boissonneau has succeeded in removing the physiognomical defect, which is the consequence of such loss, by these newly-devised Artificial Eyes, which patients can apply themselves with the greatest ease. The movements of the artificial substitutes are so admirable, that it is hardly possible to distinguish Nature from Art. The use of these Eyes is fully appreciated by those who are aware how much irregularities of the face mar a man's career. Those persons who have had the misfortune of losing an eye, and who are wishing to remove, by means of a Moveable Artificial Eye, made of enamel, the physiognomical defect, which is the consequence of the loss they have experienced, are informed that M. Boissonneau will be in Dublin on the 29th, 30th, and 31st, instant, in order to supply patients with Artificial Eyes.

M. Boissonneau will be found at 19, Molesworth-street. Such indigent persons who have lost an eye, and who shall be recommended by members of the medical profession, clergymen, or guardians of the poor, will be supplied gratuitously with Artificial Eyes.

M. Boissonneau, notwithstanding his numerous journeys, will be regularly found at his residence in London, No. 14, Princes-street, Cavendish-square, from the 3rd to the 10th of every month.

### KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

At the Annual Stated Meeting of the College, held on St. Luke's day, the following Fellows were elected Office-bearers for the ensuing year:—

President—Dr. William Fetherston Montgomery.

Vice-President—Dr. Aquilla Smith.

Censors—Doctors Thomas Brady, William Stokes, Aquilla Smith, James Foulis Duncan.

Treasurer—Dr. John Mollan.

Librarian—Dr. George Alexander Kennedy.

Registrar—Dr. William Edward Steele.

Professor of Midwifery—Dr. W. F. Montgomery.

Professor of Medical Jurisprudence—Dr. Thomas Brady.

Midwifery Court of Examiners—Doctors Wm. O'Brien Adams, Henry Law Dwyer, Fleetwood Churchill.

Inspectors of Apothecaries' Shops—Doctors Thomas Brady, Aquilla Smith, James Foulis Duncan, William Edward Steele.

By order, W. E. STEELE, Registrar.  
October 18, 1852.


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MR. W. B. RICHARDSON brought before the Society an enlarged spleen, which he had removed from the body of a woman, aged 55. The patient during her life was under the care of Dr. F. Smith of Richmond, who had kindly given Mr. Richardson the inspection. She was the mother of several children, and had been ill for some months past. The existence of a large substance in the abdomen was known. For some time previous to death, the action of the kidneys had been sluggish, and ascites had appeared once or twice. She had also become much emaciated, and died from mere asthenia.

*Autopsy.*—The thorax, viewed externally, was seen to be small; the abdomen was large, and the rest of the body was shrunken; there was little rigidity. Internally the spleen was found to be universally enlarged, weighing three pounds and a half, and having a speckled appearance from fibrinous spots; it encroached very much on the left side of the abdomen, covering and exerting great pressure on the left kidney. The left kidney was diminished in size; the right one was normal both in size and appearance. Other abdominal organs were natural. The left pleural cavity contained nearly three pints of fluid, by which the left lung was compressed to less than half its normal dimensions; the right lung was large and inflated with air. The heart was exceedingly small (not larger than the heart of a child five or six years old), and was pale in appearance, but it contained no fluid blood or clots, and its valves were healthy.

Mr. Richardson made one or two practical remarks on the case. The mode in which the large spleen had proved an indirect cause of death was interesting in a mechanical point of view. The pressure of the spleen on the kidney, and on the abdominal veins, had probably prevented the due evacuation of fluid matter from the body. Upon this had supervened the dropsy of the thorax, at which point the train of effects commenced which led directly to the fatal result. The pressure of the fluid in the thorax told upon the heart, impeding its action and causing atrophy of its walls. The central circulating organ was thus rendered incompetent for the office of propelling the nutrient blood round the body. The digestive process then became impaired, while such impairment would in its turn react upon the heart, thus hurrying on that asthenic state which ended in death. A second point of interest in the case was the fact, that although one kidney was atrophied, the other had undergone no compensating enlargement. This, Mr. Richardson thought, was owing to the age of the patient, and he expressed an opinion that the process of compensation by one organ, for the faults of a fellow organ, was limited by age, such compensation rarely occurring after the middle period of life. Lastly, this was a case which showed the necessity of taking general views of disease. A valued Fellow of the Society had once said, that at one of our special hospitals, loss of weight, diminished mobility in the breathing movements, and morbid sounds, were usually, in the hurry of seeing numbers of patients, considered by him as signs sufficiently indicative of phthisis pulmonalis. Now here was a case in which all these signs would have been found in a marked degree, yet the pathology of the case proved very different to the pathology of pulmonary consumption.

#### Dr. ROGERS exhibited an

#### ENLARGED HEART, WITH CALCAREOUS DEPOSITION.

The muscular fibre had undergone fatty degeneration. The age of the person from whom it was taken was 37. His history but imperfectly known, Dr. Rogers having been called in a few hours only before death. The patient then



complained of intense pain over the cardiac region, which he had suffered at intervals for six weeks previously. Difficulty, or rather oppression, in breathing, was also complained of. At the autopsy there was found effusion into the pericardium and right pleura, the left being bound down by old adhesions. The lungs were healthy. The other organs were not permitted to be examined.

Dr. COGSWELL read a communication

#### ON THE INFLUENCE OF HYDROCYANIC ACID ON THE LARYNX.

In experiments on frogs with hydrocyanic acid and other poisons, he had found, that in four or five minutes after the acid had been administered, and this whether it was given by the mouth or injected beneath the skin, the animals would keep the mouth open, when the inside was observed to be preternaturally florid. After death, which took place at an average in about two hours, the blood throughout the system was of a bright scarlet colour. But what most drew his attention was the state of the lungs, which were enormously distended, not collapsing when exposed. This led to an examination of the entrance of the larynx (aditus laryngis) which proved to be spasmodically closed. On its being pushed open with a probe, the lungs collapsed. On the other hand, in mammalia poisoned with prussic acid, the lungs are found to collapse, and the blood is dark. Could this difference be accounted for by the difference in the respiratory mechanism of the two classes of animals? The frog has neither ribs nor diaphragm, but forces the air into the lungs by the muscles of the throat, and expels it by the abdominal muscles. The lungs are little more than a pair of simple sacs. It has no epiglottis. The aditus laryngis is seen at the back of the mouth as a slit in a convexity formed by the two arytenoid cartilages. The muscles of the larynx in the batrachia, according to Mr. Bishop, are the dilator aditus laryngis and the constrictor aditus laryngis; besides which the tailless batrachia (the frog, &c.) have another called the compressor glottidis, which, as the author understood its functions, would cause the closure of the aditus. He suggested whether the arterial hue of the blood might not be occasioned by the unusual quantity of air in the lungs. In mammalia he had thought it possible that other appearances might be found after death, which would indicate whether the poison has a marked influence on the larynx and trachea. A dose having been given to a rabbit, in ten seconds it fell on the side struggling, in thirty seconds it uttered a cry, followed by a few gasping respirations, and after that it ceased to move. The lungs collapsed on being exposed, and presented nothing very remarkable, but the bloodvessels of the larynx and trachea were intensely congested. The author then proceeded to review the published accounts of the effects of prussic acid under the several heads of physiological, necroscopical, and therapeutical. First, it acted most rapidly when inhaled or injected into the windpipe. Disturbance of the respiration was included among the characteristic symptoms. Mr. Blake, in trying to fix the earliest period at which it begins to act, had found the effects retarded by introducing a tube into the trachea. M. Jorg and others, at Leipsic, when taking it for experiment, had suffered from bronchitis. Secondly, the post-mortem examination of the larynx and trachea had not been much attended to, but such evidence as existed was confirmatory of the present view. Mr. Taylor stated that these organs had been found reddened, but thought this might be due to accidental causes. In the seven epileptic patients mentioned by Orfila, who lost their lives, at Paris, in 1830, from an over-dose of the acid, a deep red colour of the larynx, trachea, and bronchi was among the post-mortem appearances. Thirdly, the diseases to which writers on prussic acid have paid most attention, are catarrhal and spasmodic affections of the larynx and trachea; and the eulogistic terms in which they speak of it are hardly paralleled in the history of medicine. After quoting the opinions of various eminent practitioners to this effect, the author concluded with observing that he thought there were sufficient data to sustain a probability that the larynx and trachea are the seat of a special action

under the use of prussic acid. He did not mean an exclusive action, nor would he enter into the question as to which element in the structure was chiefly concerned in causing the phenomena. As prussic acid seemed to be much employed to destroy useless animals, &c., the point under immediate consideration could soon be tested on a wide scale by other observers. If decided in the affirmative, this would be an important step, as giving precision to our inquiries concerning the kind of diseases in which it should be given, as a guide to the treatment of poisoning with the acid, and as an aid in medico-legal investigations.

Dr. LANKESTER read a very elaborate paper from the pen of Mr. Bishop, "On some of the principal Attempts which had been made to reduce the Phenomena of the Human Body to an Exact Science." The object of the author was to show that such attempts were praiseworthy, and though not successful to the extent which had been anticipated by their authors, had not wholly failed. In the course of his paper he gave a number of illustrations, in which this object had been sought by inquirers.—*Lancet*.

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##### OBSTRUCTION OF CARDIAC ORIFICE OF STOMACH BY A CANCEROUS TUMOUR. By Dr. FLETCHER.

WM. TARPLIES, married, aged 56, in the last degree of emaciation, was admitted, under my care, into the General Hospital, March 3, 1852. He states, that about eighteen months since (up to which time he had enjoyed uninterrupted good health) he had a violent attack of influenza, accompanied by a constant burning and aching pain in the epigastrium, not diffused, but limited to a circle of about three inches in diameter, which continued for about eight months, and during that time he had frequent attacks of vomiting whilst taking his meals. For these symptoms several blisters and mustard plasters were applied, which afforded him temporary relief. For the last ten months his stomach has been in an exceedingly irritable state, and rejected almost all the food immediately on being taken; and he has also had frequent attacks of vomiting of a clear, shiny, or frothy matter, occasionally tinged with blood, which was brought on by attempts to swallow, and sometimes even by any movement of the body. Occasionally the food was retained for one or two days, but produced much inconvenience of the epigastrium, and was succeeded by excessive vomiting, apparently of all the accumulated food.

His description accords very closely with the symptoms of disease he now labours under. As a general rule he vomits any quantity of food immediately it is taken, which appears to him to be stopped just at the bottom of the chest, and, when it is retained longer, vomiting of larger quantities of food invariably follows. Emaciation is extreme. There is no evidence of disease of the head, chest, or any tumour in the abdominal cavity, which was remarkably flattened, as if the stomach and intestines were completely empty. After having carefully examined for any evidence of an aneurismal tumour which might press upon and obstruct the œsophagus, and none being found, a bougie was passed down the œsophagus to the stomach with great care, but there it encountered some obstacle, and on withdrawing it, the end was found covered with blood and pus, with which also the vomited matters were tinged for some days after; but the patient experienced relief in swallowing food. From this it appeared most probable that there was a stricture at the cardiac orifice of the stomach, which was put down as the diagnosis. Food of a nutritious and farinaceous quality was ordered to be taken by teaspoonfuls at a time (and in this way he was more successful in retaining it), and injections of strong beef-tea. From this plan, he seemed for a time to derive benefit, but at length gradually sank lower, and a slight bronchitis was sufficient to terminate the scene. He died on the 25th of March.

A post-mortem examination was made twenty hours after death; body excessively emaciated; brain not examined; heart small, not above two-thirds of its normal



size, totally void of all fat, and presented a very varicose state of the veins all over its surface; the left lung was much engorged, and slightly consolidated at its lower part; the right lung was very emphysematous; oesophagus found healthy in its whole extent, it was neither contracted nor dilated until its termination in the cardiac orifice of the stomach; in the abdomen, around the cardiac orifice of the stomach (which was very much contracted equally in every way, so as to be like a stomach in miniature), was found a firm indurated mass about the size of a small orange, by which this aperture was contracted so as just to allow a swan-quill to pass through it; the end of the finger required force to be passed into it. On examination of the texture of this tumour under the microscope, cancer-cells were observed. The mucous membrane of the stomach and the pylorus were perfectly healthy; the muscular structure was very distinct; the intestines were healthy; the liver was much engorged, and presented the nutmeg appearance; the gall-bladder was not enlarged, but full of bile; the spleen and pancreas were healthy; the kidneys and urinary organs were perfectly healthy. The whole of the body appeared entirely free from fatty matter.

#### CASE OF DOUBLE STRANGULATION OF SMALL INTESTINE.

By Mr. SIMONS.

On October 2, 1851, at nine p.m., Mr. Simons visited a boy aged four years. Learnt that on the day previous the child complained of pain in the abdomen, and had vomited his food. The mother had given him some castor-oil, which was returned soon after; nor did any fluids taken remain on the stomach.

When seen at nine p.m., the countenance wore an anxious appearance; the eyes were much sunken; tongue furred; skin hot and dry; much thirst; bowels not relieved since the 30th (two days since); there was no swelling, nor any perceptible tenderness of the abdomen; pulse quick, jerking. Gave cal. & jalap. utiq. gr. iv. and febrifuge mixture every three hours. 3rd, ten a.m. The child worse; bowels not acted; frequent vomiting of the fluids swallowed. Gave cal. & jalap. gr. iij. every two hours, and administered an enema, which returned in the same state immediately. Five p.m. In the same state; slight tenderness of the abdomen. Ordered hot fomentations, and repeated enema, without effect. Eleven p.m. The same. 4th, nine a.m. Worse in all respects; vomiting constant; bowels not moved. Gave a warm aperient every two hours; repeated enema without effect. Five p.m. Much worse. Ordered wine and water frequently. Eleven p.m. The same. 5th, nine a.m. The child was evidently sinking; extremities cold; muttering delirium; faecal vomiting; bowels not yet opened; takes nothing but wine and water, which returns. Five p.m. Still worse. He continued in this state until eight p.m., when death terminated his sufferings.

*Sectio Cadaveris.*—A very remarkable double strangulation of the small intestines existed; it was formed in the following manner:—A knuckle of small intestine adhered closely to another portion of small intestine, apparently close to the root of the mesentery; this second portion of intestine passed under the adherent part of the first portion, at about four inches from the point of adhesion, and suffered constriction between the portion tied down and the root of the mesentery. Three feet four inches of intestine were thus involved; and the whole length was contracted to the size of a fetal intestine. At the termination of this length, the strangulated portion itself became the strangulating agent, by being tied down by lymph to the same portion of intestine which had first adhered; and it enclosed a knuckle of four inches belonging to the portion which caused the first obstruction, and not half an inch from the adherent point. So that all this length of nearly four feet of intestine formed a small mass, tied by two bands of adhesion, consisting of two loops—a large and a small one. The intestine around the constriction was covered with tolerable firm lymph. It was of a deep red colour up to the point where it was constricted; beyond this point it was pale.

#### FIBROUS TUMOUR INVOLVING THE CEREBELLUM.

By Mr. MOORE.

This preparation shows a fibrous growth, having its origin from the cerebellum. It passes more to the left side, and the cerebellum itself was found pushed upwards against the tentorium, very soft in structure, and containing bodies resembling, under the microscope, ill-formed pus globules. The tissue of the tumour itself appears, under the glass, to be composed of fibres radiating in various directions, with a scattering of nucleated cells. The subject from which the preparation was taken, was a man, aged about 40, who had long suffered from anomalous symptoms, referrible to the head. When admitted into the hospital there was very marked spinal gait; and he complained of shooting pains, particularly at night, in the regions of the ears and forehead. He never complained of occipital pain. He remained under treatment some weeks, until his death, there being no change in the symptoms, dissolution being preceded by great debility, and consequent inability to walk. He had always lived a moderate life, and never received a blow or other injury of the head.

#### SEPARATION OF THE FRONTAL FROM THE PARIETAL BONES, WITH DEPRESSION OF THE LEFT PARIETAL.

A man fell from a horse as he was proceeding at a somewhat rapid pace, and struck his head on some hard stones. On being seen an hour afterwards, the whole scalp was found much swollen, but by careful manipulation depression was found to exist near the left frontal suture. As the man was comatose, with dilatation of the opposite pupil, an incision was made through the scalp, and the depressed bone brought to its proper level. The immediate effect of this was relief of the stertorous breathing, and much less amount of dilatation of the right pupil; death, however, took place some fourteen hours after, and a large amount of blood was found extravasated both above and beneath the dura mater, with laceration of its structure, and also of the cranial substance in one place. The preparation shows the line of fracture and the depressed bone.—*Proc. Med. and Sur. Jour.*

#### ON THE EARLY SIGNS OF CONSUMPTION.

By THEOPHILUS THOMPSON, M.D., F.R.S.

It is a most important object to be able to detect the first approach of this deadly disease. It may be stated that one of the earliest signs which can be traced by auscultation is a modification of the expiratory murmur, consisting in an apparent prolongation, usually accompanied with an increase of coarseness.

The natural elasticity of the lungs is essential to soft and uniform expiration. When considerable consolidation is produced in their texture by tubercular or pneumonic deposit, bronchial expiration is produced; but between the healthy state and decided consolidation there are various intermediate conditions. When the pulmonary cells, as seen under the microscope, are only slightly thickened, and the glairy, grayish deposit, studded with little bright cells, characteristic of phthisical disease at an early period, is beginning to permeate the structure, bronchial expiration is not induced, but the diminished contractility of the cells, interrupted passage of air, and increased power of conducting sound, are sufficient to render the expiratory murmur more durable, coarse, and audible. In pursuing this investigation, be careful not to confound the inspiratory and expiratory movements with the inspiratory and expiratory murmurs. The duration of the two movements is nearly, if not exactly, equal. In the natural state the inspiratory murmur occupies the whole time of inspiration, but the expiratory murmur, at least to ordinary ears, only a fourth of the time of expiration, the remaining part of the expiratory movement being accomplished in silence. I believe the expiratory murmur follows the inspiratory immediately without a pause. With the progress of phthisis the duration of the inspiratory murmur usually lessens materially, though not necessarily in proportion to the prolongation of the expiratory; and some practice is ne-



cessary in order to acquire an aptitude in determining how much of the alteration depends on diminution of the duration of the inspiratory murmur, and how much on extension of the expiratory. You will find much assistance in estimating the relative duration of these sounds, by adopting a plan suggested to me by Dr. Sibson—namely, that of counting the number of strokes which can be given by beating time with the finger during the presence of each murmur respectively. The expiratory murmur, as disease advances, may gradually increase, until, instead of occupying, as in the natural state, a fourth of the period of healthy inspiration, it may even come to exceed in duration the inspiratory murmur.

You will occasionally find it stated, even in writings of some authority, that prolonged expiratory murmur is a sign of doubtful value, and not to be relied on; but when reasons are given for this assertion, you will find them unsatisfactory. If no symptom of disease were to be regarded which did not require to be accepted with some qualification, and interpreted with discrimination, the science of diagnosis would dwindle into childishness. What, then, are the cautions to be observed in attempting to deduce conclusions from the sign under consideration? You will best learn them by examples. In the man, B. H., now before us, you find the expiratory murmur equal in duration to the inspiratory, over nearly the whole chest; but the sound on percussion is for the most part clearer than natural, and the diaphragmatic ribs rather sink in than advance during inspiration. This patient has not an aspect nor a pulse characteristic of phthisis. His countenance is slightly livid, as though from imperfectly oxygenated blood; he has never had hæmoptysis. You see the pulsation of his heart in the epigastrium. Such a case you would never mistake for one of phthisis. You recognize it at once as one of extensive emphysema, and the prolonged expiratory murmur thence derives a ready explanation.

Take another patient in whom prolonged expiratory murmur is heard extensively, and indifferently at the lower and upper parts of the chest, but associated with sonorous and sibilant rhonchi. This is a case of chronic bronchitis. There is no circumstance to lead you to apprehend consumption. Again, you are probably aware that consolidation of lung in any part, from pneumonic or other deposit, may produce bronchial breathing, and the same cause, existing in a slighter degree, may induce prolonged expiratory murmur; but you will almost always find, in the constitutional circumstances, the history, the expectoration, and the other physical signs, enough to guide you to the correct interpretation. Let me contrast such conditions with those in which the expiratory murmur is modified by tubercular disease. In the patient whom I now introduce, P. D., you find, adopting the means formerly described, that the expiratory murmur at the apex of the left lung is equal to the inspiratory, each occupying the time required for five beats with the finger, and that the interval of silence is equal to two. Under the right clavicle the expiratory murmur might be represented by three: In other parts of the chest, expiration is not attended by any audible sound. There is no bronchial rhonchus, and the situation and degree of the phenomenon lead you to suspect phthisis. The movement of the chest is natural, and there has been no decided hæmoptysis; but I think you will be able to distinguish a slight degree of dulness when you strike the left clavicle, as compared with the right, and you will observe an irritable or quivering action of the intercostal muscles produced by a smart blow, which is worthy of notice as by no means uncommon in phthisical individuals. This patient has had a cough for six months; his expectoration is mucous, but, under the microscope, a few blood-globules may be detected. His height is five feet four inches; vital capacity by spirometer, 155 cubic inches, not quite a fourth less than the average for his height, and he weighs ten stone six pounds, having never, he says, exceeded eleven stone when in good health. These particulars, while they strengthen the conclusion to which you are led by the degree and place of the prolonged expiratory murmur, also serve to impress the value of the

sign, by showing that the disease is at a somewhat early period.

In the next patient, W. U., the sign being only on the right side, were it not considerable, would be inconclusive, on account of the greater audibility of the respiration on this side in the natural state; but it is so much prolonged, in this patient, as to exceed the inspiratory in length, the proportions being, four for the inspiratory murmur, five for the expiratory, and three for the interval of quiet. Furthermore, there is a little dry crepitation at the apex of the right lung. He has had occasional hæmoptysis, has declined in weight fifteen pounds during the last two years, and has almost lost his voice. The aphonia depending probably on a relaxed condition of the laryngeal membrane, we have applied medicines locally, by means of a slightly curved glass tube, as recommended by Trousseau and Belloe—if, indeed, we do not owe the original suggestion to Aretæus. In the first instance, we blew in alum, and subsequently nitrate of silver, mixed with twelve times its weight of sugar, just at the moment of inspiration. This mode of introducing medicinal agents into the windpipe is not, however, so easy and effectual as that adopted by Dr. Horace Green. This probang, having a soft, globular piece of sponge, capable of absorbing about twenty minims of water, very carefully fastened to the extremity, if very slightly curved, can be readily introduced under the epiglottis when passed steadily and firmly downwards, close by the root of the tongue. I usually employ a solution of two scruples of the crystals of nitrate of silver to the ounce of water, according to the recommendation of Dr. Green, and in relaxed and some other diseased conditions of the mucous membrane, the benefit derived from this measure is often considerable, although you would not be so unreasonable as to rely on such a measure alone, unassisted by judicious attention to the management of the general health.

One more case—that of J. C.—I bring before you, the sign in question being confined to the right side, with reference to the objection that prolonged expiratory murmur on the right side is consistent with health. In this patient, the expiratory murmur near the right apex is as five, and the inspiratory as four. On the left side, the expiratory murmur is not above a third of the inspiratory. This difference is too great to be attributable to natural conditions. You possibly detect slight dulness on percussion on the right side. He has had no hæmoptysis; but the pulse, which in the sitting posture is 80, is only 84 when he stands. He is nearly five feet seven inches high, and weighs ten stone two pounds and a half—a fair average for a man of his height. He has long had cough, but his constitution is scarcely at all affected, and but for his cough he would probably not have applied for medical relief. The disease is evidently at an early period; the symptoms, however, as far as they go, are definite, and the sign under our special consideration takes the most prominent place.

During the time of my attendance on the out-patients of this institution, I made this symptom an object of particular notice, and among 2000 consumptive patients, it proved to be the most remarkable of the physical signs, in 238, — those cases presenting bronchial complications being excluded. Hæmoptysis had occurred in 91 of these cases; that is, in 31 per cent.,—a proportion calculated to confirm my opinion of the significance of the prolonged murmur; and at the same time sufficiently below the average frequency of hæmoptysis in the first stage of phthisis, to support the assumption that the prolonged expiratory murmur takes precedence of other characteristic signs which are commonly assumed as requisite for the proof of consumptive disease.

With a view to the correct appreciation of the sign under our consideration, keep in mind the situation, degree, persistency and simplicity in which it is presented. Prolonged expiratory murmur slight in degree, if heard only on the right side, is inconclusive, but is far more significant if confined to the left. The more limited the space over which it is heard, the more does it suggest phthisis as the cause. The persistency of the sign for a considerable period, and unattended with symptoms of bronchitis, emphysema, or pneu-



monia, is a proof of some permanent obstacle to the free exit of the air, and in a majority of instances this obstruction is of a tubercular character. In cases depending on pulmonary congestion, the expiration, after cupping, and other appropriate treatment, usually resumes its natural character; but excluding this and other complications before noticed, I have not recorded any instance in which this sign, once fully established, ever ceased to be obvious.

Although, in many instances, no specific complaint was made, except of debility, and although, in this respect, improvement occurred under suitable treatment, it was yet common for the murmur to increase in duration, and deviate more and more from its natural character, whilst, sooner or later, dull percussion, bronchophony, hurried breathing, quick pulse, emaciation, and night perspirations, too often occurring in succession, afforded affecting testimony to the correctness of the first diagnosis.

A disturbed rhythm of murmurs, when established, I believe to be an unnatural condition, and the greater frequency of its detection on the right side may, I conceive, be readily explained; for if the respiratory sounds be naturally rather louder on the right side than on the left, the more delicate indications of pulmonary obstruction should first be detected in that direction. It would follow that in doubtful cases of apprehended phthisis, the absence of any changes in the expiratory murmur at the upper part of the right lung, would be a strong presumptive evidence of freedom from the disease. It is true that in certain individuals some degree of febrile action attends tubercular cachexy, before any local signs exist of tubercular deposit; but it has repeatedly occurred to me, when hereditary phthisis has manifested itself in a family, to be able, on examining the respiration of the surviving members, to prognosticate the approach of phthisis from this sign alone, in the absence of any other suspicious circumstances, either local or general. When the expiratory murmur is altered, in consequence of emphysema, or bronchitis, the extensive diffusion of the sign, and the other concomitant circumstances, will usually suggest a correct interpretation; and if we are careful to separate such sources of fallacy, I cannot but believe that the sign under review will prove no useless refinement, but one well deserving of careful attention, and perhaps the most early, significant, and conclusive of the evidences of incipient phthisis. It is no valid objection that the detection of the symptom requires close attention, since the object is to trace the first appreciable inroads of an insidious disease.

To sum up the conclusions to which the instances and statements now adduced, conduct us, I would observe that when the expiratory murmur is heard extensively, or on both sides, unassociated with bronchitis, emphysema, or condensed lungs, there is great reason to fear, not only that the disease is phthisical, but that it will make rapid progress. When the change of murmur is limited to a small portion of lung, and the general condition of the patient is favourable, the evidence of phthisical disease is fully as conclusive, but there is ground to hope that by careful regulation of diet, by securing exercise in the open air, by promoting healthy nutrition, and administering suitable remedies, such as iodine, iron, solution of potash, and cod-liver oil, more decided mischief may for a time be averted. I have reason to think that, under such circumstances, some years may occasionally elapse before softening takes place; and I cannot but believe that when this particular sign under consideration is more generally sought for in suspicious cases of phthisical tendency, the average duration of pulmonary consumption in persons possessing means to avail themselves of necessary comforts, will be found considerably to exceed the period commonly assumed.

The symptom which it is the object of this lecture to illustrate, must be considered to take precedence of various other rather early indications, which have been incidentally noticed in former lectures, such as an unduly diffused impulse of the heart, especially on the right side of the chest, or a murmur in the second intercostal space to the left of the sternum, which probably owes its source to the pulmonary artery. — *Lancet*.

## EMPLOYMENT OF MERCURY IN ORDINARY CASES OF SYPHILIS.

By G. BORLASE CHILDS, Esq.,  
Surgeon-in-Chief to the City Police Force, &c.

DURING the ulcerative stage of an ordinary chancre, I believe there are few practitioners who would place their patients under the influence of mercury; such a practice would be fraught with danger, and, to say the least of it, the progress of the case would be slow, and much more protracted than it ought to be; circumstances both embarrassing to the surgeon and unsatisfactory to the patient. If, therefore, an opportunity occurs of seeing the patient during the earlier stage of chancre, the right course will be to destroy the pustule by a liberal use of the nitrate of silver, or, what is far better, with a finely pointed stick of caustic potash; less irritation will be found from the latter application than the former; the sore should then be treated with simple dressing, or with a weak solution of chloride of soda and opium, over which a layer of finely-carded cotton should be placed, in order to obviate the possibility of friction. This treatment should be pursued until the regenerative process commences, when mercury may be resorted to with marked benefit. These sores are not unfrequently contracted at a time when persons, having drunk more freely than prudence suggests, a sort of artificial incentive is acquired for sexual indulgence. With these persons the system is in an irritable, inflammatory state, and the sores so contracted necessarily assume an irritable, inflammatory type. Under such a state of things, it would not only be unwise, but dangerous, to place a patient under a course of mercury—we must wait until the system has been cooled and quieted by mild aperients and opiates, the sore freely cauterized, and subsequently dressed with the solution referred to. It will sometimes be necessary even to abstract blood from the sore itself by the application of a leech, care being taken that an additional chancre is not created from the leech-bite itself.

In spite of all our efforts, from the onset some sores pertinaciously resist every attempt made to heal them, and evince a disposition to rapid ulceration and sloughing, to which we apply the term phagedæna. Some of these are of a superficial, others of a deeper character; many are amenable to the influence of mercury, but there are others, again, in which this remedy totally fails, and in the treatment of which large doses of iron and opium can alone be depended upon. It is but rarely that the surgeon is enabled, at first sight, from the appearances of such sores, to form a correct judgment of the plan of treatment he ought to adopt, whether mercurial or otherwise; but granting that the sore had a venereal origin, and that the patient had not been previously submitted to a mercurial course, with certain restrictions, he would not err in adopting it. In short, as a general principle, mild doses of mercury, in the form of blue-pill and Dover's powder, may safely be tried in all ordinary cases of venereal chancre, without any ill result.

With regard to the second question—viz., the influence of mercury over venereal sores, there can be little doubt but that a great many of these sores heal without the aid of mercury; and there can be still less doubt but that a modified mercurial treatment greatly facilitates the healing process, and materially diminishes the chances of secondary symptoms. Were I asked, therefore, to define the character of a sore in which the simple treatment should on no account be risked, I should say, in a few words, all sores that have a tendency to induration and an indisposition to heal. And here I may also remark, that if we are disposed to be exclusive in the use of this remedy, we must learn to distinguish those sores which derive their induration from simple irritation, and those which acquire it from the application of a specific virus, as all the characteristic appearances of a true Hunterian chancre are not unfrequently simulated in a similar sore by a too liberal use of lunar caustic and other irritating applications.

And now, as to the power of mercury in preventing constitutional syphilis—a question of grave importance to the



patient, and one of undoubted interest to the surgeon—a question which I am free to confess has not been satisfactorily responded to in my own mind, either by my own personal experience or by the collated opinions of others, to place implicit confidence in the antisiphilitic powers of mercury; or, during the primary chancre, to guarantee a patient's safety in this respect, would be but a bold and adventurous speculation, and one unbecoming a follower of legitimate practice. Certainly much can be done to lessen the chances of such a result, by judicious management in the early stage of chancre, such as free cauterization, rest, and a proper prophylactic treatment. It has been asserted by a celebrated writer on this disease, that all persons are not susceptible of a general infection. In this opinion I concur; and it must have been observed by those who have had much experience in this department of practice, that persons who, from neglect or otherwise, have not touched a grain of mercury, yet with a sore possessing all the characteristics of a true Hunterian chancre, are never attacked by consecutive affections; while, on the other hand, those who from the commencement have been submitted to a mercurial course, have suffered most severely from them. In such an uncertain state of things, the wisest course is to avoid extremes by steadily administering moderate doses of blue-pill, combined with Dover's powder, until the sore has healed, and no induration remains. By this plan, although we cannot offer our patient a sure guarantee against constitutional infection, yet there is one thing at least we shall have the satisfaction of knowing, that should consecutive affections appear, in the majority of cases they will be so modified and mild in their character, that little or no uneasiness need be felt respecting the results.—*Braithwaite's Retrospect.*

#### LIGATURE OF THE LARGE ARTERIES IN EIGHTY-TWO CASES.

By M. Roux.

THE following eighty-two operations comprise the whole number of ligatures of arteries performed by M. Roux since 1808, and were communicated by him to the Société de Chirurgie:—

Popliteal artery..... 1	1 Spontaneous aneurism (ancient operation).
	3 Recent wounds.
	2 For hæmorrhage after gunshot wounds.
	2 Wounds of artery in operation.
	7 Hæmorrhage after amputation.
Femoral artery..... 46	1 Femoral aneurism (Hunter's operation).
	2 Femoral aneurism (ancient operation).
	2 Fungous tumour of tibia.
	27 Popliteal aneurism (Hunter's operation).
	10 False aneurism of the bend of the arm.
	6 Arterio-venous aneurism.
Brachial artery..... 20	2 Hæmorrhage after amputation.
	1 Spontaneous aneurism of the ulnar artery.
	1 Fungous tumour of the radius.
	1 Fungous tumour of the orbit.
Carotid, common.... 6	2 Wound of the face.
	3 As a precautionary measure before operations.
Axillary, immediately below the clavicle..... 4	1 Spontaneous aneurism.
	1 Recent wound, with false aneurism.
	2 Hæmorrhage after amputation at the shoulder-joint.
Subclavian..... 3	Secondary hæmorrhage.
External iliac..... 2	Secondary hæmorrhage after ligature of the femoral artery.
Total..... 92	

In these operations the digital mode of Brasdor has not been tried. The old method 16 times; and that of Hunter,

with Scarpa's ligature, 66 times. The number of cases of true aneurism was 33, of which two only were women. The results were, 10 unsuccessful and 23 cures. The number of false aneurisms was 10, all of which were successfully treated.

Of the six cases of arterio-venous aneurism, for which the humeral artery was tied in each case, four were successful, and in two amputation was necessitated by gangrene or secondary hæmorrhage.

These statistical facts will be read with interest by the English surgeon, by whom the thick ligature used by Scarpa is now carefully eschewed, but the small number of cases (4) in which secondary hæmorrhage occurred, will certainly bear out M. Roux in his attachment to this mode of operation. The difference between the English and French modes of conducting the ligature of arteries is so great, both in the operation itself and in the dressing of the wound, that we rejoice to find that the above facts will form part of a complete work on surgery, which M. Roux is now preparing, and of which the memoir presented to the Société de Chirurgie is only an instalment.—*L'Union Médicale and Prov. Med. and Sur. Jour.*

#### POPLITEAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION.

By Mr. CRITCHETT.

A HAWKER, aged 32, in the habit of gaining his living by selling salt about the streets, was admitted into the London Hospital, under the care of Mr. Critchett, in the middle of May, 1852. The patient had recently suffered from a severe attack of laryngitis, but was gradually recovering, having been under medical treatment for the affection prior to his coming into the hospital.

A large aneurism occupied the lower and inner part of the left thigh, and extended somewhat forwards and backwards, internally, to the median line of the limb. The lowermost part was on a level with the upper border of the patella, and the highest extended to about the inferior part of the middle third of the thigh. The sac altogether gave the idea of being about the size of a small shaddock; the cyst felt thin, and the thinnest part was in front and internally, in which situation the integuments were dark, as though from a slight amount of subcutaneous ecchymosis. Pulsation was everywhere distinct, and a bruit de soufflet, though not very loud, was audible, being, however, more distinct over the track of the popliteal artery than elsewhere. Both these conditions ceased on pressure being made on the femoral artery, the tumour at the same time somewhat diminishing.

The compression treatment was systematically commenced on the seventh day after the admission of the patient, and followed out in a similar manner to that pursued in a case of popliteal aneurism which was cured by this method, under the care of Mr. Ward. Before the apparatus was had recourse to, the nature of the treatment, and the mode of carrying it out, were explained to the patient. The sheets, mattress, and pillows on which he lay, were firmly fixed to the bed-frame, and the square pad on which the left limb, in a state of partial eversion and flexion, was placed, was also firmly attached; and at the bottom of the bed a large pillow was secured by bandages, and served as a *point d'appui* for the right foot, so that any gliding of the body could be avoided. A large cradle was placed over the body, in order that the bed-clothes should not interfere with the proper action of the instruments. One drachm of acetate of potash was ordered to be taken three times a day; the patient was placed on middle diet, without beer, and was requested to drink as little as possible. The hair was shaved from off the skin over the pubis and the middle of the thigh, and the integument dusted over with flour.

A variable and occasionally interrupted pressure was maintained on the femoral artery for eight days, through the medium of a four-pound meat weight (acting on a common tourniquet pad) to the groin; and a clamp at the thigh, applied at two distinct parts—the one two inches



above the upper boundary of the aneurism, the other a little higher. The weight at the groin and the clamp were alternately used. The former instrument was kept on sometimes for an hour, at others for only half an hour; and prior to its being removed, the clamp was usually adjusted, and kept on for a period ranging from five to fifteen minutes.

During these eight days, the patient slept four or five hours each night, the pressure being of course not so uniformly kept up as during the day, but the same method being followed out as far as possible. On the fourth day after the first application of the instruments, a small superficial vessel could be detected pulsating along the inner border of the patella; on the fifth and sixth, the patient had a sensation of pins and needles over the upper part of the tumour, which latter had become much harder, less in size, and sensibly hotter than the surrounding parts. The pulsation on the sixth day was just perceptible; and on auscultation, only an impulse, like the first sound of the heart, but much more feeble, was detected.

On the seventh day, the hair was again removed from the groin and middle of the thigh; and on the eighth, the pulsation in the aneurism had entirely ceased.

Between the fifth and eighth day, four or five small vessels were detected pulsating in the vicinity of the patella. On the ninth day after the aneurism was cured, a small superficial vessel was observed running over its centre. The pressure was continued for a week after all pulsation in the tumour had ceased; and the patient became an out-patient in the beginning of July, having been in the hospital fifty-two days. There was a good deal of œdema about the leg when he went out, but this gradually subsided after careful bandaging.—*Lausset.*

#### NAVAL MEDICAL SERVICE.

(Continued from Students' Number, p. 265.)

Admiralty Office, Somerset House.

*Director-General of the Medical Department of the Navy.*

Sir William Burnett, K.C.B., K.C.H., M.D., F.R.S.

REGULATIONS—DATED AUGUST 1, 1850.

THE Lords Commissioners of the Admiralty have directed "that no person be admitted as an *Assistant-Surgeon* in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor as a *Surgeon*, unless he shall produce a diploma, or certificate, from one of the said royal colleges or faculty, founded on an examination to be passed subsequently to his appointment of assistant-surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and in every case the candidate producing such certificate, or diploma, shall also undergo a further examination before the Director-General of the Medical Department of the Navy, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service." Previously to the admission of assistant-surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than twenty years, nor more than twenty-four years; and that they are unmarried.

That they have actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, or Manchester, for two years subsequently to the age of eighteen, in which hospital the average number of patients is not less than 150.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which

from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, &c., on the following subjects, at established schools, by physicians or surgeons of the recognized Colleges of Physicians and Surgeons in the united kingdom, for periods not less than below stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine be not attended during three distinct winter sessions of six months each:—Anatomy, eighteen months; or general anatomy, twelve months; and comparative anatomy, six months. Surgery, eighteen months; or general surgery, twelve months, and military surgery, six months. Theory of medicine, six months; practice of medicine, twelve months. (If the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months.) Clinical lectures (at an hospital as above) on the practice of medicine, six months; on the practice of surgery, six months. Chemistry, six months; or lectures on chemistry, three months; and practical chemistry, three months. Materia medica, six months. Midwifery, six months, accompanied by certificates stating the number of midwifery cases personally attended. Botany, six months; or general botany, three months; and medical botany, three months. N.B.—Six months' lectures on pathology, if given at a university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine.

In addition to the tickets for the lectures, certificates must be produced from the professors, &c., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time, also, of actual attendance at an hospital or infirmary must be certified.

A favourable consideration will be given to the cases of those who have obtained the degree of M.D. at Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service; observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years (one year of which must be in a ship actually employed at sea), and can produce a diploma from one of the before-mentioned royal colleges, or the faculty of physicians and surgeons, and it is resolved that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service; observing that no one can be admitted to an examination before the director-general for surgeon, unless, as hereinbefore mentioned, he can produce a diploma, together with the most satisfactory certificates, that he has performed on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification, no one hereafter can be promoted to the higher branches of the service; and whenever assistant-surgeons already in the service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

Candidates who may be admitted into the naval medical service, must serve in whatever ships, &c., they may be



appointed to; and in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they of course be allowed half-pay.

By an Admiralty Circular, dated July 17, 1850, assistant-surgeons are to be divided into two classes. The first class to consist of all who have completed three years' servitude from the period of their first entry (one year of which must be served on board a commissioned ship, and the other two may be served in one of the naval hospitals), and who have passed their examination for surgeon either at home or abroad. "Assistant-surgeons who have served more than three years, and have passed the examination for surgeon under the above conditions, are to rank next to naval instructors, and are to mess with the board-room officers, to be allowed cabins when the accommodation and space on board will admit." The second class of assistant-surgeons to consist of all those who have not served three years, and those who have not passed their examination for surgeon. First class assistant-surgeons, who may be serving in small vessels commanded by lieutenants, are to mess in the guard-room with the other officers.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 3, 1852.

### DUBLIN SCHOOL OF SURGERY.

#### OPENING OF THE SESSION AT THE ROYAL COLLEGE OF SURGEONS.

A sketch of Dr. JACOB'S "Introductory" must content our readers in place of our usual "Leader." The learned Professor (all professors are learned) began by reminding his audience that he had last year endeavoured to keep up their drooping spirits, and to dispel an apparent despondency then prevalent touching medical affairs, by assuring them that prospects were brightening, and that, as the popular phrase has it, a "better time was coming." He now had to take credit for his predictions, for it was admitted on all hands that the condition of the country had improved; that confidence in its resources had been more or less restored; and that prosperity, if not absolutely attained, was at least talked of. He said, too, that rents were better paid, poor rates diminished, and the labourer's wages raised. Moreover (he observed) that the potato rot had repeated its visit, but out of that misfortune we might derive consolation, seeing that, notwithstanding, no apprehensions of famine were entertained. Some of his hearers, he said, might stare, if they pleased, at his prefacing an Introductory Lecture in a Surgical School with such observations as these; but he did so, because he wished to remind those now entering the profession, that upon the prosperity of the people must depend their prosperity; and that it behoved those who were to live by the public to consider well the means from which their remuneration was to be derived. He wished also to expose to beginners the realities of professional life, and to fasten their attention upon the reward for which they were to toil. Whatever course they pursued to achieve it, the ultimate object must be a comfortable livelihood and a respectable position in society. It might do very well for aspirants to metropolitan medical honours and profits to indulge in ambitious hopes of future celebrity, and to suppose themselves HUNTERS, COOPERS, and COLLESES in embryo; but the great mass of Medical Students, especially those from the provinces, must think of the main chance, and eschew building castles in

the air; for they might rely upon it, few amongst them were destined to attain celebrity; neither, perhaps, was it so very desirable that they should. Be that as it may, the Student was here now to learn how to discharge the duties for which they are to receive that payment which is to constitute their means of existence, and it was his business to explain how that was to be accomplished. Before entering into details on that topic, he would, however, say a few words as to their prospects of success, and the good things in store for them. He would first say a few words on the subject of the public employments they might hope to partake of, reminding them that public situations were valuable; first, for their pecuniary benefits; secondly, for the character which they secured; and thirdly, for the improvement derived from the performance of the duties which they entailed. Of the pecuniary advantages offered by public situations, he said he was sorry to say he could not boast much. They were altogether disproportioned to the services performed; but still the beginner should not despise them. They all knew that a great change had taken place with respect to the Medical Institutions of Ireland, and that in many cases great injustice had been the result as to the salaries of Surgeons of Dispensaries, but that he was not, on the present occasion, about to offer any suggestion promising a remedy for the grievance, which must be sought for elsewhere. He had now to remind the rising generation of Surgeons that, be the remuneration in store for them good or bad, it was not altogether unworthy of consideration. Fifty pounds a year for a Dispensary Surgeon was a miserable stipend; but counting up all the salaries paid for medical services in Ireland, he found that about one hundred thousand pounds were distributed in this way, derived from local taxation exclusively. There were now 777 Dispensaries, 163 Workhouse Hospitals, and between thirty and forty County Infirmaries and general Hospitals, which, with what remains of an hundred Fever Hospitals, and the Lunatic Asylums and Prisons, not less than a thousand public situations were reserved for Irish Surgeons who deserved them, and they were worth working for. Such (he continued) was the money part of the question; he had next to remind them of the advantages which such situations afforded, by enabling the holders of them to acquire character, the great means of securing independence. It was unnecessary to urge arguments to prove that character was to be won by success in public practice, however humble the department; there was no question about that. If the Surgeon cured the labourer or the servant in the course of his dispensary labours, he must soon come to cure the master, mistress, and children. But, then, here was a two-edged sword; bad characters might be had as well as good; ignorance and incapacity would as surely lead to failure and ruin, as knowledge and skill led to success and prosperity. Here was the place to tell them that. In the medical treatment of internal diseases, errors and blunders might be concealed. Dead men told no tales; but surgical delinquencies were not to be overlooked. Bleeding arteries, strangulated intestines, and dislocated joints, must be properly dealt with, or shame and sorrow must follow. That the improvement to be derived from hospital and dispensary practice was of the utmost value, was equally undeniable; there, in fact, it was that the Surgeon had to learn his business by the aid of experience; there it was that he discovered he was always a Student; and the best of the thing was that, be he ever so idle or negligent, he must learn whether



he likes it or not. But (he observed) you may ask me, what is to become of those who cannot obtain these appointments? and his answer is, make them for yourselves. While you wait for public employment and remunerative practice, keep your hands and heads in working order by attendance on your poor neighbours; rely on it that you will find plenty of patients, if you pay attention to them. But where, you will say, is the medicine to come from? On that score there is little difficulty. When you know more about the matter, you will discover that disease in general may be encountered by less numerous weapons than you now suppose; in fact, a man can carry all he wants at this stage of his career in his pocket. Time was that there were no Dispensaries in Ireland, and yet the poor were not without medical relief. The Surgeon then (and he served his time to one of them) carried a pouch slung over his shoulder under his coat containing calomel, tartar emetic, laudanum, jalap, and a few other indispensables, and with these he contrived to do a great deal. This was not, however, a thing to be talked about out of doors. He, however, wished it to be understood, that he was not addressing himself to gentlemen destined for practice in large towns or cities where a very different course was to be pursued; what he wanted, was to convince the candidate for country practice that he may be independent, if he will. If he acquires the knowledge, he may rest assured that he will find no difficulty in turning it to account. Home employments were not, however, the only ones in reserve for Surgeons. Since he last addressed them another channel had been found into the great ocean of civilization. The gold discoveries had created a new description of emigration and change of country which could not be effected without its medical ingredients. The emigrant ship must have its provision for medical relief as well as the union or the workhouse, and for such service they should hold themselves in readiness. He hoped that there is no fear of their being deterred from this by any groundless fears of personal dangers; but he feared there was a want of spirit of enterprise amongst them which their humbler countrymen at the present moment so conspicuously displayed: why not take a leaf from the Scotchman's book; Sawney is always "ganging sooth;" and let them select another point of the compass. If the old people counsel caution and prudence, let them be told that it is easier now to reach New York than it was to reach London when they were children. Allusion was made to the Army, Navy, and East India Company's Service, as affording employment to educated Surgeons, but our limits do not permit us to report them. Neither can we find room for some pertinent observations on the policy of holding England in view as a field for cultivation; in fact, we cannot, at present, find room for much important matter contained in the concluding portion of the Lecture relative to Surgical Education, and the means provided for the communication of professional knowledge, which we regret the more, because it contained some unequivocal expressions of opinion as to sham diplomas. On this topic it may suffice to state, that a very decided announcement was made to the effect, that no body of men in Ireland, whether incorporated by charter or not, had any legal right or power to grant a licence to practise Surgery, except the College of Surgeons; and that any attempt to exercise such a power was to be looked upon in the same light as those acts which both individuals and corporations sometimes perpetrate without the sanction of authority or the approbation of honest men.

## MEDICAL LIFE IN LONDON.

SCHOOLS AND HOSPITALS.

London, October 25, 1852.

It does one good sometimes to laugh at the pervading follies of the hour—along with the Dublin School, for instance—to talk over our pale ale and glycerine absurdities, Bethlem jobs, royal colleges, and quarantine. You have been too severe, however, with our tea parties. It is all very well to say "the tender lamb that never nipped the grass" is not more innocent of complicity with the enemies of bitter ale;" but why abuse our muffins and tea, premiums and introductory? The profession, indeed, going to the dogs; but our schools and diplomas paying admirably. Everybody, not a political economist, is reading "Uncle Toni's Cabin," and you must recollect the teapot is there immortalized as a "sort of censor of hospitality and good cheer." Why, then, should our first-year's men, being all strangers, not be—ahem!—taken in? why should our young men (the wretched trading chemists engrossing all the practice in the meantime) not be told of a profession the paths of which are all pleasantness and peace, strewn with flowers of the olive by our royal colleges? quackery (reigning as a plague, at least in London) kept quietly out of view. Why should our young men at Bartholomew's not undergo the killing equinoxial politeness of Mr. Lawrence, the tall benediction of Mr. Green at St. Thomas's, the easy jocularly of Mr. Luke at the London Hospital School, the unwinking snuff-box assiduity of Mr. Cock at Guy's, and in every available and possible shape be induced to join the serried ranks of the profession. Would to heaven, the pupils who give up their lives and all they are worth to medicine, were there to make anything by it; not the *sans souci* quacks who laugh at colleges and Medico-Chirurgical Society bitter-nesses and black beans.

Any one who has felt any interest in these ramblings among the Schools, will recollect we spoke before of Guy's and St. Thomas's, with a look-in occasionally at King's College and Brompton. We would say a few words again of St. Bartholomew's, as having "come out" perhaps strongest at the recent opening of the Session, and being, *longo intervallo*, the oldest, and perhaps most extensive, along with its "twin cousin," Guy's, of any of the Schools. We are quite aware, in this fine Californian age, there is little advantage in being a sort of dressing-gown and slippers *banshee*, bemoaning the miseries of the profession. Individually we have no interest in the question, but let us at least know the truth that royal colleges and diplomas are not what the profession requires at the hands of parliament, but that royal colleges should act some little way in conformity with the requisites of the age. Alcaics and irreproachable Latin—hexameters on the mountains of the moon at Oxford and Cambridge—epics, eclipsing Milton, on Woolwich Marshes or the Isle of Dogs, at the London University, leave many men without a means of living. A superstitious veneration for our royal colleges and diplomas—worth in England exactly nothing—leave also many men without bread, at the mercy of every miserable quackery. It seems very much like common sense if we have a surgical college at this side of the channel underselling the more respectable College of Surgeons' diploma of Dublin: that at least this College will not neglect its pariahs, its outcasts, and thus foster every variety of charlatanism. In "Bleak House" there is a church beadle "too respectable" to permit the poor to go to church; we suburbanly suspect our friends in Lincoln's-inn are far



"too respectable" also to look after their hapless members. We want uniformity in our *curricula*; we want our Dublin College of Surgeons consolidated and made more firm, not distracted and picked to pieces; and we want our London College of Surgeons made precisely similar to it. No smuggling or underselling of diplomas. The public have some defined notions of what a tailor is, or haply what constitutes a bricklayer, but none whatever in England of a surgeon; the blue-bottle man next door to the confectioner, with no diploma or education of any sort, is the surgeon; the surgeon, possibly a railway porter, or singer at the next tavern, is the "Member of the College" and representative of Pott and Hunter.

The Introductory at St. Bartholomew's has led us into this train of observations. St. Bartholomew's the Little, you must know, is a divine little parish with three houses, a church, and no poor-rates. Tea parties in such a community must be the normal condition of the population. Poor Dr. Black, therefore, did his best to look grave; but we have an inherent infirmity in believing, if the miserable condition of the profession were not what we have, with sadness, attempted to sketch it, his labour of praising their prospects to the pupils would be much abbreviated. Every man of sense in London feels that the profession is what it ought not to be, yet at the Westminster School, Dr. Bashnan gave as his Introductory the history of medicine from the alchemists down to the homeopaths; of the marvels worked by the microscope, and of chloroform. At Charing-cross School, Dr. Smith gave a lively lecture on the Duke of Wellington. At St. George's, Caesar Hawkins read a homily on the untold virtue of giving prizes: all matters as germane to the prospects of the poor pupils as last year's snow. At the London Hospital, Dr. Herbert Davies, with more sense, but too much bashfulness, enlightened our whitebait friends with an excellent lecture, containing many trenchant cuts at quackery; but at poor old St. Thomas's, again we were disappointed by a lecture on London cess-pools and sewers by Mr. Grainger. Your Dublin Introductory, we trust, will take a more practical shape: why not give us specimens next week in the *MEDICAL PRESS*?

One is gratified to find, if we are to have philibeg M.D.'s in tartan petticoats shodling over the land from Aberdeen and St. Andrew's, that we may as well have a few who wear shamrocks on the part of your patronising saint, St. Patrick. Of one thing everybody may be certain—the system of clinical education and lectures in Dublin is far better and more practical than that in London; our "crack" men here have all too much business to do to mind the pupils, especially the first-year's men; and one branch of the profession, most creditably taught at the Rotundo in Dublin, midwifery, is here almost unknown: a *terra incognita* for pupils, where they may ramble at their own free will.

At Bartholomew's, perhaps, we may say the junior men are the most thought of. Mr. Skey is adored by the pupils, much more so than either of the seniors, Mr. Lloyd or Mr. Stanley; while Mr. Wormald, with much of the manner of Abernethy, is a greater favourite still than any of the dons; and Mr. Paget, though the last of the juniors, like those favoured in the kingdom of heaven, is the first man in the hospital. Mr. Lawrence, with an equanimity of some fifty years' growth, is only too polite and condescending. We mentioned before, that Bartholomew's had 600 beds and 6000 patients annually; here,

then, one would think there was "ample room and verge enough" for some brilliant practice. Bartholomew's, we may mention as a matter of historic interest, was founded far back in the night of the 12th century, and is the oldest hospital perhaps in London; it was founded by Rahere, a minstrel, it seems, to Henry I., and connected with his foundation of the church and nuthell parish of St. Bartholomew's; in the words of the foundation—"Ad omnes pauperes infirmos ad idem hospitale confluentes, quousque de infirmitatibus suis convalescerint." &c. Subsequently, at the period of the Reformation, among the few good deeds of Henry VIII., we read that he took possession of Bartholomew's, and after ten years' thinking over the matter—as long almost as Smithfield under its walls seems pending in spite of Mr. Grainger of St. Thomas's—he decided on refounding the hospital and giving it a royal charter with certain princely emoluments (what a pity he did not try his hand with your Dublin hospitals), "moved thereto (the words are curious, and only a little too much like things in Ireland) with great pity for and towards the relief and succour and help of the poor, aged, sick, low, and impotent people now lying and going about begging in the streets of the city of London . . . infected with divers great and horrible sicknesses and diseases." At this time the hospital contained only 100 beds, one physician and three surgeons. In France, somewhere about this time, as we mentioned before, they were throwing the sick into the Seine alive, the king tucking up his regal trousers and asking as a favour that the population would clean their houses.

The subsequent history of this hospital is almost that of the profession itself, and deeply interesting. One would have thought, with the barber element so strong in the surgery of the last generation, and physis, *à la* homeopathy just now, being entirely with old women and archbishops, that the attendants at Bartholomew's were obscure and unknown—a motley assemblage, like—what shall we say?—the surgeons in a state of incubation in Trinity College; or, yes! that's it, the many-coloured assemblage of fellows made spick and span new in Lincoln's-inn this week at so much a head. Not so, however. In the dark obscurity of the past, whatever we shall say of the present, Bartholomew's has stood out a sort of beacon-light along the deep; and Harvey, Radcliffe, Mead, Freke, Pott, Pitcairn, and Abernethy, speak for themselves. For many years after the charter, Vicary, surgeon-general to Henry VIII., to Mary, and Elizabeth, and who, it is stated, published the first English work on anatomy, filled the office of surgeon; he swam with the tide, and is now unknown, for to be misunderstood is the fate of all great men. Clones and Woodhall, the Crampton and Guthrie in military surgery of the time, followed Vicary; and now came poor, noble Harvey, appointed physician to Bartholomew's in 1609, an office which he held for the immense period of thirty-four years, but which he gave up, dying, according to the good London fashion, in utter neglect and obscurity. We talk of Harvey's beautiful discovery of the circulation every day, but at college lectures and Bartholomew tea parties, one's heart bleeds for the man. We recollect the king assisting him in his experiments and fostering his genius, but the book-shops and doctors abusing him.

About the middle of the 17th century, pupils first commenced attending Bartholomew's, and a library of some nebulous form appeared on the horizon, "for the use of the governors and young university scholars;" no doubt



containing Vicary's Anatomy, Ben Johnson, Hippocrates, and the Fires of Smithfield; not the *Times* and *Athenaeum*, now so amiably displayed, or Quain's Anatomy, thumbed to pieces, or the last lists from Tattersall's, which all dutiful first-year's men, in default of something else, are intended to read. We must not be too severe with our friends of the Abernethy-tea-and-biscuit-Society however. Poor fellows, they little know the troubles their cheap diplomas are engendering for them; and that their luck consists in that we have not diplomas for 18s. 4d., as the memorable one in Tristram Shandy. Their great gun, young Mr. Skey, may have astonished them with a tournaquet of his own invention, and the *Lancet* gentleman may have taken the trouble of giving it a week's immortality; but he should have known a carpenter in Dublin discovered it before him, and that Dr. Bellingham, in his excellent little work, gives a summary of everything known on the subject. Several gentlemen from America and from Paris have been lately poking into the recesses of Bellingham's book: but at Bartholomew's, *c'est un autre chose*. The library at Bartholomew's is now very respectable; but to go back again to "Uncle Tom's Cabin," Mr. Skey the elder, like Dinah the cook, cares nothing for authorities—"No possible amount of authority, of talent, or explanation, can ever make him believe that any other way is better than his own." Dinah believed a cook, like a king, could do no wrong; Mr. Skey believes the same of a Bartholomew's man. It is true, no conservative of any school is more inflexibly attached to time-honoured inconveniences—mercury in every form of syphilis, to wit—than some of his patriarchal *collaborateurs* in the Bartholomew attics. In the "chaos and old night" up there, the men of the Ricord schism have no chance; but then it is all St. Bartholomew's, you know, and quite in an overpoweringly polite way all right. Mr. Skey talks of "half a century ago when he was in Paris," so he is not very young; but he is the great lion of the pupils. He replaces Mr. Paget as lecturer at the College, and will no doubt make a most useful and able lecturer. But we must not anticipate.

In 1724, at a time when Radcliffe and Meade were attached to Bartholomew's, the first museum was erected and placed under the charge of Freke, surgeon to Queen Anne; and in 1734, leave was first granted to "read lectures in anatomy in the dissecting-room of the hospital." This was ably followed out by Percival Pott and Nourse, and about the same time the Pitcairns also lectured, it is thought, on medicine; but a greater star was now breaking in the not very sunny sky of Bartholomew's; and, in 1787, Abernethy was made assistant-surgeon. Abernethy's fame has reached everywhere. He was what Sir Astley Cooper was at Guy's, Cheselden at St. Thomas's, and what Sir Benjamin Brodie is at St. George's. Sir Benjamin Brodie and Mr. Lawrence are indeed the connecting links of the present and the past in what is great in the profession. Were their views of what is gentlemanlike and correct in medicine more observed, and mere trading speculations in cheap diplomas less encouraged, and unlicensed practice put down, our colleges would be doing more honour to the great memories of the men of the past, than by the untold classicalities of Harveian and Hunterian orations, and miserable shams taking the name of Introductory Lectures. When medical men in England, in a word, take their proper place among the other professions, and medical journals tell of the beautiful facts in medicine springing up on every side, not engage in low scurrilities worthy of

butchers' boys, every one will feel pleasure, and the more obscure he is now the better. In engaging in a study which engaged the fine minds of Harvey, Hunter, and Jenner—the martyrs of their various creeds—like poor Sir Roger de Coverley, in the *Spectator*, musing among the dead heroes in Westminster Abbey, there is something not entirely without interest in looking at the relics of our dead men in Bartholomew's. But who shall make the present and future of surgery equal to the past, give a to bowl

#### LAST ILLNESS OF THE DUKE OF WELLINGTON.

THE Duke of Wellington was supposed to be in his usual health until the morning of the day of his death; how far this opinion may be correct will subsequently appear. He had been engaged until dusk of the preceding evening in reading the report of the Oxford University Commission, and did not suspend his labours, until compelled by inability to distinguish the print; having at the time noticed the light on the opposite coast, he observed that it was the "darkness," and not the failure of his sight, which caused the print to "bother" him. He dined heartily shortly afterwards, at seven o'clock, and took for dinner mock turtle-soup, turbot, venison, and pudding. As was his usual practice, he drank neither wine nor spirit. He retired to bed before ten o'clock, and during the night visited the closet. The appearances found there showed that whilst the functions of the bowels were healthily performed, the Duke, contrary to his habit, must have returned hastily to bed, probably in pain. His Grace's valet, Mr. Kendal, who called him at his usual hour, shortly after six o'clock, observed that his master was not well, and that his breathing seemed oppressed. His Grace not appearing disposed to get up, his attendant, after remaining some time in the room, left him until half-past seven. Returning at this time he was directed by the Duke to send for "the apothecary." (This he (Mr. Kendal) immediately did, and Mr. Hulke of Deal was in attendance about nine. He found his Grace complaining much of pain across the chest, and at the pit of the stomach; his tongue was furred; he had distressing eructations, and his pulse was irregular. It was intimated by Mr. Hulke that he would send a draught, and he recommended that his Grace in the meantime should take a little warm tea and toast. Mr. Kendal endeavoured shortly afterwards to act on this recommendation, but the Duke seemed unable to swallow the tea. He became sick, and threw up a portion of the venison which he had taken the evening before. This piece of meat had not been altered in appearance by the process of digestion. A general convulsive attack ensued, of some minutes' duration. After the fit, the Duke to some extent recovered his consciousness. He laid on his back, his favourite position when in bed, with his hands clasped, and placed at the back of his head, his eyes occasionally following persons in the room. Mr. Hulke was immediately sent for again, and speedily returned, accompanied by Dr. McArthur. His Grace had another, but less severe convulsive attack, between eleven and twelve o'clock. Further medical assistance was sought for from London, and telegraphic messages were sent to Dr. Hume, who had long been the medical attendant of the Duke, to Dr. Robert Ferguson, a friend of Dr. Hume, and to Dr. Williams, who alone of the three happened to be in town, but who unfortunately, did not arrive till the Duke had for several hours ceased to live. This lamentable event occurred a few minutes before half-past three o'clock. After the first convulsive attack, the Duke's exhaustion rapidly increased, and his breathing became much embarrassed; he had slight twitchings in one arm, but no paralysis. When an effort was made to give him either medicine or drink, his Grace generally exhibited reluctance to take it, pushed away whatever was offered to him, and showed his usual dislike to be interfered with. The treatment employed consisted of a mustard poultice applied to the pit of the stomach by the valet; a mustard emetic, partially administered, and without action; a dose of calomel and small quantities of stimulants were offered to the patient, but were not swallowed. For some time before his death, his Grace had been removed to a chair, to relieve the difficulty of breathing; but the medical attendants finding that his pulse, already extremely feeble, became in that position, still weaker, his Grace was again restored to the recumbent posture. During some days preceding the 14th of September, the day of the Duke's death, there had been a hot midday sun, a considerable wind, chiefly from



the north, and the evenings and nights were cold and chilly. The thermometer, on the night preceding the fatal event, was only six degrees above the freezing point; on the preceding day, it had been up to 92 deg. No precautions were taken to obviate the effects of such a change on the aged and necessarily weak system of the Duke; and the pallor of his countenance observed on the preceding Sunday, showed that this influence was telling on the circulation. The stomach was thus ill prepared to receive a hearty dinner; and the difficulties of that organ were further increased by receiving a considerable quantity of food imperfectly masticated, in consequence of the Duke's loss of teeth. Nor was the process of digestion promoted, or the powers of the stomach and heart invigorated, by the use of stimuli. The stomach therefore contained a mass of undigested food, and became distended with flatus; the functions of the lungs were impeded; the heart's action was disturbed; the nervous system participated in the morbid processes going on; and as a child would have convulsions under similar circumstances, so had the Duke of Wellington, who, becoming exhausted by the disturbed and enfeebled condition of his nervous and circulating systems, rapidly sunk and expired. Why or wherefore such an attack should be called "epilepsy," we are at a loss to conceive. The certificate of death, at least as it has appeared in the journals, is not correctly expressed. It is probable that had the Duke's stomach been relieved by vomiting in the early part of the morning, he would now be with us; it is even possible that such an effort, if successful at nine o'clock, might have saved him; but every hour added to the exhaustion, and rendered such an act more difficult.—*Lancet*.

Tuesday, September 14th: About half-past eight this morning, my father received a note from Walmer Castle, stating that the Duke of Wellington wished to see him. He immediately went to the Castle. His Grace complained of uneasiness about the chest and stomach; was then perfectly conscious, and answered questions put to him with correctness. Some medicine was ordered, and during its preparation his Grace took some tea and toast. Shortly after leaving the Castle, my father received another communication, stating that his Grace was much worse; he had had fits similar to those he was subject to. My father and I went directly, and found his Grace in bed, unconscious; eyes turned a little upwards, fixed; pupils of medium size; skin warm and moist; respiration very laborious, from accumulation of mucus in air tubes. Before our arrival his valet had applied a mustard poultice to his chest, as on a former occasion this had given relief.

Dr. McArthur soon arrived, and Drs. Hume and Ferguson were telegraphed for.

Dr. McArthur advised a mustard emetic to be given, having prescribed one with advantage several years ago under similar circumstances. This and other measures were now of no avail. His Grace became very restless, tried to turn on his left side; occasionally there were slight twitchings of the left arm. When raised in bed, his breathing was much more free, and this induced us to place him in an easy chair, when his respiration became much less embarrassed; his pulse sank, and his Grace was now placed more horizontally; the pulse rallied for a little time, and then gradually declined; the breathing became more feeble; and at twenty-five minutes past three o'clock p.m., his Grace breathed his last. So easy and gentle was the transition, that for the moment it was doubted. A mirror was held before his Grace's mouth: its brightness was undimmed, and he was no more!

JOHN WHITAKER HULKE.

## MIDWIFERY REFORM.

It may not perhaps be generally known, that by recent regulations of the Council of the Royal College of Surgeons, a Board of Examiners in Midwifery has been established, consisting of the senior vice-president of the college, together with Dr. Arthur Farre, Dr. Henry Oldham, and Dr. James Reid. The conditions under which candidates are admitted have just been published, from which it appears that persons who are, or shall become fellows or members of the college prior to January, 1853, will be admitted to examination on production of their diploma; other gentlemen becoming members subsequently to the above date, will be admitted on producing, with their diploma, a certificate of having attended twenty labours. From the same regulations, it appears that members or licentiates of any legally constituted college of surgeons, or graduates in surgery of any univer-

sity requiring residence to obtain degrees, will also be admitted to examination on producing, with their diploma, certificates of being twenty-one years of age, of having been occupied four years in the acquirement of professional knowledge, of having attended one course of lectures on midwifery, and of having attended not less than twenty labours. There are other regulations on the above important subject, which may be ascertained on reference to the secretary at the college.

This salutary change has not been made before it was wanted. It is to be hoped that the Irish College will follow the example here set, for nothing can be conceived more scandalous in the diploma trade than this department has exhibited. The moment is favourable, and should not be lost.

## SALE OF SHAM PRACTICES.

To those contemplating the purchasing of partnerships or "practices" in England, the following warning or caveat emptor will prove useful. That an English practitioner can sell his patients is wonderful, but still more wonderful that a shadow can sell shadows:—

We have known of instances—of cases indeed which could now be pointed out—in which men, failing to get into good practice, have devoted themselves with surprising ingenuity to the fabrication of practices upon paper, for the mere purpose of selling partnerships and successions. Cases of this kind occur, in which the perpetrators of the fraud take in (in a double sense) a partner every two or three years, and live in the intervals, upon the proceeds of the repeated sale of a partnership in a practice which exists only in a sham ledger. No sooner is a dupe found to deposit a few hundred pounds, than the payment of a temporary income takes place to him out of his own money; but the fraud is soon detected, a quarrel ensues, and the junior partner is glad to get free from the connexion, which can only bring disgrace. One case has occurred within our knowledge, in which a young medical man, duped of all his property, had to threaten a bill in Chancery before he could dissolve the partnership with the fellow who had cheated him. The following is the mode in which these sham practices and partnerships are prepared for sale. A labourer has his head broken in a drunken frolic; he is entered in the day-book as Mr. Doctor Esq. and daily visits, pills, draughts, lotions, and dressings, are entered with all due parade, and a heavy bill is drawn out in place of four times as many pounds, five shillings are taken in discharge of the attendance, but £20 are set down in the books as the amount of the bill delivered and discharged. When labourers are not forthcoming, imaginary patients are recorded, and imaginary bills are carried to the account of the practice. Not long since, we saw an assistant who had fairly run away from a person who was required as part of his daily work to create an appearance of practice in this manner. Of course such mistreats are rare in the profession, but they do exist, and create more misery than will readily be conceived. Such men think less of getting honest practice than of making up a case for future retirement or sale of practice. These hats will be sufficient for young men who are more inclined to get into practice suddenly, by the purchase of a partnership or succession, than by years of persevering labour and good conduct. They should learn that sharpers beset the short paths to position and income. For the sharpers themselves, exposure will be the fitting punishment. After due warning, no man should negotiate for "partnerships" or "successions" without sound guarantees of the honesty and characters of the parties with whom he has to deal. These will be of far greater consequence than the inspection of books and accounts.—*Lancet*.

## BOURN v. COX.

The council of the Bath and Bristol Branch, in accordance with an unanimous resolution, have convened a special general meeting of the members, to be held at the Royal Western Hotel, Bristol, to consider if any and what steps should be taken in consequence of the verdict given on the trial—*Bourn v. Cox*. And also to consider the propriety of publishing such a letter on medical subjects, in a public newspaper, as was recently done by Mr. John Barrett, in the case—*Bourn v. Cox*.—*Prov. Jour.*



## THE VALUE OF "EM. DEE."

We copy the following by way of comment on a disputed point in medical history. It is evident that there is a difference of opinion as to the comparative value of past and present medical honours. Doctor-making, however, becomes every day more and more expensive. To make seven of less than ordinary dimensions here in Dublin the other day cost "the country" a cool thousand. But, then, seven marvellously learned gentlemen, whom Senates delight to honour, pocketed the best part of it. Men of merit are sought after, as Falstaff says:—

In your last number, I read an insulting and arrogant letter from an individual who once considered himself "a connecting link between the profession and the aristocracy," but who now appears to be smarting under a non-appreciation, or more probably a due appreciation, of his merits by a discerning public. He says he has reflected on the cause of this, but, having come to a wrong conclusion, I wish to put him on the right scent. The time has long gone by when the mere circumstance of wearing a white cravat, and assuming an air of gravity, even although backed by a carriage and pair, and an L.R.C.P. Lond., will obtain the confidence of the public, who are daily becoming less disposed to take "omne ignotum pro magnifico," and who have the good sense to prefer one who, in addition to a sound professional education, has had extensive practical experience at the bedside, to one whose professional knowledge is obtained almost exclusively from books, his practical experience being 0, notwithstanding all his efforts to obtain it by means of the "advice gratis" system; or puffing his work on a disease of which he has probably never had a case under treatment. For the body of pure physicians generally, I entertain great respect, many of them being men whose general attainments, profound professional knowledge and acumen, entitle them to the highest confidence of the profession and the public; but there are unworthy members of this as well as of the other branches of the profession, and of these I could, from personal knowledge, say much, but for the present forbear. With reference to your correspondent, it is a pity to see a man pretending to "polite education" and "superior attainments," use words of which he does not know the meaning, although so common-place that any charity schoolboy could explain them to him. To "assume" means to claim unjustly; and "bastard" means spurious. Consequently, those terms cannot be applied to any one who has attained the degree of M.D. from a university legally empowered to confer it; they can only be applied to those who dub themselves M.D. without possessing any legal right to do so, although they may be licentiates or extra-licentiates of the R.C.P. Lond.; and there are many such, some of whom, subsequently to obtaining this licence have been rejected at the Apothecaries' Company, as well on account of their deficient knowledge of Latin, as from general professional ignorance. So much for these gentry of "polite education" and "superior professional attainments." As regards the affix M.D. used by those legally empowered to do so, it is an insult to common sense to consider it amiss to append it, any more than the use of M.A., D.D., &c., by the humblest individual of the profession to which he may belong. The remissness of the Colleges of Physicians and Surgeons having compelled the general practitioner to become connected with a trading company (an anomaly which exists nowhere but in England) it is right and praiseworthy that those members of this body who are legally authorized to use the title of M.D., should do so, and proclaim to the world that, although compelled by law to become connected with a trading company, their inclination and their attainments have associated them with a university; and I think you will agree with me, that although every member of the medical profession were to use the prefix of Dr., it would no more affect the "social estimation and position" of those pure physicians whose attainments entitle them to occupy a high place in the profession, than the affix of M.R.C.S., as at present almost universally used, affects the "social estimation and position" of a Brodie, a Fergusson, or a Syme.—  
Letter in *Lancet*.

## TO CORRESPONDENTS.

We have fallen into arrear in our account with several correspondents from press of business during the last two weeks, which we propose to discharge without delay. In the case alluded to by "A Fellow of the College," was the party in question in office previous to the passing of the act, but we have a review of his services in our next number.

## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

At a meeting of the Central Committee, held in the Royal College of Surgeons, October 28, 1852,

The President of the College in the chair, a letter was read from Dr. Duncan, sen., of Farnham-house, Finglas, enclosing a donation of £100.

Resolved, That the Secretary be requested to communicate to Dr. Duncan the cordial thanks of the committee for his munificent donation, and to express how much the society is indebted to him, not only for this, but also for the generous assistance he has afforded to it from its foundation.

A letter was read from Dr. Erskine, Secretary to the Newry Branch, enclosing £10 9s. from the following members in that district—viz., Dr. Davis, £1 1s.; Dr. Morrison, £1 1s.; Dr. Molloy, £1 1s.; Dr. Johnston, £1 1s.; Dr. Starkey, £1 1s.; Surgeon Black, £1 1s.; Surgeon Savage, £1 1s.; Surgeon Gray, £1 1s.; Surgeon Waddell, £1 1s.; and the Secretary, £1 1s.

A letter from Dr. O'Rourke of Enniscorthy, enclosing £1 1s. and announcing the formation of a Medical Society for the county of Wicklow, "one of whose resolutions pledges it to appropriate a portion of its funds annually to the Medical Benevolent Fund Society of Ireland."

Signed by order,

CHARLES BENSON.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 17th,	56	47.5	30.250	
Monday,	18th,	54	40	30.364	
Tuesday,	19th,	56.5	41.5	30.450	
Wednesday,	20th,	57	42	30.214	
Thursday,	21st,	55	48.5	29.850	.065
Friday,	22nd,	57	53	29.500	
Saturday,	23rd,	57	43	29.600	.060
Sunday,	24th,	55.5	42.5	29.500	
Monday,	25th,	56	41	29.522	.025
Tuesday,	26th,	51	40	28.900	.220
Wednesday,	27th,	46	42.5	29.270	
Thursday,	28th,	49	44.5	29.745	.070
Friday,	29th,	50	43	29.550	.085
Saturday,	30th,	56	43	29.564	.280

## PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barom.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Oct. 17th,	57	46	29.860	50.5	47.4	44.2	.004	Calm
18th,	53	32.5	30.004	50.2	47.1	43.9	.006	NE
19th,	56	38	30.170	50.5	48	45.5	.005	SW
20th,	56	39	29.120	51.6	48.1	44.6	.005	SW
21st,	57	47.5	29.022	53.2	52.2	51.3	.004	S
22nd,	58	52	29.012	56.1	55.3	54.6	.010	S
23rd,	58	39	29.959	49.1	48	46.9	.016	SW
24th,	53	38	28.956	50.2	47.1	43.9	.019	WSW
25th,	54.5	38	29.008	47.6	45.4	43	.016	NW
26th,	52	36	28.126	43.2	42.2	41	.036	Calm
27th,	46.5	39	29.165	46.4	43.5	40.1	.038	NNE
28th,	49	39	29.229	45.5	44	42.3	.062	NE
29th,	48.5	31	29.426	43.1	42.1	41	.033	SSE
30th,	50	39	29.482	50	48.7	47.4	.058	Calm

M. W. HANLON, M.B.



### THE MEDICAL CHARITIES ACT: TIPPERARY UNION.

At a Meeting of the Medical Officers of Dispensaries in the Tipperary Union, held at Tipperary on Saturday, the 30th of October, for the purpose of considering the propriety of looking for an increase of Salary, and the measures to be adopted for that purpose.

Dr. JOHN RYAN, Thomastown Dispensary, in the chair,  
Dr. BRADSHAW, Bansha Dispensary, Secretary,  
it was resolved—

That the salaries fixed in this union, £60 a year, are quite inadequate remuneration for our time and labour, that sum being little more than sufficient to cover the expenses of man and horse which we are obliged to keep for those duties; that when it is considered that all our time is, by the Commissioners' regulations, at the disposal of the committees, and that we are liable to be called upon at any hour of the night, it will appear quite evident that such salaries are by no means a fair or just remuneration.

Resolved—That it is advisable that such committees in this union as are favourable to an increase of Salary, be requested to communicate with the other committees on the subject, and also to send a deputation to the Board of Guardians.

Resolved—That the minutes of our proceedings be forwarded to every medical man in the counties of Tipperary and Limerick, and the adjoining unions, and that they be requested to attend a General Meeting of the Profession, to be held at Thurles, at Boyton's Hotel, on Saturday, the 13th of November next, at One o'clock, to consider the entire subject, and the propriety of forming an association.

Signed, JOHN RYAN, M.D., Chairman.

### SCHOOL OF ANATOMY, SURGERY, AND MEDICINE OF APOTHECARIES' HALL, IRELAND.

Cecilia-street, Dame-street.

#### THEORY AND PRACTICE OF SURGERY.

Mr. ELLIS will commence the Winter Course of Lectures on the Theory and Practice of Surgery in this School, on Wednesday, the 3rd of November, at Three o'clock, and continue to lecture at the same hour, on Mondays, Wednesdays, and Fridays, to the end of the Session.

Mr. Ellis will, in his Introductory Address this Day, explain the Working of the Medical Charities Act, and point out the injustice done to the great majority of the Medical Officers of the Dispensaries in the rural districts throughout Ireland by the manner in which it has been administered.

Mr. Ellis's information on this subject is derived from the most authentic sources, and is based upon facts which cannot be controverted.

### HOSPITAL SULPHATE OF QUININE, PURE CRYSTALLIZED.

Prepared by EDWARD HERRING, of the late firm of HERRING, Brothers, for the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure, its form of crystal is the same and in every respect identical with the Sulphate of Quinine of commerce, the only difference being that the one is unbleached and the other bleached. It was originally introduced for the use of Hospitals, Dispensaries, and public Charities, but its purity and great reduction in price is attracting the attention of Medical Men and the Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each, capsuled, with the name of the Proprietor, and labelled with the name of the Inventor. The peculiar mode of preparing the unbleached and white sulphates is being made the subject of a patent, and will shortly be made public.

Both articles to be had of the leading Druggists in London and the united kingdom, and in quantities of not less than 100 ounces, of

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Chemical Works, Trinity-street, Southwark, London.

October 23, 1852.

### THE PHARMACEUTICAL JOURNAL (Nov. 1), CONTAINING THE TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

CONTENTS:—The Adoption of the Title Pharmaceutical Chemist.—To the Parents and Guardians of future Pharmaceutical Chemists.—The Abuse of Chemical Certificates: The Beer Puff.—The Scientific Institutions of Birmingham.—Pharmaceutical Meeting.—Distribution of Prizes.—On the Mode of conducting the Pharmaceutical Meetings.—On a Disease in Wheat.—Meeting at Birmingham to consider the Pharmacy Act.—Drugs observed at Aden, Arabia.—Pavon's Collection of Peruvian Barks.—Extract of Colocynth and Compound Colocynth Pill.—Report upon Original Gravities.—Researches on the Colouring Principle of Urine.—The Fluorescence of Quiniferous Solutions.—The Quantity of Alkaloids contained in many Cinchona Barks.—Hospital Sulphate of Quinine.—Patent Heat regulating Plaster Spatula.—Felt and Chamois Leather Plasters.—Specimen Bottle for Chemical Preparations.—The Bouquet of Wine.—Litmus.—Blacking.—The Prohibition of the Sale of Coffee mixed with any other Ingredient.—Mr. Dawson's Handbill, &c. &c.—With an extra Half-sheet. Price 1s.

London: John Churchill, Princes-street, Leicester-square;  
Edinburgh: MacLachlan and Stewart; Dublin: Fannin and Co.

\* \* Volume XI. may be had in boards, as well as the preceding volumes, price 12s. 6d. each.

G. OLDHAM and Co., *Pharmaceutical Chemists and Apothecaries*, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their unremitting personal attention; to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

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**SCHOOL OF SURGERY.**

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**

WINTER SESSION 1852-53.

THE Dissecting-rooms opened on the 1st of October, and the Lectures commenced on the 25th.

Anatomy and Physiology—Dr. Jacob.  
Descriptive Anatomy—Dr. Hart and Dr. Power.  
Surgery—Mr. Porter and Mr. Hargrave.  
Practice of Medicine—Dr. Benson.  
Chemistry—Dr. Barker.  
Midwifery—Dr. Beatty.  
Comparative Anatomy—Dr. Jacob.  
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. T. D. Hargrave, Mr. Malcomson, and Mr. J. Morgan.

**SUMMER SESSION.**

Materia Medica—Mr. Williams.  
Medical Jurisprudence—Dr. Geoghegan.  
Botany—Dr. A. Mitchell.  
Practical Chemistry—Dr. Barker.  
The fee for each of the above Courses is two guineas, except Comparative Anatomy, which is free.

A public course of lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session, and additional lectures on the same subject at intervals during the winter.

Practical instruction in Operative Surgery is given by the Professors of Surgery, separate from the surgical lectures. Fee, £5 3s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the school of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England.

*Hours of Lecture:*

Descriptive Anatomy—Twelve o'clock every day.  
Chemistry—One o'clock, Mondays, Wednesdays, and Fridays.  
Anatomy and Physiology—Two o'clock every day, except Monday.  
Surgery—Three o'clock, Tuesdays, Thursdays, and Saturdays.  
Practice of Medicine—Three o'clock, Mondays, Wednesdays, and Fridays.  
Midwifery—Four o'clock, Tuesdays, Thursdays, and Saturdays.  
Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Professor of Botany will commence a course of lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

**PRACTICE OF PHYSIC.**

Dr. BENSON will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons on Wednesday, the 10th day of November, at Three o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of Medical Diseases will form the subject of the Course.

Pathological Preparations, Plates, and recent Specimens of Diseased Parts, will be exhibited for the purpose of illustration. The Lectures will be delivered on Mondays, Wednesdays, and Fridays, throughout the session, at Three o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; and those entering the Navy to attend Three such Courses. Fee for each Course ... Two guineas.

**CITY OF DUBLIN HOSPITAL,**  
*Upper Baggot-street.*

The Winter Session commenced on Monday, October 25.

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For further particulars apply to the Secretary, Dr. Hutton, 29, Gardiner's-place, or at the Hospitals.

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(Continued from page 102.)

(*The Function of Nerves continued.*)

#### THE VOLUNTARY MOTOR APPARATUS, ETC.

AT the close of my last communication, I was desirous of directing the reader's attention to the contemplation of *certain* relations which I conceive may be perceived to subsist between what have been termed "matter" and "mind,"—between the objects in surrounding material creation and the perishable and the *permanent* part of our mental constitution. I was desirous, in other words, of directing that attention—1st, to the contemplation of the *manner* in which the objects in surrounding creation are related to and connected with the *material* part of our being; upon which the *development* or manifestation of what are termed "mental phenomena" is dependent; that is, to the nature of the relation in which the objects referred to stand towards those organized structures or residual products (collectively named "cerebral matter") which have been constructed by Nature with the special end or design of giving development or manifestation to what are termed "mental phenomena;" and 2nd, I desired to direct that attention to the contemplation of surrounding material creation in its relation to that principle of our existence which (be its nature what it may) may be regarded as the *fountain or source* of such mental phenomena. To such relationship, in a word, as we may be enabled to recognize as subsisting between the objects in the world that surrounds us, and that constituent of our being which we are privileged to hope—that element of our existence which we are enjoined to believe—is destined to outlive (as a conscious principle) the *ultimate* dissolution of our material constitution—to survive (in the position of that which we designate "consciousness") the *final* disorganization of those organized structures which *here* constitute the *field* of its functions.

In relation to such considerations, it was my effort to make apparent how, as I conceive, the apparatus constructed for the fulfilment of the two following ends (ends, as I regard it, altogether *distinct* in their nature)—viz., 1st, of bringing surrounding objects into relation, or, as it were, into contact with the conscious principle of our being; and 2nd, of giving development to what are termed "mental phenomena;" how, I say, the apparatus provided for the fulfilment of these two ends, has been constructed of two distinct orders of organized structure, *each* of which has been placed in certain *relations* which are peculiarly its own; and *each* of which has to perform a function which is peculiar to itself.\*

I say "distinct orders of structure," inasmuch as the two tissues referred to differ, as I regard it, from each other in each of the two following particulars—viz., 1st, as regards the nature of their respective physiological *relations*; and 2nd, as regards the nature of the *phenomena* they are respectively designed to develop. For let us *contrast*, for a moment, the relations and functions, respectively of the two tissues before us—namely, of the "nerves of sensation" and of "cerebral matter." The one (viz.,

\* I have used the words "distinct orders" of organized structure (as above applied to nervous tissue and to cerebral matter) in preference to the expression "distinct classes" of structure; and that simply in consequence of my having already divided organized structures *generally* into two grand primary divisions or classes—namely, what I have ventured to term respectively "organizing agents," and "organized residual products." The reader will please to bear distinctly in mind that *each* of the two orders of structure referred to (viz., nervous tissue and cerebral matter), comprises under it a *variety* of sub-divisions of such structure; *all* of which belong to the same *order* of tissue, but each which sub-division *varies* in some respects from the other subdivisions of the same order. To such subdivisions may, for perspicuity, be applied the term "variety" or "species." Thus, for example, under the former of these two orders of structure (viz., nervous tissue), is comprised what have been termed the several "varieties" or the several "species" of nerves. Under "cerebral matter" are to be found the various subdivisions of that order of structure which give development to the several "varieties" or "species" of mental phenomena.



nerves of sensation), in consequence, observe, of the two following facts—viz., 1st, from its having been intimately associated, or, if I might so term it, *combined* with an unknown agency or principle, named “nervous influence or force;” and 2nd, from its having been placed in *direct* physiological relation or contact, observe, with the sensible objects in surrounding creation; the one, I say, of these two orders of organized structure, in consequence of its having so been *combined* and *related*, has been named by physiologists “nerves of sensation.” To the other of these two orders of organized structure, which has been, 1st, intimately associated, or, as it were, *combined* with the *conscious principle* of our being; and 2nd, placed in *direct* physiological relation or contact, observe (*not* like the nerves of sensation with the sensible objects in surrounding creation, but) with the *organized* structure just referred to—namely, with nerves; to the other, I say, of these two orders of organized structure which by Nature have so been *combined* and *related*, I have, in contradistinction to the former, or to nerves, applied the terms “cerebral matter.”

If, then, it be true that the two tissues before us (viz., nerves of sensation and cerebral matter) have in reality been respectively combined and related in the manner just stated, it is manifest that these tissues *differ* (that is, are distinct from each other), at least in the former of the two particulars referred to; that is, as regards the nature of their respective physiological *relations*. But I have further stated that they also differ from each other in another particular—namely, with regard to the nature of the phenomena they are respectively designed to develop. For what are the respective functions which these two orders of structure are called upon to discharge? They are, as I regard it, these—viz., the function of the former, that is, of the nerves of sensation, is, as I conceive, and as has been my effort to make apparent to the reader, to *stimulate* to the discharge of its physiological function that special subdivision of cerebral matter with which those “nerves of sensation” have been placed by Nature in direct physiological contact—namely, what has been termed the “seat of sensation.” The function of the latter—namely, of “cerebral matter,” is to give development to “mental phenomena.” If, then, it be true that these two statements be facts, it is manifest that the two structures before us *differ* or are distinct from each other in *each* of the two particulars referred to; and should such be the case, it would to me appear to be conducive to perspicuity and clearness to discriminate between them by some distinctive appellation.

Now, if the two orders of tissue referred to (viz., nerves of sensation and cerebral matter), in conjunction, constitute the apparatus constructed by Nature for the fulfilment of the two following ends—viz., 1st, of enabling the conscious principle of our being to receive the requisite impressions (viz., *stimuli* required for calling it to the discharge of its function) from the objects in surrounding creation; and 2nd, of giving development to what are termed “mental phenomena;” if, I say, it be true that such be the functions of this apparatus, I may perhaps be permitted for a moment (for the purpose, observe, of *contrasting* the nature of the mechanism of this apparatus with the nature of the mechanism of certain *other* apparatuses), I may, I say, for a moment be permitted to apply to the nerves of sensation and cerebral matter, conjointly, some such appellation as *the mental apparatus*.

If, then, for the purpose of *contrast*, the reader will for a moment permit such expression, let us contemplate this “mental apparatus” in relation to the *limits* or extent of its functions. Let us, in other words, consider it for a moment in reference to the following question—viz., *what or how much* could be effected by this apparatus *independently and alone*, that is, without the aid or superaddition of any *other* organized structure whatever? For an accurate acquaintance with the *limits* of the function of this apparatus—1st, *collectively* or as a whole; and 2nd, with regard to its *individual* component parts—would doubtless, as I conceive, simplify the reply to each of the two follow-

ing questions—viz., 1st, as to the nature of the relation in which *this* (viz., mental) apparatus may possibly stand towards any *other* apparatus (say, for example, a voluntary motor apparatus, a circulatory apparatus, or the like) with which such mental apparatus may be found upon further inquiry to have been placed in direct anatomic connexion; and 2nd (and it is *this* which I am now desirous of impressing upon the reader), it might suggest to us, as I conceive, the nature of the relation in which the individual component parts of some *other* apparatus (mark distinctly, some *other* apparatus), possibly *analogous* in the nature of its mechanism to the mental apparatus stand towards each other, should any *other* apparatus (*analogous* in its construction or mechanism to the mental apparatus) be found upon inquiry to exist in the constitution of man. I shall, for perspicuity, illustrate my meaning. An acquaintance with the nature of the relations of the several distinct component parts of the mental apparatus, might, I say, suggest to us the nature of the relation of the several distinct component parts—say of a voluntary motor apparatus, of a circulatory apparatus, or of *any* other apparatus whatever—provided distinctly it be found upon inquiry that such other apparatus had been constructed (with regard to its mechanism) upon principles *analogous* to those observed in the construction or mechanism of what, for perspicuity, I have termed the “mental apparatus.”

What, then, are the *limits* to the function of the nerves of sensation and of cerebral matter collectively regarded as an individual and independent apparatus?

Through the agency or instrumentality of the mental apparatus, independently and alone (if we be allowed, for a moment to suppose the possibility of its *existing* independently, that is, unconnected or unassociated with any *other* organized structure); through its agency or instrumentality, I say, independently and alone (provided it could be brought into *physiological relation*—1st, with sensible objects; and 2nd, with oxygen gas), we might be enabled, 1st, to feel, to see, to hear, to taste, and to smell; and we might further be enabled, 2nd, to will, to think, to judge, to reason, &c. Thus much, I say, we can, for the sake of argument, conceive, for a moment, the possibility of being effected by the nerves of sensation and by cerebral matter collectively, regarded as an individual and independent apparatus. But mark these two facts—1st, we should *not*, as the reader is already aware, be enabled to *move*; that is, we should not have the *ability* (however we might *will* so to do) to vary or change the position or locality of the apparatus referred to, so as to bring the conscious principle of our nature into relation with *other* objects in surrounding creation; and 2nd, when *once* that apparatus (viz., the various nerves of sensation and the several subdivisions of cerebral matter); when, I say, *once* that apparatus had given *full* development to these several phenomena referred to, its functions would be *for ever* at an end. I say, *for ever*, inasmuch as, after a *single* manifestation of the phenomena referred to, that apparatus, under the circumstances at present supposed, would be incompetent a *second* time to give development to its functions. For the development or manifestation of *vital* phenomena by *any* organized structure whatever is, as I have already endeavoured to make apparent to the reader, dependent upon and accompanied with the process of that structure's own *degeneration* or descent in the scale of organization; consequently, when *once* an organized structure or residual product (such as nervous tissue, cerebral matter, &c.) has *fully* developed its physiological functions, it would be *impossible* (unless such residual product should itself be *re-generated*) that the phenomena peculiar to that residual product could be *re-developed*, or, in other words, that such product could a *second* time give manifestation to its function. Consequently, if *motion* and *continuity of function* be required for the mental apparatus, it is obvious that Nature must have constructed distinct apparatuses adapted for fulfilling such requirements.

Now, that both *motion* and *continuity of function* are required for this mental apparatus, the reader is aware is



the fact; consequently, it has become necessary to place this apparatus in relation and contact with each of the two following distinct apparatuses or systems—viz., 1st, with a motor apparatus, which can be controlled in its operations by such mental apparatus; or, in other words, the action of which may be regulated by the conscious (viz., voluntary) principle of our being. In a word, with an apparatus constructed for the development of motion, whose functions may be regulated or controlled by that which we designate “will.” So that through the agency or instrumentality of such motor apparatus may be accomplished what are named “voluntary movements.”

And 2nd, this mental apparatus must have been placed in relation and contact with a circulatory apparatus (viz., a vascular system), through whose agency may be accomplished each of the two following essentially requisite ends—viz., 1st, of conveying to the mental apparatus its incidental stimulus (namely, oxygen gas), which we have already seen to be one of the requisites for the development of its functions; and 2nd, of conveying to that apparatus the materials for its re-generation or renewal, so as to admit of its functions being developed not merely once but a number of times—so as to admit, in a word, of continuity of function.

First, then, we are called upon to contemplate cerebral matter in its relation to voluntary movements. We are called upon, in other words, to consider the nature of the relation (and observe, more especially to contrast the nature of the mechanism) of the apparatus constructed for the development of mental phenomena and the altogether distinct and independent apparatus constructed for the development of muscular motion. Let us, then, inquire into the nature of the mechanism of this motor apparatus, and then contrast that mechanism with the mechanism of the mental apparatus. The voluntary motor apparatus has, as I regard it, been constructed by Nature upon identically one and the same general arrangement or plan (viz., with regard to its mechanism), as the mental apparatus which we have just been considering. In a word, these two apparatuses are, as I regard it, strictly analogous as to the nature of their mechanism or construction. Let me be distinctly understood: In this motor apparatus (in like manner as in the mental apparatus) we, in the first place, recognize two distinct orders of organized structure which stand towards each other; as I regard it, in an identically analogous relation to that in which stood the two orders of structure in the mental apparatus; and secondly, we find that these two orders of structure (in like manner as those comprised in the mental apparatus) differ from each other in each of the two following particulars—viz., 1st, as regards the nature of their respective physiological relations; and 2nd, as regards the nature of the phenomena they are respectively designed to develop. For what are the relations and functions of the structures respectively which constitute the voluntary motor apparatus? They are these: The one of its two orders of organized structure (which has received the name “voluntary nerves”),

has been placed in direct physiological relation and contact, observe, with the conscious (viz., voluntary) principle of our being; the other (which has received the name “muscular fibre”), has been placed in direct physiological relation and contact, observe (not with the conscious or voluntary principle of our being, but) with the organized structure just referred to—namely, with nerves. Consequently, it is obvious that these two orders of structures differ from each other in their physiological relations. And what are the functions of these structures respectively? The function of the former, or of voluntary nerves, is (in like manner as in the case of the nerves of the mental apparatus), to stimulate the latter (viz., muscular fibre) to the discharge of its physiological function; in a word, the function of such nerves is to cause that muscular fibre to contract. The function of the latter—viz., of muscular fibre, is like that of cerebral matter in the mental apparatus, to give development to an altogether distinct order of physiological phenomena—namely, the phenomena of muscular motion.

Let us inquire somewhat more minutely into the nature of voluntary movements; let us consider for a moment how such voluntary movements are effected. By what agency, then, are our voluntary movements accomplished? The reader is familiar with the reply to this question; he is aware that voluntary movements are accomplished by the contraction of what are called “voluntary muscles.” True; but how is the contraction of those muscles effected? How, that is, by what agency or means, are those voluntary muscles caused to contract? how, namely, through what instrumentality, is the quiescent condition of that organized structure disturbed, so as to admit of its developing the phenomena of muscular motion? What, in a word, is the specific stimulus of that organized residual product to the discharge of its specific physiological function? It is the influence shed upon such structure by nerves. It is that (whatever it be, or whatever its nature), which is developed or generated by what we term “voluntary nerves.” And how are those voluntary nerves called to the discharge of their function? how, that is, by what agency or instrumentality, are they caused to shed their nervous influence or force? What, in a word, is the specific stimulus of that organized residual product to the discharge of its specific physiological function? It is the conscious (viz., voluntary) principle of our being. That principle stands in the same relation to nerves of voluntary motion, as the sensible attributes of the objects in surrounding creation stand to the nerves of sensation; and the nerves of sensation stand, as I regard it, in the same relation to that special subdivision of cerebral matter (named “seat of sensation”) with which those nerves have been placed in direct anatomic connexion; as the nerves of voluntary motion stand to that organized residual product—viz., muscular fibre, with which they have been anatomically connected. In a word, the specific function of nervous tissue is, as I regard it, in both cases the following—namely, to stimulate to the discharge of its physiological function the organized structure (whatever it be) with which such nerves have been placed by Nature in direct anatomic connexion.

Hence (if it be true that the foregoing statements are facts) we perceive, in the first place, that as a system of nerves (viz., to develop and propagate “nervous influence or force”) has been placed by Nature intermediately between the objects in surrounding creation and that special subdivision of “cerebral matter” which those interposed nerves have been destined to stimulate to the discharge of its function; so, in like manner, a system of nerves (viz., to develop and propagate “nervous influence or force”) has been placed by Nature intermediately between the conscious (viz., voluntary) principle of our being and the muscular structure which those interposed nerves have been destined to stimulate to the discharge of its function. We perceive, in the second place, that as the former two disunited or separate objects (viz., cerebral matter and surrounding creation) are brought into relation, or as it were into contact, through the agency of an interposed system of

\* It might, perhaps, be desirable for me here to direct the reader's attention to the following consideration—viz., he will please to observe that with regard to organizing agents (that is, with regard to those organized structures which develop or generate what I have termed “organized residual products”), that with regard, I say, to organizing agents, the function of a circulatory apparatus is twofold—viz., of conveying to such agents—1st, their incidental stimulus in the form of oxygen gas; and 2nd, their specific stimulus in the form of what is termed “nutrient matter.” Whereas, with regard to organized residual products, the function of that circulatory apparatus, for the most part, is single—namely, that of conveying to such organized residual products their incidental (but not their specific) stimulus; the specific stimulus of such residual product being, for the most part, conveyed by a different channel. I say “for the most part,” inasmuch as I hope presently to make it apparent to the reader that such is not universally the case, but that the organized residual product, named “ganglionic nerves,” is supplied with both its stimuli (namely, specific as well as incidental) through the agency of the circulatory apparatus or vascular system.



nerves, to which has been given the name "nerves of sensation"; so, in like manner, the latter two disunited or separate objects (viz., our voluntary principle and our muscular structure) are brought into relation and contact, through the agency of an interposed system of nerves, to which has been given the name "nerves of voluntary motion." We perceive, in the third place, that as the "nerves of sensation" have been adapted by Nature for receiving from the sensible attributes of the objects in surrounding creation the peculiar species of stimuli which have been made specially requisite or essential to the normal discharge of their function; so, in like manner, "the nerves of volition" have been adapted by Nature for receiving from the conscious principle of our being the peculiar species of stimuli which has been made specially requisite or essential to the normal discharge of their function. We perceive, in the fourth place, that as "the nerves of sensation" have been placed with their recipient extremity (that is, with that part of their construction which has been specially adapted by Nature for receiving impressions from the objects that surround them); that as, I say, "the nerves of sensation" have been placed with their recipient extremity in direct physiological contact with the objects in surrounding creation which call them to the discharge of their function; so, in like manner, the "nerves of volition" have been placed with their recipient extremity in direct physiological contact with the conscious principle of our being which calls them to the discharge of their function; and finally, we perceive, in the fifth place, that as "the nerves of sensation" have been placed with their extremity of communication (that is, with that part of their construction which has been specially adapted by Nature for communicating—viz., to the seat of sensation—the stimulus of "nervous influence or force"); and, I say, we perceive, in the fifth place, that as "the nerves of sensation" have been placed with their extremity of communication in direct physiological contact with another and distinct order of organized structure, named "cerebral matter" upon which those "nerves of sensation" are destined to shed their "nervous influence or force," and thereby stimulate such cerebral matter to the discharge of its function; so, in like manner, the "nerves of volition" have been placed with their extremity of communication in direct physiological contact with another and distinct order of organized structure named "muscular fibre," upon which those "nerves of volition" are destined to shed their "nervous influence or force," and thereby stimulate such muscular fibre to the discharge of its function.

In a word, we perceive (if the foregoing be a correct statement of facts) 1st. that the sensible attributes of the object in surrounding creation stand in the same relation (viz., that of stimuli to action) to "the nerves of sensation" as the nerves of sensation stand to the seat of sensation; and 2nd. that the sensible attributes of the objects in surrounding creation stand to the nerves of sensation, and the nerves of sensation stand to the seat of sensation in the same relation (viz., that of stimuli to action) as "volition" stands to "the nerves of voluntary motion," and as the nerves of voluntary motion stand to muscular fibre.

Having now contemplated "the nerves of voluntary motion" in each of the two following relations—viz., 1st, with regard to their own specific stimulus; or in relation to that which calls them to the discharge of their function (namely, in their relation to the voluntary principle of our nature); and 2nd, with regard to the structure towards which they themselves act as specific stimulus; or in relation to that which they call to the discharge of its function (namely, in their relation to "muscular fibre"); having, I say, contemplated the "nerves of voluntary motion" in each of the two foregoing relations, it remains for us, in the third place, merely to inquire into the seat or locus of the ganglionic portion of that system of nerves. The ganglionic portion of the "nerves of voluntary motion" is seated within the pericranium. It is placed at the base of the cerebral hemispheres in the form of those ganglionic masses, to which have been given the name "corpora striata." It is unnecessary for the object at present in view to dwell further

in this place upon the consideration of this topic. I have now endeavoured to glance at, respectively, what I conceive to be the nature and relation of two distinct and separate systems of nerves—viz., what have been respectively named "nerves of sensation" and "nerves of voluntary motion." There is a third system of nerves in the constitution of man, with the anatomy and function of which the reader is doubtless already familiar, and to which he will at once perceive that all the foregoing observations strictly apply. I allude to that system of nerves which have been named the "true spinal nerves," and which gave development to what have been termed "reflex phenomena." To this third system of nerves (the reader being doubtless familiar with the researches of Dr. Hall, Mr. Grainger, &c.), it will be unnecessary for me at present to do more than merely refer, and that for the following purpose—namely, of applying to them the foregoing general observations (viz., as to the specific stimulus and specific physiological function) which it is my desire to make apparent are applicable to all systems of nerves universally. As regards the "true spinal nerves," we find the following to be facts—namely, 1st. the ganglionic portion (as the reader is aware) is situated in the interior, or at the centre of the spinal cord; 2nd. the recipient extremity of such nerves has been placed in direct physiological contact with that which has been specially provided by Nature for calling such nerves to the discharge of their function—namely, with the specific stimulus of such nerves (say, for example, alimentary matter during the act of deglutition); 3rd. the extremity of communication of such nerves has been placed in direct physiological contact with some other order of organized structure which such nerve is destined to stimulate to the discharge of its function; and finally, the specific physiological function of the "true spinal nerve" is to stimulate to the discharge of its physiological function (namely, by shedding thereon "nervous influence or force") some other order of organized structure which has been placed in direct physiological contact with the extremity of communication of those "true spinal nerves."

I have now made an attempt to place concisely before the reader what I conceive to be the nature and function of three distinct systems of nerves (the reader will please to bear distinctly in mind that the foregoing observations have had relation both to the nature and the function of three distinct and separate systems of nerves). My effort has been to convince him that the two following statements are facts—viz., 1st. that the function of each and of all of those three distinct systems of nerves is identically one, and the same in its physiological nature—namely, (as has been my desire to make apparent to the reader,) that of stimulating to the discharge of its physiological function some other order of tissue or organized structure (that is, distinct in its nature from nerves) with which each of those three distinct systems of nerves has been respectively placed by Nature in direct anatomic connexion. Such is the first consideration I have been desirous of impressing upon the reader; and 2nd. it has been my desire to convince him of this fact—namely, that the plan or arrangement adopted by Nature whereby shall be regulated (viz., as to activity and time) the performance or discharge of that function has been, for each and for all of these three distinct systems of nerves, identically one and the same in its physiological nature—namely, my desire has been to make it apparent to the reader, that each and all of those three distinct systems of nerves requires for the regulation of the discharge or performance of its function (viz., of shedding "nervous influence or force") the presence and operation

\* Under the terms "true spinal nerves," the reader will have the goodness to understand that I include (for perspicuity) those nerves whose ganglionic portion is seated, not exactly in what is called "the spine," but in that prolongation of the spinal cord, which has received the name "medulla oblongata," such as what are termed the "respiratory nerves," &c. I do so, inasmuch as it would be unnecessary for the purpose at present in view, to consider such nerves under a distinct and separate division, and not now need call



of some specific stimulus specially adapted by Nature to leading such system to develop its function. I do not attempt to convince the reader of the correctness of any of these statements, has been the object of my foregoing observations. But why, it may be asked, dwell thus long upon such considerations in connexion with the subject before us? Why occupy thus much of the reader's attention with the contemplation of the relation which subsists either between sensible objects, nerves of sensation, and cerebral matter; or between voluntary action, the nerves of volition, and the muscles of voluntary motion; or wherefore (in connexion with the present inquiry) engage in the consideration of the relations of the true spinal nerves? What can these considerations have to do with the pathology of inflammation and fever, or how can questions which appear to be altogether irrelevant have relation to the mechanism of the human circulatory apparatus? As such questions may very naturally suggest themselves to some of my readers, I shall explain why it is I have been induced to trespass thus long on their patience with the consideration of the foregoing inquiries. My motive has simply been this—namely, if the two foregoing statements be true with regard to three distinct, independent, and separate systems of nerves, should there then be found in the constitution of man a fourth system of nerves (of the relations and functions of which it had been supposed we are as yet altogether in ignorance), we should, as I regard it, be warranted *a priori* and independently of all experimental research, in anticipating the probability (to say the least) that the two following statements would, upon inquiry, be found to be facts—viz., 1st, that such fourth system of nerves would be found (like the other three systems) to have been placed in physiological relation and connect with some other order of tissue or organized structure (that is, distinct in its nature from nerves), which that fourth system of nerves was destined by Nature to stimulate to the discharge of its function; and 2nd, that this fourth system of nerves (like the other three systems) would be found to have been provided by Nature with some specific stimulus specially adapted for calling that system of nerves to the discharge of its function. So much, I say, I should be led to anticipate on the recognition of a fourth system of nerves, independently of a recognition of its physiological relations or anatomic connexion with any other order of organized structure. But should we, upon an anatomic examination of the constitution of man, not alone recognize the existence of a fourth system of nerves, but further find that such system has in reality (like the other three systems) been placed in direct anatomic connexion with some other order of tissue or organized structure (that is, distinct in its nature from nerves); should we, I say, find that such has been actually and in reality the arrangement adopted by Nature, then I should feel myself as it were irresistibly almost compelled to anticipate (1st) that the relation of these two orders of organized structure (viz., that fourth system of nerves, and the tissue with which it is found in anatomic connexion); that the relation, I say, of these two tissues would be found upon inquiry to be this—viz., that this fourth system of nerves had (like the other three systems) been anatomically united with the other tissue with which it is found in connexion for the following purpose—namely, of stimulating that other structure to the discharge of its function; and I should further feel warranted in anticipating—2nd, that this fourth system of nerves would be found (like the other three systems) to have been provided by Nature with some specific stimulus which could regulate (as to activity and time) the development or discharge of its function.

The reader will have the goodness (bearing the foregoing observations in mind) to reflect upon the two following facts—viz., 1st, a fourth system of nerves is found in the constitution of man, to which has been given the name, "the ganglionic" or "the sympathetic nerve;" and 2nd, that fourth system of nerves is found in direct anatomic connexion with another order of tissue or organized structure (that is, distinct in its nature from nerves), to which has been given the name "vascular tissue."

In order that the reader may be enabled the more readily to contrast the nature of the mechanism of the several distinct apparatuses referred to, and be thereby enabled, with greater facility, to recognize the bearing of these remarks, I shall now briefly recapitulate the foregoing observations, making (for the sake of greater perspicuity and clearness) some slight variation in the form of expression, as follows—viz.,

1st. We see, in the first place, that, what for a moment I have ventured to term "a mental apparatus," has been constructed, consisting of two orders of structure essentially distinct in their physiological nature—viz., 1st, "of cerebral matter," to give development to mental phenomena; and 2nd, of "a system of nerves," to stimulate such cerebral matter to the discharge of its function. We further see (in relation to this "mental apparatus") that its system of nerves has been supplied by Nature with a specific stimulus specially adapted for regulating (as to time and intensity) the development or discharge of its function; to which specific stimulus has been given the name "the sensible objects in surrounding creation."

2dly. We see, in the second place, that "a voluntary motor apparatus" has been constructed, consisting of two orders of structure essentially distinct in their physiological nature—viz., 1st, of "muscular fibre," to give development to motor phenomena; and 2nd, of "a system of nerves," to stimulate such muscular fibre to discharge of its function. We further see (in relation to this "voluntary motor apparatus") that its system of nerves has been supplied by Nature with a specific stimulus, specially adapted for regulating (as to time and intensity) the development or discharge of its function; to which specific stimulus has been given the name "volition."

3dly. We see, in the third place, that "an involuntary apparatus connected with the true spinal cord" has been constructed, consisting of two orders of structure essentially distinct in their physiological nature—viz., 1st, of the several structures with which the true spinal nerves are anatomically connected (such as sphincters, &c. &c.), which give development to the phenomena which appertains to such structures; and 2nd, of "a system of nerves," to stimulate such structures to the discharge of their functions. And we further see (in relation to this "involuntary apparatus connected with the true spinal cord") that its system of nerves has been supplied by Nature with a specific stimulus specially adapted for regulating (as to time and intensity) the development or discharge of its function.

4thly and finally. We see, in the fourth place, that "a circulatory apparatus" has been constructed, consisting of two orders of structure essentially distinct in their physiological nature—viz., 1st, of "vascular tissue," to give development to some species of phenomena; and 2nd, of "a system of nerves (viz., ganglionic)" which stands in some relation to such "vascular structure." From these facts, I feel warranted in deducing the two following conclusions—viz.,

1st. That the function of the system of nerves here referred to (viz., "the ganglionic nerves") is to stimulate to the discharge of its physiological function (whatever that

The reader will have the goodness to observe, that the two inferences or deductions which analogy would here lead us to anticipate in relation to what is termed "the ganglionic system of nerves," correspond exactly with the general inferences or deductions which I have already made an attempt to establish with regard to all systems of nerves—viz., 1st, that the specific physiological function of nervous tissue generally (whatever additional function, whether imaginary or real, may be attributed to its agency) is to stimulate to the discharge of its physiological function (by shedding thereon "nervous influence or force") those organized structures or residual products with which such nervous tissue has been placed by Nature in direct anatomic connexion; and 2nd, that nervous tissue (in common with all organized structure which develop "a vital phenomenon") requires for the normal discharge of its function the presence and operation of some specific stimulus.



be) the "vascular tissue" with which such nerves have been placed in direct anatomic connexion; and

2nd. That this system of nerves (in like manner as the other three systems) will be found to have been furnished by Nature with some specific stimulus specially adapted for regulating (as to time and intensity) the development or discharge of its function.

(To be continued.)

## CASE OF ACUTE GLANDERS DEVELOPED SPONTANEOUSLY IN A FEMALE.

By Dr. TESSIER.

On the 8th of June, 1852, a woman, named A. J., aged 47, was brought to the Hôtel Dieu at Lyons; she was married; worked in silk, and was only employed on black satins. Her lodging and food were healthy and sufficient. She had led a very sedentary life. From inquiries made with the greatest care of her and those about her, it appeared that she had not been in contact with horses, had had no transactions with coachmen, grooms, or cavalry soldiers, and had touched no object which could have been charged with the virus of glanders. There was a butcher's shop in her house, but not a slaughter-house; good meat alone was sold there.

In 1849, she had syphilis; a bubo appeared in the right groin, which suppurated and healed after two months. On May 30th, being exposed to a draught of air while her body was covered with sweat, she experienced a feeling of intense chill, which lasted four days, and was accompanied with debility, headache, anorexia, and pains in the joints. On the fourth day, when reaction was established, there appeared on the middle of the front of the right leg, a white pustule, surrounded by a red areola.

On the fifth day, the dorsal surface of each foot was covered with edematous erysipelas; and on the aspect of extension of the four limbs, there suddenly appeared tumours, with or without discolouration of the skin, consisting of more or less painful hard nodosities. On the succeeding days, the symptoms continued; an abscess formed under the pustule in the right leg, and was opened on the day before the admission of the patient into hospital.

On admission, her state was as follows: Countenance anxious; skin hot; pulse quick; tongue whitish and dry; she had headache, and general pain; much thirst; she answered questions with some difficulty. She was much agitated, and complained of not being able to sleep, or rather that her sleep was broken by painful startings. The legs were edematous, and presented diffused erythematous patches on their anterior part, and on the dorsal surface of the feet. She could not bear the least pressure on the great and second toes of the left foot. Eight or ten tumours, or nodosities, some tender with or without inflammation of the skin, others fluctuating, and evidently formed by abscesses, existed on both upper and lower limbs. A sanious pus escaped from the abscess in the leg; two pustules resembling ecchyma were observed, one on the styloid process of the right tibia, and the other on the summit of an abscess on the thigh. She was ordered to have diaphoretic tisane, a calomel mixture, ointment, and a poultice to the abscess.

Up to June 14th, the symptoms went on increasing, and she was ordered to take tincture of iodine, and to have the sores dressed with powder of cinchona and charcoal. Under this treatment, gangrene of the leg, which had set in, was arrested. At this time, there appeared two new pustules like those of variola at the stage of suppuration, and an abscess with violet coloured skin, over the left malar bone. Up to this time, Dr. Tessier had treated the case as one of fever, with the tendency to the formation of abscesses and to erysipelas; but the appearance of the varioloid pustules on the face, led him to suspect that the case had some re-

semblance to one of glanders. As, however, there was as yet no purulent discharge from the nostrils, he did not arrive at any conclusion.

On June 16th and 17th, the varioloid pustules increased in number. The face expressed stupor, the tongue was dry, the abdomen was in a state of meteorismus. M. Lecoq, director of the Veterinary School, examined the patient, but could not decide whether she had glanders. The abscesses and pustules increased in number; there was extreme prostration, with subsultus tendinum, and some petechiae on the thorax.

On June 20th, there appeared erysipelas on the face, below the internal angle of the eyebrows; it spread rapidly, and on the next day assumed a blackish tint, and became covered with phlyctenae. The pustules and abscesses became more and more numerous; the pulse was 130; the tongue appeared as if roasted, and some small blackish crusts were observed in the interior of the nares, but there was no discharge.

On June 21st, diarrhoea set in, and phlyctenae appeared on some of the abscesses on the limbs, and the patient died in the morning of the 22nd.

*Post-mortem examination twenty-four hours after death.*  
*Exterior.* There were six or seven bullae on the limbs containing a sero-purulent liquid, and two gangrenous phlyctenae, one at the root of the nose, the other on an abscess in the thigh. There were twenty-nine opaque pustules, resembling those of small-pox, at the period of suppuration, but without the central depression. Traces of erysipelas were only seen in the face. Where it had been present on the feet and hands, thick pus was found beneath the skin. There were twenty-seven abscesses, two of which were gangrenous. Some were subcutaneous; others were deeper seated among the muscles; while some were within the joints. Pus was found in both knees and elbows, and in some of the joints of the toes. The pus was generally thick, unhealthy, and mixed with grumous clots. In some of the abscesses, it was sanious.

*Interior.* The brain was healthy; there was slight arborescent injection of the arachnoid. The sinuses of the dura mater were filled with dark blood. In the nasal fossae, the mucous membrane was thick, softened, of a very deep red, and was easily detached from the bones. It was infiltrated with a sanguinolent serosity through nearly its whole extent. At some points, it presented granular enlargements infiltrated with pus (an essential character of glanders). The turbinate bones were of a blackish aspect; they were filled with sanguinolent and purulent mucosity; so that, if the patient had lived, two or three days longer, there would have been a discharge from the nostrils. The mucous membrane of the fauces presented the same appearance as the pituitary membrane, but in a less degree. There was no abscess in the lungs; but they were infiltrated with dark blood, and the left lung presented, especially posteriorly, marked lobular engorgement. The heart was healthy; as were also the liver, spleen, pancreas, and kidneys. The sexual organs presented no trace of syphilis, and the stomach, there was an ecchymotic patch of the sized of a franc piece, and the mucous membrane here was softened. Throughout the intestines, there were only some red arborescent patches of cadaveric injection. Peyer's and Brunner's glands were healthy. The absence of pathological changes in the intestines is one of the most important points in the anatomical history of glanders; the lymphatic glands were not visibly engorged.

On seeing these appearances, M. Lecoq, of the Veterinary School, who was present, did not hesitate to affirm that, if he saw similar appearances in a horse, he should consider the case one of acute glanders. One proof, however, was required—that of inoculation. Some pus, taken during life from an abscess, was introduced into a lean but healthy horse; and in ten days the horse died of all the symptoms of acute glanders. On post-mortem examination, the characteristic appearances were found on the pituitary membrane.—*Lond. Jour. of Med.*



## OBSERVATIONS UPON A GENERAL METHOD FOR DETECTING ORGANIC ALKALOIDS IN CASES OF POISONING.

By Professor STAS of Brussels.

WHATEVER certain authors may have said on the subject, it is possible to discover in a suspected liquid all the alkaloids, in whatever state they may be. I am quite convinced that every chemist who has kept up his knowledge as to analysis, will not only succeed in detecting their presence, but even in determining the nature of that which he has discovered, provided that the alkaloid in question is one of that class of bodies, the properties of which have been suitably studied. Thus he will be able to discover conia, nicotine, aniline, picoline, petinine, morphine, codeine, narcotine, strychnine, brucine, veratrine, colchicine, delphine, emetine, solanine, aconitine, atropine, and hyoscyamine. I do not pretend to say that the chemical study of all these alkaloids has been sufficiently well made to enable the experimenter who detects one of them to know it immediately, and affirm that it is such an alkaloid, and not such another. Nevertheless, in those even which he cannot positively determine or specify, he may be able to say that it belongs to such a family of vegetables—the Solanaceæ, for example. In a case of poisoning by such agents, even this will be of much importance. The method which I now propose for detecting the alkaloids in suspected matters, is nearly the same as that employed for extracting those bodies from the vegetables which contain them. The only difference consists in the manner of setting them free, and of presenting them to the action of solvents. We know that the alkaloids form acid salts, which are equally soluble in water and alcohol; we know also that a solution of these acid salts can be decomposed so that the base set at liberty remains either momentarily or permanently in solution in the liquid. *I have observed that all the solid and fixed alkaloids above enumerated, when maintained in a free state and in solution in a liquid, can be taken up by ether when this solvent is in sufficient quantity.* Thus, to extract an alkaloid from a suspected substance, the only problem to resolve consists in separating, by the aid of simple means, the foreign matters, and then to find a base which, in rendering the alkaloid free, retains it in solution, in order that the ether may extract it from the liquid. Successive treatment by water and alcohol of different degrees of concentration, suffices for separating the foreign matters, and obtaining in a small bulk a solution in which the alkaloid can be found. The bicarbonates of potash or soda, or these alkalies in a caustic state, are convenient bases for setting the alkaloids at liberty, at the same time keeping them wholly in solution, especially if the alkaloids have been combined with an excess of tartaric or of oxalic acid.

To separate foreign substances, animal or otherwise, from the suspected matters, recourse is commonly had to the tribasic acetate of lead, and precipitating the lead afterwards by a current of sulphuretted hydrogen. As I have several times witnessed, this procedure has many and very serious inconveniences. In the first place, the tribasic acetate of lead, even when used in large excess, comes far short of precipitating all the foreign matters; secondly, the sulphuretted hydrogen, which is used to precipitate the lead, remains in combination with certain organic matters which undergo great changes by the action of the air and of even a moderate heat; so that animal liquids which have been precipitated by the tribasic acetate of lead, and from which the lead has been separated afterwards by hydrosulphuric acid, colour rapidly on exposure to the air, and exhale at the same time a putrid odour, which adheres firmly to the matters which we extract afterwards from these liquids. The use of a salt of lead presents another inconvenience—viz., the introduction of foreign metals into the suspected matters, so that that portion of the suspected substance is rendered unfit for testing for mineral substances. The successive and combined use of water and alcohol at different states of concentration, permits us to search for mineral substances, whatever be their nature,

so that in this way nothing is compromised, which is of immense advantage when the analyst does not know what poison he is to look for.

It is hardly necessary to say, that in medico-legal researches for the alkaloids, we ought never use animal charcoal for decolourizing the liquids, because we may lose all the alkaloid in the suspected matters. It is generally known that animal charcoal absorbs these substances at the same time that it fixes the colouring and odiferous matters.

The above observations do not proceed from speculative ideas only, but are the result of a long series of experiments which I have several times employed for discovering these organic alkaloids. To put in practice the principles which I have thus explained, the following is the method which I propose to set about such an analysis;—I suppose that we wish to look for an alkaloid in the stomach or intestines; we commence by adding to these matters twice their weight of pure and very strong alcohol;\* we add afterwards, according to the quantity and nature of the suspected matter, from ten to thirty grains of tartaric or oxalic acid—in preference tartaric; we introduce the mixture into a flask, and heat it to 160 or 170 deg. F. After it has completely cooled it is to be filtered, the insoluble residue washed with strong alcohol, and the filtered liquid evaporated in vacuo. If the operator has not an air-pump, the liquid is to be exposed to a strong current of air at a temperature of not more than 90 deg. F. If, after the volatilization of the alcohol, the residue contains fatty or other insoluble matters, the liquid is to be filtered a second time, and then the filtrate and washings of the filter evaporated in the air-pump till nearly dry. If we have no air-pump, it is to be placed under a bell-jar over a vessel containing concentrated sulphuric acid. We are then to treat the residue with cold anhydrous alcohol, taking care to exhaust the substance thoroughly; we evaporate the alcohol in the open air at the ordinary temperature, or still better, in vacuo; we now dissolve the acid residue in the smallest possible quantity of water, and introduce the solution into a small test-tube, and add little by little pure powdered bicarbonate of soda or potash, till a fresh quantity produces no further effervescence of carbonic acid. We then agitate the whole with four or five times its bulk of pure ether, and leave it to settle. When the ether swimming on the top is perfectly clear, then decant some of it into a capsule, and leave it in a very dry place to spontaneous evaporation.

Now, two orders of things may present themselves; either the alkaloid contained in the suspected matter is liquid and volatile, or solid and fixed. I shall now consider these two hypotheses.

*Examination for a Liquid and Volatile Alkali.*

We suppose there exists a liquid and volatile alkaloid. In such a case, by the evaporation of the ether, there remains in the inside of the capsule some small liquid stræ which fall to the bottom of the vessel. In this case, under the influence of the heat of the hand, the contents of the capsule exhale an odour more or less disagreeable, which becomes, according to the nature of the alkaloid, more or less pungent, suffocating, irritant; it presents, in short, a smell like that of a volatile alkali masked by an animal odour. If we discover any traces of the presence of a volatile alkaloid, we add then to the contents of the vessel, from which we have decanted a small quantity of ether, one or two fluid drachms of a strong solution of caustic potash or soda, and agitate the mixture. After a sufficient time, we draw off the ether into a test-tube; we exhaust the mixture by two or three treatments with ether, and unite all the ethereal fluids. We pour afterwards into this ether, holding the alkaloid in solution, one or two drachms

\* When we wish to look for an alkaloid in the tissue of an organ, as the liver, heart, or lungs, we must first divide the organ into very small fragments, moisten the mass with pure strong alcohol, then express strongly, and by further treatment with alcohol exhaust the tissue of everything soluble. The liquid so obtained, is to be treated in the same way as a mixture of suspected matter and alcohol.



of water, acidulated with a fifth part of its weight of pure sulphuric acid, agitate it for some time, leave it to settle, pour off the ether swimming on the top, and wash the acid liquid at the bottom with a new quantity of ether. As the sulphates of ammonia, of nicotine, aniline, quinine, procaine, and pectine, are entirely insoluble in ether, the water acidulated with sulphuric acid, containing the alkaloid in a small bulk, and in the state of a pure sulphate, but as the sulphate of quina is soluble in ether, the ether may contain a small quantity of this alkali, but the greater part remains in the acidulated watery solution. The ether, on the other hand, retains all the animal matters which it has taken from the alkaline solutions. If it on spontaneous evaporation leaves a small quantity of a feebly-coloured yellowish residuum of a repulsive animal odour, mixed with a certain quantity of sulphate of quina, this alkaloid exists in the suspected matter under analysis. To extract the alkaloid from the solution of the acid sulphate, we add to the latter an aqueous and concentrated solution of potash, of caustic soda, or of lime, and exhaust the mixture with pure ether; the ether dissolves ammonia, and the alkaloid is now free. We expose the ethereal solution at the lowest possible temperature to spontaneous evaporation; almost all the ammonia volatilises with the ether, whilst the alkaloid remains as residue. To eliminate the last traces of ammonia, we place for a few minutes the vessel containing the alkaloid in a vacuum over sulphuric acid, and obtain the organic alkaloid with the chemical and physical characters which belong to it, and which it is now the chemist's duty to determine positively.

I applied, on the 3rd March, 1851, the process which I have described, to the detection of nicotine in the blood from the heart of a dog poisoned by the carbide of ammonia (C<sub>2</sub>H<sub>3</sub>N). I introduced into the trachea, and I was able in a most positive manner to determine nicotine in the blood. I was able to determine its physical characters, its odour, taste, and alkalinity. I succeeded in obtaining the chloro-platinate of the base perfectly crystallized in quadrilateral rhomboidal prisms of a rather dark yellow colour, and to ascertain their insolubility in alcohol and ether. I have applied the same process for the detection of opium in a very old tincture of henbane, which my friend and colleague Mr. de Lemprière was so kind as to put at my disposal; and I was equally successful in extracting from the liquid colourless resin, presenting all the physical and chemical properties of this alkali. I was also able to prove that the alcohol which bores down in solution, carries off a notable portion of this alkaloid when the solvent is exposed to spontaneous evaporation.

*Examination for a Solid Alkaloid.*—I suppose that this alkaloid is solid and fixed, in that it does not depend on the nature of the alkali, but on the nature of the substance from which it is extracted. The acid solution to which we have introduced the carbonate of soda, may leave or not quinine, containing an alkaloid. If it does, we add a solution of caustic potash or soda, and the liquid is agitated briskly with ether. This dissolves the vegetable matter, and the alkaloid remains in the solution of potash or soda. In either case, we exhaust the matter with ether. Whatever be the agent which has set the alkaloid free, whether it be the bicarbonate of soda, or potash, or caustic soda, or potash, it remains, by the evaporation of the ether, on the sides of the capsule as a solid body, but more commonly a colourless milky liquid, holding solid matters in suspension. The colour is animal, disagreeable, but not pungent. It turns litmus paper permanently blue.

When we thus discover a solid alkaloid, the first thing to do is to try and obtain it in a crystalline state, so as to be able to determine its form. Put some drops of alcohol in the capsule which contains the alkaloid, and leave the solution to spontaneous evaporation. It is, however, very rare that the alkaloid obtained by the above process is pure enough to crystallize. Almost always it is soiled by foreign matters. To isolate these substances, some drops of water, feebly acidulated with sulphuric acid, are poured

into the capsule, and then moved over its surface, so as to bring it in contact with the matter in the capsule. Generally we observe that the acid water does not moisten the sides of the vessel. The matter which is contained in it separates into two parts, one formed of greasy matter which remains adherent to the sides, the other, alkaline, which dissolves and forms an acid sulphate. We cautiously decant the acid liquid, which ought to be limpid and colourless, if the process has been well executed; the capsule is well washed with some drops of acidulated water, added to the first liquid, and the whole is evaporated to three-fourths in vacuo, or under a bell-jar over sulphuric acid. We put into the residue a very concentrated solution of pure carbonate of potash, and treat the whole liquid with absolute alcohol. This dissolves the alkaloid, while it leaves untouched the sulphate of potash and excess of carbonate of potash. The evaporation of the alcoholic solution gives us the alkaloid in crystals.

It is now the chemist's business to determine its properties, to be able to prove its individuality. I have applied the principles which I have just expounded to the detection of morphine, iodine, strychnine, brucine, veratrine, emetine, colchicine, aconitine, atropine, hyoscyamine, and I have succeeded in isolating without the least difficulty these different alkalies, previously mixed with foreign matters.

I have thus been able to extract, by this process, morphine from opium, strychnine and brucine from nuxvomica, veratrine from extract of veratrum, emetine from extract of ipecacuanha, colchicine from tincture of colchicum, aconitine from an aqueous extract of aconite, hyoscyamine from a very old extract of henbane, and atropine from an equally old tincture of belladonna. Thus it is in all evidence that such this process to the consideration of chemists who undertake medico-legal researches.—*Bulletin de l'Académie Royale de Médecine de Belgique, and Edin. Monthly Jour.*

## FRACTURE OF THE FEMUR NON-UNION— DEATH. CANCER OF THE LUNGS, AND CANCEROUS DEGENERATION OF THE EXTREMITIES OF THE FRAGMENTS.

Miss E. S., fifteen years of age, with no hereditary predisposition to disease, apparently in the enjoyment of substantial health, highly educated, and of a nervous temperament, has had, for upwards of two years, a small tumour of the size of a walnut, on the inner aspect of the thigh, directly over the femoral artery. It has never caused her any inconvenience, is painless, and the lymphatic glands of this region have no appearance of being diseased. In December, 1850, while descending a staircase, and in making the last step, the thigh bone of the right side gave way, and she fell helpless to the floor. The fracture was at the junction of the middle and lower thirds. During the first eight days she had an attack of measles, but nothing occurred worthy of note. The fracture was treated in the straight position, and at the end of the fifth week the bone seemed united. During this time, however, the tumour of the thigh increased in size and ulcerated; the nervous system became involved, and her extreme irritability had frequently to be controlled with chloroform, and finally, upon starting from her sleep, the thigh was refractured in the former situation. The general system now sympathized more acutely; emaciation followed; the pulse became rapid, severe neuralgia constantly harassed her, and at length, about five months after the first accident, death put an end to her sufferings.

*Autopsy.*—Great emaciation: tumour, a large encephaloid growth in the second stage. Lungs both filled with cancerous masses, varying from the size of a shot to that of a walnut. In the thigh the callus had been removed, and an irregular encephaloid mass occupied its place; cancerous matter was also found deposited in the lower part of the shaft of the femur, and about the knee-joint; it was detected in no other part of the body.—*N. Y. Journal.*



## CASE OF SUPPOSED POISONING BY BATTLE'S SOLUTION OF OPIUM, INJECTED INTO THE RECTUM.

On 18th September, an inquest was held by Mr. Wakley, on the body of the Hon. Major Charles R. W. Forester, aged 41, who had died at 6, Cavendish-square, early on the morning of Thursday, the 16th, after using an opiate enema, prescribed by Mr. Richard Dawson, of 15, Finsbury Circus. Mr. Clarkson appeared on behalf of Mr. Dawson. The inquiry was not completed, and the inquest was adjourned to the 28th, but from the evidence and what transpired in the room, we learned that the deceased gentleman had for several months been undergoing hydropathic treatment; that he had afterwards put himself under the care of a homoeopathic practitioner; and latterly, conceiving himself to be affected with *spermatorrhœa*, had applied for assistance to Mr. or Dr. Dawson, author of a work on that disease, and, as our readers may remember, the subject of encomiums in a pamphlet extensively distributed some years ago by a certain disinterested Mr. Teevan, the victim of a set of unscrupulous quacks, whom he denounces, all to the manifest advantage of Mr. Dawson. It appeared that on the morning preceding his death, after eating a hearty breakfast and being in his usual health, Major Forester paid a visit to Mr. Dawson, and when he returned about two hours afterwards he complained of suffering acute pain, the result of an operation he had undergone. He had to be assisted to his bed-room, had a warm hip-bath, and at two p.m., sent to Messrs. Savory of Bond-street, with a verbal message, requesting them to send thirty grains of Dover's powder, a syringe, and an enema, to be composed according to the following prescription of Mr. Dawson:—

R. Liquor opii. sedativ. ʒij.  
Tinct. opii. camphor ʒss.  
Mucil. ʒij.  
Spir. camph. mxx.  
Ft. enema.

Mr. Savory refused to supply the Dover's powder without a written order, but sent the enema prescribed, with a gum-bottle. In less than two hours a written order for fifteen grains of Dover's powder was received; with a request that a fresh supply of the enema, with a different instrument, should be sent, as the patient had failed in using the gum-bottle. In delivering the fifteen grains of Dover's powder, Mr. Savory cautioned the servant by telling him that the paper contained what was equal to three doses; he also gave him another bottle of the enema and a pewter syringe. The evidence of the wife of the deceased not having been taken, it did not come out clearly at what time part of the Dover's powder was taken, or when the second supply of the injection was used. It was stated by the valet that about eight his master had tea and partook of a mullin, and that a little before nine he was summoned to remove a basin which he supposed to have been used in throwing up the injection. In the bottom of the basin he observed a little of the enema; there was also a small quantity of it in the syringe, and a little had been spilled on the carpet. The servant did not see the deceased after this till eleven o'clock, when he appeared in his ordinary health. He told the servant that they would not have prayers, and that he might go to bed. In less than ten minutes afterwards the bell rang with violence, and the valet was ordered by the deceased's wife to bring immediately the first medical gentleman to be found in the neighbourhood.

Dr. Halley of Queen Anne-street, reached the house within a few minutes. He found the patient reclining on the sofa, in a profuse perspiration, his eyes closed, breathing tranquil, his countenance pale, and of a slightly leaden hue; when loudly spoken to and shaken, he became partially conscious, but he never spoke; the pupils were in a middle state between dilatation and contraction, and contracted under the influence of a strong light. Dr. Halley was informed that the gentleman had undergone an operation in the forenoon, and the paper

containing the Dover's powder was shown, with only a part, estimated to be eight grains, removed from it; Dr. Halley kept bathing the temples and forehead with cold water for above an hour, and gave him brandy and ammonia; the patient gradually became more conscious, but did not speak in reply to questions. Before leaving, Dr. Halley strongly urged the importance of his being instantly sent for, should the sleep become more deep, or any new symptom present itself; and on his reaching home, he put out his stomach-pump with other things, in readiness, in case he should be called. It was not till four hours afterwards—viz., at half-past four, that he was summoned, and on hastily repairing to the house, he found the patient dead. The stomach-pump was used, but no smell of opium was detected in what came away; and there were no signs of returning animation. Dr. Halley was now shown, for the first time, the prescription, above copied, for the enema, and he also found a six-drachm phial, which contained half of the quantity of the injection that had been prescribed, and these he took possession of. The melancholy occurrence having been notified to the coroner, an order was given for a post-mortem examination, and Mr. Shaw, Surgeon to the Middlesex Hospital, was requested to assist Dr. Halley. It may be shortly stated, that throughout the whole body, every organ of which was carefully examined, no morbid lesion was found, except in the urethral orifice of the bladder, where a circular portion of the mucous membrane, the third of an inch in diameter, was converted into a thin dead film or superficial eschar, exactly like the effect of a touch of lunar caustic; a congeries of small bloodvessels concentrated round this eschar; the mucous membrane of the trigone was highly vascular, and the same membrane in the bladder generally, was marked with patches of vascular spots; but all the above appearances were manifestly of recent origin, and were presumed to be the consequences of the operation alleged to have been performed on the patient on Wednesday forenoon; the prostate vesiculæ seminales and urethra were quite sound. The rectum was contracted, the mucous membrane healthy, and in the small quantity of feces which remained there was no smell of opium. The only abnormal changes met with in the other organs, were from congestion of the blood, which was fluid throughout, except in the inferior vena cava, and in both ventricles of the heart, where small, soft, imperfectly coagulated clots were found; both lungs were much gorged with blood, particularly in their inferior lobes and posteriorly; the brain was but moderately congested; the mucous membrane of the stomach was healthy.

The chief cause of the adjournment of the inquest was said to be the doubt entertained by the coroner, whether so small a quantity of opium as was proved by the evidence to have been taken by the patient could produce death, and instructions were given for a chemical examination to be made. According to the facts stated, it appeared that the deceased gentleman had swallowed eight grains of Dover's powder; it moreover appeared, that in injecting the enema, only half of the quantity prescribed had been taken from the bottle, and that of that half, he spilled some on the carpet and into the basin, and some was retained in the syringe. It therefore did not seem probable that more than half a drachm, if so much, of the Battle's solution of opium prescribed in this enema was received into the rectum. Before the question can be satisfactorily answered whether such a quantity of opium so administered, partly by the mouth and by the rectum, can produce death (for the mode of death, as well as the post-mortem appearances, corresponded with those of fatal narcotism from opium), two points have to be attended to: one that belongs more particularly to the province of the medical man—viz., does opium injected into the rectum produce its narcotic effects more powerfully than if taken into the stomach? A great surgeon, Baron Dupuytren, has stated his opinion that such is the case; and the other point, relating more particularly to the objects of this journal is, "What is the true strength of Battle's solution of opium?" When that question was put at the in-



quest to Mr. Savory's assistant, who dispensed the injection, he answered, without hesitation, that it was of the same strength as *tinctura opii*, and the answer was received without any observation or objection. Now there are some writers, referred to in Dr. Taylor's work upon Poisons, who consider the *liquor opii sedativus* to be three times as strong as *tinctura opii*. Dr. Christison describes it as one-third stronger than the tincture. Is it creditable that such doubts should exist about the strength of a preparation so generally prescribed by our most eminent practitioners?—*Pharm. Jour.*

#### REVIEWS AND NOTICES OF BOOKS.

**THE NATURE, SYMPTOMS, AND TREATMENT OF CONSUMPTION**, being the Essay to which was awarded the Fothergill Gold Medal by the Medical Society of London. By R. P. Cotton, M.D., Assistant-Physician to the Hospital for Consumption, London. 1852. 8vo. pp. 288.

This treatise has not been published (the author tells us) with the object of introducing "any newly-discovered cure for consumption, or to advance any speculative theory as to the origin of tubercular diseases; but to present a practical exposition of phthisis, derived from personal observation."

Dr. Cotton arranges his subject under three heads; the "nature of consumption" is first considered; next its "symptoms;" and lastly, "its treatment." The topics which come under the first of these heads are, "distinction between phthisis and tubercle; consumption a non-contagious disease, mode of origin; general characters and minute structure of tubercle; situation of tubercle; curability of consumption; identity of consumption and scrofula; relation of consumption to other tubercular diseases, and to diseases of a different character; predisposing and exciting causes."

Dr. Cotton does not believe in the contagiousness of phthisis. "Experience might, at first sight, he says, appear to favour the idea of phthisis being a contagious disease, as examples are sufficiently common of persons previously in robust health having succumbed to its attacks, after the painful trial of tending a consumptive husband, or wife, or sister, or friend. But when it is remembered, that whatever lowers the physical powers, and depresses the spirits—more especially if associated with a morbid mental impression so likely in such cases to prevail—is in itself sufficient to engender phthisis, we have a satisfactory explanation of these occurrences, and might even wonder that they are not more common."

The particular tissue in which tubercle is formed, or first deposited, has been a disputed point; it might be anticipated (the author observes) that anything separated from the blood—which permeates every where—would not be limited to any one structure. The tubercular deposit is accordingly found both upon free surfaces and within the pulmonary texture. When slowly deposited, it has a manifest tendency to accumulate in the areolar tissue between the air-cells; but even under such circumstances it is far from being limited to this part, but may be found also both in the interior of the air-cells and in the smaller bronchial tubes. "I have seen it (Dr. Cotton says) in all these situations, both in uninjected and injected specimens, and I have reason to believe that it sometimes occurs within the coats of the bloodvessels themselves."

The question as to the inflammatory or non-inflammatory origin of tubercle has been often debated; the author believes that tubercular matter is formed in two ways—1, "by a gradual and uninfammatory process of separation from the blood; 2, by inflammatory action ending in a morbid serofulous secretion, instead of a healthy or fibrinous one. The first of these is by far the most common—in fact, the ordinary mode of its production, and may be illustrated by any of the numerous cases where phthisis begins slowly, and advances insidiously, unattended at its commencement by any marked thoracic symptoms; the second is comparatively

rare, and is to be seen in those cases where pneumonia, pleuro-pneumonia, or bronchitis, either from neglect or a consumptive predisposition, become obstinate and chronic, and finally pass into confirmed phthisis."

In the chapter upon the curability of phthisis, the author discusses the question as to its curability in the several stages. In its first stage, the tubercular deposit (Dr. Cotton observes) "may, under favourable circumstances, become absorbed, and the health be perfectly restored; or the tubercle may remain latent and unproductive of any serious inconvenience for a very considerable time—perhaps even during a long life—the patient being able, under proper care, and by the exercise of discretion, to enter with so much freedom into the duties even of an active life, that were it not for the chance of some depressing cause subsequently reviving the disease, a cure might be said to have been effected."

In the second stage, Dr. Cotton has seen a few cases, in which, after the most unequivocal evidence of tubercular softening, all the active symptoms of pulmonary disease completely disappeared, and the general health was so far restored that the patients seemed to have recovered. But it must be confessed, he adds, "such examples are rare, and the most successful treatment of the second stage of phthisis seldom proceeds beyond an arrest of the tubercular symptoms, and a partial and temporary restoration of health." "I have seen, he says, this painfully illustrated on many occasions, where, after every urgent symptom had long been absent, and the most hopeful anticipations appeared to have been realized, the patient has suddenly relapsed, and all the phthisical symptoms have reappeared."

In the third stage, "although I would not deny (Dr. Cotton says) the possibility of a cure, by the escape of the softened tubercle, and the healing of the cavity, I cannot help maintaining its extreme rarity, and confessing that I have never met with an unequivocal example of its occurrence." "It is, happily, not very unfrequent (he observes) to find persons even in the third stage of consumption with their pulmonary disease so stationary, and their general health so greatly restored, as to be able, by the exercise of proper care, to pursue their former avocations, and to enjoy for a long time—perhaps for some years—a fair amount of happiness. But such persons cannot be strictly said to be cured of their disease; upon close investigation, the most fortunate of them will be found to be more or less invalids, and sooner or later, they will fall the victims of phthisis; their pulmonary cavities, although perhaps considerably contracted and quiescent, have not healed, but are liable at any time to become the seat of renewed disease; whilst some neighbouring tubercle is almost certainly present, ready to develop, under any exciting cause, its fatal properties."

The second part, which is devoted to the symptoms of phthisis, commences with a general description of its several stages, followed by "a more particular description of the prominent symptoms." The "different forms of phthisis" are next described, and "the physical signs" conclude this part.

In the third part, Dr. Cotton considers, first, "preventive treatment," next the treatment "before tubercle is deposited," "after tubercle has been deposited," and the "treatment of the various forms of consumption." The volume concludes with a "more particular description of the chief agents employed in treatment." Under the latter head, Dr. Cotton mentions the results of some experiments made by him with various oils, in order to discover a substitute for cod-liver oil. "With a view of ascertaining the value of substances bearing more or less analogy to cod-liver oil, I have made repeated trials (he observes) of train oil, the oil of the spermaceti whale, and neat's-foot oil, as well as of linseed, almond, and olive oils."

"The common train oil, after being disguised by some aromatic essence, such as cinnamon or peppermint, in order



that the patient's imagination might have no share in the result, was given in fifty cases, in different stages, and notes were carefully preserved. Except in ten instances, it was not continued longer than a month; for within this period its inferiority to cod-liver oil became too manifest to justify further experiment. In these ten cases it was taken, and for a considerable time, with good effect, especially in those which had reached the third stage; there was in each an increase in weight; the cough was lessened; some of the most urgent symptoms were relieved, and the health improved. Upon the whole, however, the benefit appeared less than might have been expected from cod-liver oil.

The *spermaceæ* oil was tried in the same number of cases, but with less satisfactory results. In four or five instances the health improved, the weight slightly augmented, and the cough diminished; but in none was the advantage of this remedy either so conspicuous or long continued as that of even the train oil; and upon the whole, the effect was so little encouraging as to lead to its early discontinuance.

*Nearly-foot oil* was given to twenty patients, and persevered with for a longer period than either of the preceding, but with a result of a very similar kind. Some gained slightly in weight, and expressed themselves as having received benefit, but the majority appeared so little, if at all, improved by its employment, that this oil, like the others, ultimately gave place to its more trustworthy competitor.

From these observations it may, I think, be concluded that other animal oils possess the same qualities as those of cod-liver oil, although in a less degree; and that the nearest approach to the latter is found in the common whale or train oil, which, in case of necessity, might to some extent become its substitute. It may be thought that the trial afforded them was of insufficient duration; but I became so soon convinced of their comparative inferiority, as to feel it would be wrong to sacrifice to further experiment the most fitting opportunity for making some impression upon the course of the tubercular disease.

The oils of *linseed*, *almond*, and *olive*, may be included under one head. They were given respectively in about thirty cases, in all of which there was either no improvement whatever, or it was so slight as to render it difficult to determine whether or not the oil deserved any of the credit. The cough, however, was generally diminished by their influence; but neither the patient's appetite nor strength was materially increased, whilst the olive oil occasionally produced a disinclination for food and slight diarrhoea. It was singular, indeed, to observe the rapid improvement which often followed their exchange for the oleum assæ.

Dr. Cotton's connexion with the Hospital for Consumption necessarily afforded an extensive field for observing and treating phthisis, and this volume shows that he availed himself of these opportunities; and although the subject upon which he writes is sufficiently hackneyed, he has produced a very excellent practical treatise upon it, which deserves, and we have no doubt, will have, extensive circulation.

## NEW INSTRUMENT FOR PERFORMING TRACHEOTOMY.

By M. GERSON of Hamburg.

M. GERSON has lately invented an instrument which is similar to a three-branched speculum in principle, for the purpose of opening the trachea without risk of hæmorrhage. It consists of three branches, which, when closed, form a sharp point, with a shoulder about four or five lines from the point, which will prevent its introduction into the trachea to a greater depth. In order to introduce it, a small incision through the skin is first made with a scalpel, which should afterwards be used to separate the vessels, so as barely to show, with the aid of the nail of the left index finger, the space between two cartilaginous rings. First, fixing the trachea with the left hand, the point is then introduced up to the shoulder, when, by turning the screw, the three blades are separated sufficiently to dilate the ligament so as to allow of the introduction of the canula; the instrument is then withdrawn, leaving none of the consequences occasioned by the flow of blood so frequently attendant upon tracheotomy by the usual modes.—*Prov. Med. and Sur. Jour.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 10, 1852.

### SURGICAL EDUCATION.

IN our last number we furnished our readers with a sketch of Dr. JACOB'S Introductory Lecture, so far as it had reference to medical affairs in general; we now avail ourselves of the same materials to supply some information, with comments, on professional education in particular. We mentioned in the article to which we allude, that much danger was to be apprehended from the uttering of sham or counterfeit Diplomas, but we were unable from want of space to dwell upon the subject, and now therefore resume it for brief allusion. To our friends in the provinces, it may appear astounding that such a strange method of compensation for the irregular working of the machinery of our medical system should be attempted; but it is even so. Notwithstanding the profuse facilities hitherto afforded for the acquisition of medical and surgical titles to practise, amounting notoriously to a most grievous abuse, the proposal of the day is the multiplication of them. It was not enough that one Irish and three English Universities had the power to grant two different Medical Degrees, one of Bachelor, and the other of Doctor; and that one Irish and five Scotch ones were authorized to grant full Doctor's Degrees; but a new one, or rather an old one revived, is put into requisition for the same purpose: and this notwithstanding the more legitimate authority of three Colleges of Physicians to grant Licences to practise Medicine. If the musty archives of defunct Monastic Institutions be ransacked, we shall doubtless find abundance of materials for the extension of this plan of Medical Reform, and in Ireland especially there is no knowing what may not result from a cultivation of this branch of academic antiquities. From the labours of the Rev. Dr. Todd in this behalf, we gather that

"A school or university of Armagh is said to have been founded by St. Patrick, and was certainly of great antiquity," and that "Caradoc of Lhancarvan asserts that Gildas Albanus, who flourished in the sixth century, and died January 29, A.D. 512, was for some time Master Regent of this seminary," and that "if we may believe Florence McCarthy, who gives, as his authority some MS. preserved at Oxford, the number of students at one time exceeded seven thousand." "Of the school of Clonard, we learn from its founder, St. Finnian, that, under the miraculous guidance of an angel, he was led to a place called *Chath-Bruid*, where his fame soon attracted the notice of the learned, and many illustrious men flocked thither." "Another school of learning, too, was instituted at Ross, anciently Rosnalithe, and still the seat of a bishopric, which is now annexed to that of Cork."

And, doubtless, these Universities had ample powers to grant Diplomas "*in omnibus artibus et facultatibus*." For the diffusion of titles to Surgical practice also, ample provision had been made by the foundation of one College of Surgeons in Ireland and another in England; and by the recognition of three Surgical titles conferred in Scotland; yet this, it appears, did not suffice, for out of the sacred repositories of Durham and Dublin, additional means of increasing the motley medical population have been brought to light. Including the Licences of Apothecaries' Halls, it appears that no less than six-and-twenty parchments are now in the market, purporting to authorize the purchasers of them to practise without being called quacks. On this topic, Dr. JACOB, in his Lecture, observed, that whatever



doubts might be entertained respecting the power conferred or usurped to grant Degrees, Diplomas, or Licences, they may be set at rest, seeing that as any man who pleases can practise Medicine, so can any body of men grant Diplomas; adding, that the Surgeons of Hospitals or the Teachers in Schools could do so. This, in fact, is the true interpretation of the "law opinions" relied upon by corporations exceeding their powers in this respect. They say that, because they cannot be prevented from doing a thing, they have "a right" to do it; and we conclude that, coming from such a source, it is good both in logic and ethics. A Diploma, however, is one thing, and a Degree or a Licence quite another matter; and even between a Licence and a Degree there is a wide difference. In the Lecture to which we are now referring, these distinctions were disposed of by a warning, that however indigent and imperfectly educated persons might rest satisfied with a tainted or disputed title to practise, no man anxious to take his place amongst the Surgeons of Ireland would risk his character by attempting to do so, under any authority less than the Licence of a lawful constituted College of Surgeons, honestly and in truth granted by unsuspected parties. On the subject of preliminary education, Dr. JACOB, in his Lecture, reminded his audience that, notwithstanding the noise made by certain interested parties just now respecting this matter, men, not having objects of their own in view, did not see their way so clearly through the difficulties of the question. He said that "it was all very well to extol preliminary education, but people should first agree as to what that preliminary education should be. Those proud of their academic honours, assumed that the 'classics and science' of a College course was all that was required, but he had his doubts as to that;" and so have we. We shrewdly suspect that certain hallucinations touching the virtues of caps and gowns, and hoods and surplices, with commons and chapels, take the place of sober matter-of-fact calculation of the intrinsic value of knowledge in some men's heads. Sinners as we are, we must fain confess that our faith is not so strong in the virtues of a smattering of Greek and Latin, and a very convenient acquaintance as that of others with what is commonly called "science" by the learned. In the Lecture we have under notice the audience was informed, that the period in their cases having passed for such considerations, it only remained to suggest to all, whether gown'd or not, to acquire the valuable art of writing a letter neatly and legibly, in plain English, correctly spelled. On the subject of professional education, Dr. JACOB, in his Lecture, reminded his audience that the sources from whence they were to draw the knowledge upon which they had to rely for a livelihood were manifold: the dissecting-room, the hospital, lectures, books, and examinations; warning them, at the same time, against the fatal error of relying exclusively upon any one of them, or of rejecting as useless any of them. In the Dissecting-room, they had not only to learn anatomy, but the use of the knife, and in no other way could they acquire that practical acquaintance with the art they proposed to exercise. A falling off in this respect was cautiously regretted, and some hints offered respecting the perversion of the opportunities here afforded to less important purposes; in fact, it seems that the Dissecting-room is not always exclusively devoted to the cultivation of Anatomy in general, and of all parts, but of certain peculiar portions of it, particularly admired by

the Examiners of the day. How far this may be well founded, we do not pretend to say; but if it is, the sooner an amendment takes place the better. Of the Hospital, it was truly said, that there only could the Student acquire the small stock of experience with which he must rest satisfied on his departure from the schools, and there, only could he cultivate the faculty of observation upon which he must rely for future improvement. Here it was that he saw disease in reality, and here he was to take his first lessons in actual practice; every case, however apparently unimportant, being a valuable example; and every operation a demonstration of what the Student had himself to undertake at the first moment of his professional life. On the subject of lectures as a source from whence information was to be derived, a warning was given against the adoption of views hostile to this method of instruction. In this way, the two senses of sight and hearing were made available for the admission of knowledge, and in this way only could explanations, requiring demonstration, repetition, and varied methods of expression, be successfully given. It was true that there were good lectures as well as bad ones; but was this method of instruction to be despised because it was not always perfect? Was the use of it to be condemned because of its abuse? To the Lecture-room the Student was not to come for amusement or excitement, but for valuable information, however communicated; he was not to expect there pratorial effusions, but plain, intelligible, and impressive words, such as they had so often heard from good Surgeons. The lectures of seniors were to be valued for their intrinsic importance as confidential communications, the result of experience; while those of juniors were to be prized for their more recent preparation, and perhaps their greater freshness. Respecting the knowledge to be derived from books, the same caution was given against a blind faith in them, and a rash rejection of their aid. They were no substitute for dissection, hospital, or lectures; but neither were these to be substituted for them. Of this means of acquiring knowledge, there was no want of variety: good, bad, and indifferent, there were; and in some departments, surgery, for example, and physiology, the present generation were fortunate, but so much perhaps could not be said for anatomy. This, we conclude, applied, not so much to any want of books for the Dissecting-room, but to the want of such a perfect system of anatomy as the advancement of this branch demanded; something like a new version of the valuable works of SOEMMERING or MECKEL. On the subject of instruction by examination, irreverently called grinding, "time did not permit the Lecturer to enlarge, nevertheless it was one demanding the most serious attention." Of this there can be now no question, as the substitution of it by many Students for every other species of instruction is too notorious, and this, not for the purpose of becoming good Practitioners, or even to enable them to practise at all, but to pass an examination by a miserable subterfuge which any young man of common capacity and common industry could pass without any such discreditable and destructive evasion. To instruction by examination no objection can be made; on the contrary, it is one of the most valuable means by which the Teacher can operate, and the only one by which the less intelligent Student can be brought to concentrate and give expression to his ideas: but to examinations having no other object but the limitation of a boy's knowledge to the narrow bounds prescribed by a bad system and worse



practice, we emphatically object: it is a vile expedient, disgraceful alike to him who practises it, and him who requires it. On this point we venture to express our opinions freely, because in doing so we express the opinion of every man who has the interests of our Profession at heart: the evil has become so intolerable that we can no longer refrain from endeavouring to correct it, and we are determined, as far as in us lies, to assist in abating the nuisance.

# QUACKERY REWARDED.

A contemporary says, "We are grieved to find that the Cross of the Legion of Honour has been given to the vilest quack whom France ever produced. The man had been for years selling and advertising a wonderful medicine for syphilitic disease, and has now, probably by dint of money, obtained a distinction which, in former times, used to be granted only to men of high attainments, or who had rendered some signal service to their country."

"*Dat Galenus opes*," saith the adage; but it appears from this, he gives honores also; and why not? Many a man wears a coronet won by services no more worthy than quackery. Moreover, who can tell what's a quack these times. MESMER, HAHNEMANN, and PRIESSNITZ, have had better than the Cross of the Legion conferred on them by a discriminating public, and why not allow a Prince to honour a syphilitic philanthropist.

## MEDICAL PRACTICE IN ENGLAND.

THE following is an extract of a communication from the other side, touching the case copied from a Bath paper into our number of the 20th October. It affords information, irrespective of that case, which Irish practitioners may require:—

TO THE EDITOR OF THE MEDICAL PRESS.

"It is, however, to the evidence of the medical witnesses that I would most especially direct your attention; for the course pursued by Mr. Cox is only in keeping with a system which prevails in this country, enabling so many of those who follow it to ride in their carriages, as Mr. Cox, and his volunteer abettors in open court, all do. I leave it to yourself to make the called-for comments upon the evidence, and, perhaps, you may notice, too, how adroitly the "Surgeons" availed themselves of the opportunity of advertising their position and experience; and, above all, the dead hit Mr. Harries made in publishing it to the world, that he would be glad of a hundred such cases at ten shillings each, though Mr. Cox had charged twenty guineas for the case in question. Such, Sir, is the *profession* in England and Wales. You have in this case a perfect exemplification of the system of general practice; and though Mr. Cox has been found out and exposed, I pray you do not think worse of him than of his brothers, generally, of the pill and draught.

And these, Sir, are the hands into which the practice of medicine has fallen; and the physician, who does not court them, buy them, and make "hail fellow well met" with them, has but little chance of getting a living by his profession, except by underselling and supplanting them; and colluding with chequists and druggists, a practice now of such frequent occurrence that the general practitioners are loudly complaining of it, as *disgraceful to the profession*! Alas! for the profession; its days are gone by in England and Wales; for though in the metropolis we have yet a few high-minded and honourable physicians, medicine has become a trade of by no means a very respectable character.

Cases like that of Bourn and Cox are every day occurring, but never heard of, for not one in ten thousand would have the hardihood to come out before the public in such matters as Mr. Bourn has done.

Be it remembered, that the lad who was Mr. Cox's patient was but an apprentice to an upholsterer. Out of such a patient there could be no possible chance of squeezing twenty guineas all at once; and it would not have been Mr. Cox's policy to attempt anything of the kind if the lad were remaining in England. But the lad was going abroad, perhaps never to return, intending, too, evidently, to bilk the Doctor; and Mr. Cox pounced upon him, in the only way he could to get all he could out of him, no doubt, without dreaming that, under such circumstances, a word about the proceeding would ever transpire.

Had the patient remained in Bath, Mr. Cox would ultimately have got his money in a quiet way, by following the course usual in the profession.

He would take, year after year, such instalments as the patient could conveniently pay, the balance due always acting as a *lien* to secure the patient to him as a customer, not only whilst a bachelor, getting out of one scrape only to get into another, but, by and by, when a married man, and requiring a man-midwife in the family. That is the way in which things of the kind are managed; with us, here in England, to get up and rub together practices.

There are no men more lenient to their debtors than our general practitioners are, and upon this principle, that the heavier the load upon the patient in the books, the stronger and tighter are the fetters that bind him to the doctor.

Doctoring, I do assure you, is, on the whole, a very thriving trade in England; yet the fifth of the doctors here could not get a living—not bread and cheese—if they did not resort to such stratagems as we see patent on the face of Mr. Cox's bill.

Notwithstanding this, crowds of young men are every year crushing into the profession.

When, at Dr. Todd's introductory lecture this year, I saw the benches thronged with apparently gentlemanlike young men, I lamented over their destiny, thinking it a pity to see such nice youths plunging into a calling in which the great majority of them must become scoundrels or beggars. I thought, too, of your honest advice to your class on a similar occasion some years ago, which was to this effect, that if they had not the means to support them for many years, till they could, honourably, get into practice, they had better turn, at once, to some honest trade or pursuit whereby to get a living.

Talking on the same subject, and expressing my sorrow for the lot of the young men, to a friend, as I was walking home, he said, "Humbly nonsense, man! they are, nearly all, the sons of apothecaries, bred in the thing, and think it all right; and what you look upon as cheating, they hold to be an essential part of the professional knowledge reduced to practice."

In concluding this I would just remark, that in the evidence of the Bath doctors there is a feature which is worth your notice—the free-and-easy way in which some of them swear, and their evidence upon oath. But, Sir, when it is only a *matter of opinion*, it is easy enough to find witnesses to support either side.

Your constant reader,

AN OLD SURGEON.

London, October 26, 1852.



## MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

## SUBSCRIPTIONS.

Dr. J. F. DUNCAN, Treasurer, acknowledges, with thanks, the receipt of the following contributions since last report:—

Dr. Beauchamp, Lower Baggot-street,	£1 0 0
Dr. Bagnall, Cahir,	1 1 0
Beatty, Esq., Lowtherstown,	1 1 0
Dr. O'Rourke, Enniscorthy,	1 1 0
Dr. Vesey, Magherafelt,	1 1 0
Newry Branch,	10 9 0

## DONATIONS.

Dr. Bagnall, Cahir,	5 0 0
Dr. Duncan, Sen., Finglas,	100 0 0
Dr. Hethrington, Athlone,	10 0 0
Dr. Knox, Medical Inspector, per Dr. Kingsley, Roscrea,	5 1 0
Dr. Purcell, Medical Inspector, per do., 19, Gardiner's place, Nov. 8, 1852.	10 0 0

**ERRATUM.**—In the notice respecting the Medical Benevolent Fund Society of Ireland, published in last week's number of the PRESS, page 285, for "County of Wicklow," read "County of Wexford."

**OBITUARY.**—On the 22nd ult., J. Peebles, M.D., F.R.C.S.

## RED CLOVER BLOSSOMS A CURE FOR TETTER.

Dr. W. D. Dorris states that he has used the extract of the blossoms of red clover, for the last five years, with success, in the various forms of tetter, by applying it to the parts affected twice a day for several days, washing the parts clean before applying it. It will produce a burning sensation. If it burns too severely, apply the unguentum stramonii. If it is on the scalp, after it is cured, Dr. D. encourages the growth and beauty of the hair by sponging it with the following: Take uncoloured whiskey, one quart; best Cologne, one gill. Mix and shake. It will be ready for use immediately. This mixture will prevent baldness. The extract of red clover is made in the following manner: Clip the blossoms when the dew is on them, with a pair of shears, and put them in a brass or copper kettle with a cover over it; add water enough to cook them; strain, and then boil the fluid over a slow fire until it is as thick as molasses; then pour it into your jars for safe keeping.—*Nashville Med. Jr.*

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.	Max.	Min.	Barom.	Rain.
Sunday, Oct. 31st,	59.5	50	29.550	.020
Monday, Nov. 1st,	65.0	52.5	29.450	.004
Tuesday, 2nd,	65	50	29.450	.090
Wednesday, 3rd,	55.5	43.5	29.550	.008
Thursday, 4th,	53	43	29.700	
Friday, 5th,	53	47.5	29.000	.206
Saturday, 6th,	51	40.5	29.450	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max.	Min.	Barom.	Dry T.	Wet T.	Dew Point.	Rain.	Wind.
Oct. 31st,	55.5	45	29.245	53.5	50.9	48.6	.110	WSW
Nov. 1st,	58	48	29.159	55.1	53.3	.135		SW
2nd,	59	45	29.170	53.1	51	.059		SW
3rd,	58	37.5	29.192	46.2	44	.035		W
4th,	50	34	29.429	46.1	43	.014		WNW
5th,	51	44	28.784	46.2	46	45.8	1.469	WNW
6th,	48	35	29.315	41.1	40	38.6	.320	WSW

**SACCHARIZED HYDRATE OF MAGNESIA.**—A preparation under this name has been introduced by Mr. White, of Cork, who describes it as "pure hydrate of magnesia uncombined with any acid, and in the finest gelatinous state," sweetened with sugar, and flavoured with an aromatic. Each ounce contains a quantity of magnesia equivalent to twenty grains of the carbonate. This is a convenient form in which to administer magnesia, especially to children, as it is not at all disagreeable; and the magnesia being suspended, there is no sediment.—*Ph. Jour.*

## DR. BELLINGHAM ON ANEURISM.

Lately published, 12mo, price 4s.

## OBSERVATIONS ON ANEURISM AND ITS TREATMENT BY COMPRESSION.

By O.B. BELLINGHAM, F.R.C.S.I.

One of the Surgeons of St. Vincent's Hospital.

"In our opinion, he has conferred a signal benefit upon the art of surgery by his improvement of the mode of employing pressure, and upon the science by his ingenious and philosophic exposition of its operation."—*Medico-Chirurgical Review.*

"Dr. Bellingham has ably advocated the cause of compression as a highly useful and successful mode of treating numerous cases of external aneurism."—*Lancet.*

"The very excellent and practical essay lately published by Dr. Bellingham, to which we would refer our readers, as containing a most masterly account of the treatment of aneurism by compression."—*British and Foreign Medical Review.*

"I conceive that for a just exposition of the principles on which that mode of treatment should be conducted, as well as for some valuable improvements in the mode of proceeding itself, the surgical profession is mainly indebted to you."—*Sir Philip Crampton's Letter to the Author.*

London: John Churchill, Princes-street, Soho.

Dublin: Fannin and Co., Grafton-street.

## TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## BROWN'S CANTHARIDINE BLISTERING TISSUE,

PREPARED FROM PURE CANTHARIDINE.

An elegant Preparation, vesicating in much less time than the Emp. Lytte. P.L., easily applied and removed, and will not produce strangury or troublesome after-sore. It has received the sanction and commendation of many of the most eminent Practitioners in the kingdom.—*In Tin Cases, containing twelve feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.*

## BROWN'S TISSUE DRESSING,

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—*In Tin Cases, containing twelve square feet, 1s. 6d. each.*

*Extracts and Editorial Note from the New York Journal of Medicine.*

March 1, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession."

"Accompanying this article is a very simple and neat dressing."

*From the Medical Examiner and Record of Medical Science for May, 1850, published in Philadelphia.*

"We have received from Dr. George D. Phelps of New York specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial and find they fully answer our expectations."

"Army Medical Department, January 16, 1850."

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury."

"ANDREW SMITH, M.D.,

Deputy Inspector-General of Hospitals."

"Mr. T. B. Brown, Druggist,  
Handsworth, Birmingham."

Sold by the Sole Consignee, Mr. William Bailey, Horseley Fields Chemical Works, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.



**PRACTICE OF PHYSIC.**

Dr. BENSON will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons, on Wednesday, the 10th day of November, at Three o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of Medical Diseases will form the subject of the Course.

Pathological Preparations, Plates, and recent Specimens of Diseased Parts, will be exhibited for the purpose of illustration. The Lectures will be delivered on Mondays, Wednesdays, and Fridays, throughout the session, at Three o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; and those entering the Navy to attend Three such Courses.

Fee for each Course ... Two guineas.

**MILITARY SURGERY.**

Mr. TUFNELL will commence the Course of Lectures on Military Surgery in the Theatre of the City of Dublin Hospital on Tuesday, November 16th, at Four o'clock p.m.

This Course is recognized as equivalent to Six Months Surgery in the professional qualifications of Candidates for the Medical Departments of the Army, Navy, and Ordnance; and by an Order of the India Board, dated March 1, 1852, is rendered imperative upon all Gentlemen educated in Ireland, who may hereafter seek admission into the Hon. East India Company's Service.

**CORK SCHOOL OF MEDICINE**

The Twenty-sixth Winter Session commenced on the 22nd inst., at Two o'clock p.m.

Anatomy and Physiology—H. A. Caesar, M.D.  
Surgery—W. K. Tanner, M.D.  
Materia Medica—J. F. McEvers, M.D.  
Botany—T. Power, M.D.  
Midwifery—W. C. Townsend, M.D.  
Practice of Medicine—C. Y. Haines, M.D.  
Chemistry—W. C. Nash, M.D.  
Natural History—T. C. Shinkwin, M.R.C.S.  
Natural Philosophy—Ed. McCarthy, Esq.  
Practical Anatomy—H. A. Caesar, M.D., T. C. Shinkwin, M.R.C.S., and E. Lundy, M.R.C.S. Eng.

This School, situate on the South Mall, midway between the North and South Infirmarys, has all the requisites for complete Medical Education. Its reputation, for over a quarter of a century, is best tested by the high character of its numerous "Alumni," not only in this city and province, but in each department of Her Majesty's Service, and every quarter of the globe.

DISSECTIONS HAVE COMMENCED.

For particulars apply to Dr. Caesar, South Mall.

October 12, 1852.

**THE MIDLAND RETREAT.**

(NEAR MARYBOROUGH, ON THE GREAT SOUTHERN AND WESTERN RAILWAY.)

For the reception and treatment of the INSANE, and of persons suffering from a disturbed state of the Nervous System.

Under the direction of Dr. JACOB,

Physician to the Maryborough District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c.

THIS ESTABLISHMENT, which has recently been considerably enlarged on the most improved principles, consists of two separate and commodious residences—Anne Brook for the reception of Ladies—Woodville for Gentlemen,—each situated on extensive and highly ornamented grounds, with large well-enclosed gardens. Neither house presents any of the usual characters of a lunatic asylum, as they are handsome, well-furnished country residences, where the patients enjoy all the comforts and indulgences of a private house, without being exposed to what might distress the feelings by giving rise to the idea of confinement. Arrangements have been made by which the inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establishments are conducted can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, &c., and intermediate towns.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

**THE COMPOUNDING DEPARTMENT AT**

**G. O. AND CO.'S MEDICAL ESTABLISHMENT**

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their unremitting personal attention; to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

BLEEDING, CUPPING, THE APPLICATION OF LEECHES, &c.

G. O. and Co. continue to be Supplied with the FOREIGN MINERAL WATERS FRESH from their various SPRINGS.

Medicines delivered by Van in all parts of the city and suburbs, and along the line of the Kingstown Railway, at any hour, free of charge.

**HOSPITAL SULPHATE OF QUININE, PURE CRYSTALLIZED,**

Prepared by EDWARD HERRING, of the late firm of HERRING, Brothers, for the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure; its form of crystal is the same and in every respect identical with the Sulphate of Quinine of commerce, the only difference being that the one is unbleached and the other bleached. It was originally introduced for the use of Hospitals, Dispensaries, and public Charities, but its purity and great reduction in price is attracting the attention of Medical Men and the Dispensing Chemists.

It is put up in bottles (free) of three ounces and six ounces each, capsuled, with the name of the Proprietor, and labelled with the name of the Inventor. The peculiar mode of preparing the unbleached and white sulphates is being made the subject of a patent, and will shortly be made public.

Both articles to be had of the leading Druggists in London and the united kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, Junr., Proprietor,

Chemical Works, Trinity-street, Southwark, London.

October 23, 1852.

**SHIRTS CUT BY MACHINERY.**

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New System of Shirt-cutting by Machinery enables them to produce really First-class Shirts at prices lower than they have ever yet been offered.

Their Eglinton Shirts,

at 2s. 6d., 3s. 6d., and 4s. 6d. each,

are accurately Cut, elegant in Design, and perfectly sound in Fabric.

A large assortment of Fancy Veined Full-dress Shirts always on hand.

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## SCHOOL OF SURGERY.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION 1852-53.

The Dissecting-rooms opened on the 1st of October, and the Lectures commenced on the 25th.

Anatomy and Physiology—Dr. Jacob.  
 Descriptive Anatomy—Dr. Hart and Dr. Power.  
 Surgery—Mr. Porter and Mr. Hargrave.  
 Practice of Medicine—Dr. Benson.  
 Chemistry—Dr. Barker.  
 Midwifery—Dr. Beatty.  
 Comparative Anatomy—Dr. Jacob.  
 Dissections by the Professors of Anatomy and the Demonstrators—Dr. Lecson, Mr. T. D. Hargrave, Mr. Malcomson, and Mr. J. Morgan.

## SUMMER SESSION.

Materia Medica—Mr. Williams.  
 Medical Jurisprudence—Dr. Geoghegan.  
 Botany—Dr. A. Mitchell.  
 Practical Chemistry—Dr. Barker.

*The fee for each of the above Courses is two guineas, except Comparative Anatomy, which is free.*

A public course of lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session, and additional lectures on the same subject at intervals during the winter.

Practical instruction in Operative Surgery is given by the Professors of Surgery, separate from the surgical lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851.—“To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the school of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial, unless issued in conformity with this regulation.” Similar regulations have been adopted by the Council of the College of Surgeons of England.

*Hours of Lecture :*

Descriptive Anatomy—Twelve o'clock every day.  
 Chemistry—One o'clock, Mondays, Wednesdays, and Fridays.

Anatomy and Physiology—Two o'clock every day, except Monday.

Surgery—Three o'clock, Tuesdays, Thursdays, and Saturdays.

Practice of Medicine—Three o'clock, Mondays, Wednesdays, and Fridays.

Midwifery—Four o'clock, Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Professor of Botany will commence a course of lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

## DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

## CITY OF DUBLIN HOSPITAL,

Upper Baggot-street.

The Winter Session commenced on Monday, October 25.

The arrangements of this hospital are such as to afford the student an opportunity of studying disease in all its forms—Medical and Surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every pupil of becoming practically acquainted with the uses of the Stethoscope. Clinical Lectures are delivered after the hospital visit.

Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of Eye Cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's course of Lectures upon Military Surgery is also open to the pupils of the hospital. This course is recognized as equivalent to six months' surgery in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service.

A Lending Library of well-chosen books has been provided for the use of the pupils; and a correct Registry of the cases in hospital is kept by the House-Surgeon, to which they have free access.

Certificates of attendance on this hospital are recognized by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards.

Fee for Winter six months	...	...	Six guineas.
" Summer six months	...	...	Four guineas.
" Nine months	...	...	Eight guineas.

*Medical Attendants.*

A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 23, Ely-place.

T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merriion-square, North.

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T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street.

J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street.

*Consulting Physicians.*

Sir Henry Marsh, Bart., and Professor Apjohn.

*Consulting Surgeons.*

Sir Philip Crampton, Bart., Professor Porter; and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, York-street.

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## ORIGINAL COMMUNICATIONS.

### MISCELLANEOUS CASES AND OBSERVATIONS IN THE PRACTICE OF MEDICINE.

By J. KIRBY, LL.D.,  
Ex-Professor of the Practice of Physic in the Royal College of Surgeons, &c. &c.

#### VALUE OF MERCURIAL INUNCTION IN THE TREATMENT OF ERYSIPELAS.

In December, 1845, I published a series of cases in the MEDICAL PRESS on erysipelas, with a view to establish the value of mercurial inunction in that formidable and often fatal disease. I then affirmed that in my opinion it is applicable to the disease in all periods and stages, and this without any reference to the degree of existing fever. I then observed that I use the strong mercurial ointment, and I do not confine its application to the parts diseased alone, but that I extend its use to those parts that, from their immediate vicinity, may be presumed likely to be engaged by an extension of the disease, and I continue its constant use to the third day or so, when the mouth becomes affected, using the remedy more seldom, or wholly discontinuing it, according to the amount of salivary action.

I observed that as soon as the breath is tainted, a marked alteration takes place in the symptoms, evinced by the subsidence of the swelling, the wrinkling of the cuticle, and the abatement of fever, and then that the course of the disease is shortened, superficial sores are prevented, and the formation of purulent deposits is opposed. I will now adduce a case which appears strongly confirmatory of the utility of the practice which I have advocated:—

Mrs. G., a lady, about 45, was seized with erysipelas on the 5th of October last. For some time past, her health was in great disrepair. She endeavoured to remedy what was amiss by warm sulphur baths, of which she had taken three at five o'clock in the afternoon; returning to her home (two miles distant) on an outside car, being indifferently provided against the weather, which was then exceedingly cold.

The attack commenced in her right ear; it slightly en-

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gaged the upper eyelid, and the face at that side. Living at a distance from town, she sent a very intelligent lady to communicate with me, and to inquire as to the course it would be most prudent to pursue.

I advised two pills, composed of equal parts of pil. hyd. and pil. rhei comp., to be taken at bedtime, and a rhubarb draught in the morning, which was to be repeated, if necessary, in the course of the day.

The lady called the next day, and she informed me that the pills and draught operated abundantly; the erysipelas had not extended; patient was exceedingly weak, and was confined to her bed; she was constantly harassed by a sickness and a desire to vomit, but discharged nothing more than a frothy mucus; the thirst was very considerable. She found cold water to be more grateful than any other drink, and freely indulged in its use.

Knowing a good deal of my patient's constitution, I now prescribed a mixture of decoct. cincho., tinct. cin., carbonate of ammonia, and lemon-juice, to be taken every fourth hour, and I desired powdered starch to be applied occasionally to the affected parts.

The third day I was called to visit her. I found she had taken the second rhubarb draught, by which she was much purged, and was consequently greatly reduced in strength. The erysipelas had extended over the cheek, which was of a brownish red colour, and covered with minute vesicles, filled with an opaque straw-coloured fluid; none of these were broken. The eyelid was much swollen. The nose was more engaged, and the disease reached the brow, and passed down the front and side of the nose. There was much oedema. The pulse was 100 in a minute, and very weak, yet steady. She protruded the tongue with much difficulty, in consequence of an inflammatory fulness at its base; it was clean. The degree of feverishness was slight; she made no complaint of pain in the affected parts, or in her head; was very thirsty, and loathed her food; she liked the mixture, found it agreeable to her palate, and it appeared to calm the sickness of stomach and the fruitless effort to vomit. The urine was natural in appearance, and was regular in quantity. Her voice was



extremely weak. There was a great tendency to sinking, and she required two glasses of wine and some chicken-broth to avert fainting.

Five grains of pil. hyd. and half a grain of watery extract of opium were ordered to be taken at bedtime, and the bark mixture was desired to be continued.

Mercurial inunction was prescribed to the parts and to their vicinity, with many cautions as to repetition. A small quantity of starch was added to the ointment to increase its adhesiveness.

The fourth day the erysipelas had reached the other side of the face, and both eyelids were so tumid as to conceal the globe of the eye. The bowels were profusely free; she was much sunken; the voice was very weak; the pulse was as yesterday in frequency, but much weaker; there was no headache; she has had no sleep for two nights; urine abundant; and the tongue was clean. I ordered as follows:

℞ Carb. ammon. gr. v.  
Mist. cretæ uncias quatuor.  
Liquoris opii sedativ. ʒi. diem.  
Confect. arom. ʒi.  
Aquæ cinnam. ʒii. M.

St. unciam post singulam dejectionem liquidam phiala agitata.

℞ Liquoris opii sedativ. gttss. quindecim.  
Aquæ cinnam. ʒvi.  
Syrupi aurantii drachman. M.

Ft. haustus hora somni sumendus.

The bark mixture to be continued, and the mercurial inunction when necessary.

Vesicat. applicetur nuchæ per horas octo.

As she still complained, not so much of sickness as of pain in the epigastric region which a light pressure induced, and mustard poultice did not relieve, I deemed it prudent to lay on a blister below the xiphoid cartilage for six hours.

She was allowed three glasses of port wine and chicken-broth as heretofore.

The fifth day, the erysipelas had much retired from the right side of the face, but was very great on the left side, over the ear and eyelid. She had some confused sleep during the night, was more sunken than she was on yesterday, notwithstanding her allowance of wine and other remedies, yet she drank well, and carried the vessel to her mouth with a steady hand. She called for her wine and preferred it with water. She took nourishment freely; her bowels were still lax; the vomiting and sickness had ceased since the application of the blisters; pulse regular; tongue clean; there was slight delirium.

℞ Pulv. Doveri, grana decem.  
Pulv. Jacobi, grana sex.  
Confect. arom. q. s. Fiat pilula tres sumat unam tertiis horis.  
Mistura cretæ continuantur.  
℞ Carb. ammon. grana duo.  
Camphoræ granum.  
Confect. arom. q. s. Fiat pilula sumat tertia quaque hora.

Vesicat. inter scapulas per hora sex admoveatur.

The night of the fifth day delirium was so increased, she had continual hallucination, displaying itself in a variety of ways, she was wholly sleepless, and was so sunken since morning, that Sir Henry Marsh and Dr. Duke, who lived in the vicinity, were called to my assistance. They saw the danger which threatened, and recommended the medicines to be persevered in, with Madeira wine, given in small quantities, often repeated, paying due regard to the effect it might have on the pulse.

Cont. inunctio unguento hydrargyri.

That night and the sixth day passed without any sleep, and increasing delirium. The erysipelas had greatly retired from the eyelids, brows, and prominences of the cheeks, on which the vesicles had broken, without any purulent deposit. The eyeball was free from congestion or

inflammation; the pupil was contracted to a mere pin-hole, and was immoveable. She could bear a very strong light, and could tell the hour by a watch after a close examination. She took her nourishment and wine, but did not recognize the taste of anything offered to her. These circumstances were seized on as favourable for the use of opium. Fifteen drops of Battley's sedative was accordingly given, and two drops were administered every hour for three hours. Through this day (the sixth), the pulse sunk to an alarming degree, and was recalled to the wrist by wine; it was 80, and flickering. It called for wine or ammonia every half hour. The delirium became worse; she refused her food and drink, and she quarrelled with her attendants. She did not know where she was, and desired to be removed in the evening. The symptoms became rapidly more desperate. Sir Henry Marsh and Dr. Duke were again sent for; they arrived at twelve o'clock. We all considered the case as all but hopeless; we knew no medicines nor any treatment more efficient than those we had hitherto employed, and we resolved to persevere in them. A slight attack of dysentery now supervened, which we were disposed to attribute to the mercurial inunction, which we thought it prudent to suspend. We prescribed means for its arrest should it be repeated.

It was the seventh morning; the delirium increased. The ammonia, camphor, and Battley's sedative, with wine, and nourishment of the farinaceous kind, were given, when she could be prevailed on to take them. Still there was not any sleep. Blisters were applied to the calves of the legs, but they caused no irritation.

I ordered ten grains of musk in a draught, and repeated it a second time, when she refused it. *A mercurial odour was perceptible from the mouth, and the speech was thick.*

Being much fatigued, I retired to rest for a short period. I had not been in bed many minutes when I was called to my patient, who was sitting by her bedside dressed, and ready for her removal. Her bonnet, which she held in her hand, she thought to be full of horse hair, which she constantly endeavoured to remove. She also imagined there were spots of dirt on her silk dress, which she tried to pick away. Her extremities were perfectly cold, and her face with a clammy sweat, such as is often a precursor of death. Her voice was exceedingly weak, and the pulse, not quick, was scarcely perceptible at the wrist. Madeira wine, given often, appeared to maintain it at its present strength. Her attendants, very properly, did not oppose her in these proceedings, being apprehensive of the consequences of imposing the least restraint; and accordingly she was allowed to remain for some time in her present position. Her weakness now increased, and she seemed to be sensible of it herself. It was proposed to her to lie down and rest herself, which she did under a promise that the car would be soon ready to convey her to any residence she selected.

Her bed being made comfortable, she was assisted to it, and was covered up as warm as she could be made by heated cloths being placed closely everywhere about her person. She had some medicine, with a dose of Battley's sedative introduced into it. In a short time she was fast asleep. Reaction had taken place; she was hot, and perspiring, awakened in an hour, was much composed, and was satisfied to remain in bed some time longer; she asked for some wine, which was given, with Battley's solution, as heretofore, and she was soon asleep again. She was now watched most narrowly. On every occasion when she awaked she had some stimulant, but with the greatest caution, taking as much care as possible to give neither too little nor too much. The next day and succeeding night were periods of great watchfulness and inexpressible anxiety.

From this period matters began to brighten; the medicines were carefully administered, especially the pills composed of ammonia and camphor. Wine, tea, and light nutriment were given in small quantities as her periods of being awake permitted.

Pursuing this plan, her mind began to recover, and in



another day raving had altogether ceased; the face scaled generally, and threw off large flakes coloured by the mercurial ointment, which was laid aside on the mouth being sore, as it now was in some degree.

A number of boils now broke out over the epigastrium, the neck, the back, and in some inconvenient situations. They were accompanied with much distress. I applied to them a solution of nitrate of silver in the proportion of a drachm to an ounce of distilled water; this gave great pain at the time, but was of much service where it was applied, in subduing the attendant irritation and fretting soreness.

For some nights she required Battley's sedative to induce sleep. The dose, however, was gradually diminished until its final discontinuance. The stimulants, too, were lessened in proportion as more generous nutriment was permitted, until at length she was reduced to the quantity admissible in health. She was now convalescent.

(To be continued.)

#### EXAMPLE OF HERMAPHRODITE FORMATION.

By SAMUEL STUART, Esq., Donaghadee.

THE following case, the particulars of which I here give, came under my notice a short time since. I deem it sufficiently interesting to bring before the profession on account of the imperfectly developed state of the generative and urinary organs, and the irregularity in their distribution and arrangement:—

On the morning of the 3rd of October, 1852, I was called to attend Mrs. G., the wife of a butcher in Donaghadee. It was her fourth confinement. She had brisk pains, the head presenting, and in a short time she gave birth to a fine healthy-looking child; this was followed in about half an hour by another, also a head presentation; both children were of full average size, the younger a female, and the elder in every way well formed except the organs of generation, which present a considerable deviation from the usual appearance.

It is furnished with a double scrotum, which occupy, respectively, the situation of the labia majora in the female; each scrotum contains one testis. On the inner side of the right scrotum, in close connexion with it, and pointing towards the left side, is a small sized penis, about a quarter of an inch in length, or, more properly speaking, a glans only, with a prepuce, which is mostly retracted; by this rudimentary penis the urine passes freely. In the space between the scrota are two openings of a circular form, capable of admitting a probe or small quill, and separated by a thin membranous septum. These openings occupy the situation of the urethra and vagina in the female, and seem to represent those organs; indeed, the upper one is a *real urethra*, the urine passing regularly through it, also in a full stream, though *not at the same time* that it passes by the penis, thus showing, I believe, that there are two bladders. Whether the lower opening, which seems to represent the vagina, may lead to a uterus, I cannot say, though the presumption is that it does. At the point of junction of the scrota inferiorly, at the anterior margin of the perineum, a fleshy vascular tumour projects, about an inch and a half long, of an irregular pyriform shape. It has, about a week since, begun to discharge a dark, glairy fluid, which has reduced it in size, and it seems likely soon to disappear altogether. The child is healthy and thriving, and likely to live, as any child of its age.

This is a good, brief account of this species of congenital malformation, and better because it is brief. Such a one was exhibited at the Surgical Society last season, but no description of it was published in the Transactions. Notwithstanding the care with which such deviations from the natural or regular organization have been investigated, the subject admits of farther illustration, and so therefore is this short notice acceptable.

#### SCIRRHOUS CONTRACTED STOMACH.

By W. W. SANDHAM, Esq., Cork.

THE following is a report of an autopsy held on the body of Mrs. B., aged 50, at an inquest in Cork, June, 1852, the husband being accused of causing her death by giving her a blow on the stomach six months before. Dr. Fowler was present:—

For a considerable time she complained of a lancinating pain in the region of the stomach, which she described to me (or I attended her previous to death) as if caused by suddenly thrusting a blunt knife through the organ, and immediately withdrawing it; constant vomiting of anything taken into the stomach, and a pulsation of the aorta beneath, which appeared unnatural; soon after taking drink a tumour would arise, and appear to occupy the region of the stomach, which by gentle pressure with the palm of the hand could be emptied. This phenomenon she could produce in a few moments at pleasure.

*Autopsy.*—The body was emaciated to an extreme degree. The skin was contracted to its utmost, and of a dark-brown leathery appearance. On making the abdominal section, the scalpel moved with the greatest difficulty through it. On separating the parietes of the abdomen, no appearance of anything like a stomach was visible. The liver was healthy, but small, and the left lobe completely concealed the stomach. All the other viscera were healthy, the intestines being very pale, and beautifully transparent. On passing the hand up under the left lobe of the liver, I found what was a stomach, but now had no resemblance to such an organ, tightly drawn up against the diaphragm, and was with some difficulty drawn down into view. It resembled a portion of intestine, about six inches long, and scarcely an inch and a half in diameter, whose coats were thickened and indurated, indeed semicartilaginous. The cartilaginous deposit extended the whole length of the superior or concave edge, from which, at regular intervals, three or four rib-like processes proceeded at right angles, anteriorly and posteriorly, and terminated in points near the inferior, or, what ought to be, the convex edge. On slitting it open it was empty, and could not contain more than a wineglassful of fluid. Near the pyloric extremity was a tumour, projecting inwards, about the size of a hazel nut, of a scirrhus hardness, and appeared the nucleus or centre of the disease. The whole organ was of a dead-white colour, no appearance of vessels ramifying through it, nor was the mucous membrane ulcerated in the least, and if separated from the body and shown to any anatomist living, he would not say that it was a human stomach: any fluid drank must have passed through it as through a cylinder of wood.

The aorta beneath was no more than the natural size; and the tumour that used to form during life, leading one to suppose that it had a direct communication with the stomach, was produced by the colon, when distended with fluid or flatus, rising up and appearing in front of the stomach.

From her having complained previous to the blow received from the husband, and the extraordinary change produced in the organ, Dr. Fowler agreed with me that the disease was produced by natural causes, and was decidedly *scirrhus* in its nature.

This state of stomach has been seen before; but it is well described here, and is worthy of attention. We prefer such brief matter-of-fact descriptions to more glowing recitals. There is a place in Dublin where certain Doctors meet to exhibit the results of their practice, much in the same way that Indian warriors assemble to count their scalps: this stomach in the hands of any of them would have created quite "a sensation," but coming from Cork, and published in the Press, it will make no impression.



## OPHTHALMOLOGY.

## OPHTHALMOLOGICAL GIMCRACKS.

The following account of some of the "new found old inventions" of the day, proves that this branch of surgery is still in the hands of men who do not understand it. What a power must be given to the use of simple instruments, and what a better means of realizing ophthalmological character, there is no end of these miseries. The journal from which we quote is famous for its patronage of the gimcracks and jawbreakers of "ophthalmology."

## NEW INSTRUMENT FOR THE OPERATION FOR CATARACT AND FOR ARTIFICIAL PUPIL.

By Dr. FURNARI.

The principal application of this instrument is to entirely remove adherent portions of the capsule, and thus prevent the formation of secondary cataract. The needle, fixed in an ivory handle, is of the same size as Scarpa's; it consists of a stem ending in two perfectly equal branches, which unite to form a slightly curved point, and having their internal surfaces toothed, to seize the pieces of opaque capsule. A sheath, extending into the interior of the handle, accompanies the needle as far as the base of its point. The instrument is moved by means of an apparatus in the handle. By pressing on the lever the sheath is withdrawn into the handle: the needle then separates, seizes and detaches the opaque bodies which obstruct the pupil, and when the thumb is removed from the lever, the needle again closes, forming a true forceps. The advantage in this instrument is, that pressure on the lever opens the blades of the needle, by which it is rendered more easy of appliance than when constant pressure is required to keep the instrument closed. Dr. Furnari also describes a forceps-knife (*couteau pince*) and a forceps-curette (*curette pince*) on the same principle. —*Lond. Jour. of Med.*

## NEEDLE FOR DEPRESSING CATARACT, AND A NEW INSTRUMENT FOR SECTION OF THE CORNEA.

By M. LANGIER.

Almost every surgeon must have experienced the inconvenience of the ordinary cataract needles, with a fixed point. Displacement of a fragment of the lens, or of a portion of the opaque capsule, can only be effected by making the lancet describe extended arcs of circles, having as a centre the point of the sclerotic traversed by the instrument. The extent of these arcs leads to too great lacerations of the hyaloid membrane, and sometimes even to injury or detachment of the iris. M. Langier believes that these difficulties and dangers may be partly avoided by articulating the point on the stem of the needle, the point being moved by means of a lever in the handle, like the key of a flute. By means of this modification, the centre lens, or a portion of its capsule, or false membranes, may be readily removed from the field of the pupil. It may be introduced quite straight into the eye; and, when arrived in front of the cataract, may be placed at any angle which the operator may desire, and is susceptible of alternate extension and flexion, according to the object which it is proposed to attain. The motion of the point resembles that of the third phalanx of the fingers; and it would be very easy to make an instrument with two joints, which, however, M. Langier has not yet found necessary. With a single joint, the movements of flexion and extension of the point may be subservient to a number of purposes, such as in breaking up the cataract, tearing through its adhesions, and even forming artificial pupil, either by tearing down adhesions, or by detachment of the iris.

M. Langier has also combined with the jointed needle a concealed cornea knife, by which he believes that the section of the cornea will be made more surely than with the scissors of Richter or others. This keratome, at the end of which is the articulated point, is a little larger than the ordinary needle. It is much like a lithotome with a

single blade; but the blade is not contained in a sheath, which would uselessly increase the size of the instrument, but it is merely applied to another blade, with blunt edges, which cover it, and which contain the spring for moving the point of the needle.

In operating, a large opening may be made in the capsule by the point of the needle, which is directed towards it through the dilated pupil. It will then penetrate the lens, and bring it, either by the movements which may be communicated to it, or by simple pressure above or below, into the anterior chamber. In withdrawing the instrument by the passage by which it has entered, the blade of the keratome separates from the flat stem on which it lies, and incises the cornea, for a fourth or third, at most, of its diameter. This incision is long enough in most cases. One advantage of the concealed cornea knife, M. Langier states to be that of incising the cornea from within outwards, so that the deep layers of the membrane are cut to the same extent on the superficial.

In the wood-cuts which accompany the description, the motion of the keratome is represented as being regulated by a ring in the handle of the instrument. —*Id.*

Although it is not very probable that any of our readers will trouble their heads or pockets with "Dr. Furnari's" invention, it may be as well to tell them that it is quite unnecessary to remove portions of an opaque capsule from the eye, unless very large, very thick, and very hard. With a proper needle (not a cutler's awl with an ebony handle and silver ferule, but a fine needle curved at the point), any man who has the use of his hands can detach fragments of capsule, and leave them to retract behind the iris, or to be absorbed. When the opaque capsule is very large, thick, and hard, it must be extracted, through an incision in the edge of the cornea, by means of a fine forceps or hook. Of "M. Langier," his depressor, it is the same. Any botch with any needle can depress a cataract; but the great difficulty is to keep it depressed, which this contrivance will not do, but on the contrary will prevent. The following we print by way of specimen. It is a precious sample of ophthalmological egotism and vain-glorious boast. The "thoroughly satisfactory cures," the ten years' study of "minute bodies," and "with a microscope" too, as well as the valuable statistics, are highly characteristic. Then the "thirty-seven thousand one hundred and ninety-nine" patients, in italics; the smiths, the stone-cutters, the millers, the turners, and so on. How accurate! So likewise the objects from the "organic and inorganic world," the "vegetable tissues," and "animal bodies." The manufacture of iron rings by palpebral friction is, however, best of all. We advise a perusal of a chapter in some book on eye-surgery, touching foreign bodies in the eye, by "the author":—

## EXTRANEOUS SUBSTANCES IN THE EYE.

By AUGUSTINE PRICHARD, Esq., Bristol.

(Read before the Bath and Bristol Branch of the Provincial Medical and Surgical Association, October 7, 1852.)

The detection and treatment of the symptoms produced by foreign bodies in the eye, are matters of considerable surgical interest, dependent upon the value of the organs implicated, the destructive results of inefficient surgical aid, and the thoroughly satisfactory cures obtained by the most simple measures. Besides this, the subject is a surgical curiosity. Having constantly under my care a number of these cases, I have for ten years past always examined with a microscope the minute bodies which I have removed from the surface of the eye, and might perhaps be supposed, have met with a considerable variety.

It will perhaps make my paper more worthy of a scientific body like the present, if I first give some account of



the numbers of accidents to the eyes, in proportion to the whole number admitted to an ophthalmic charity, of the percentage of accidents where a foreign substance still remains in the eye at the period of admission, of the numbers of the different kinds of substances found, and the occupation of the applicants. I will afterwards show to any who feel disposed to examine them, some of the objects I have prepared.

My observations are collected at the Bristol Dispensary for the cure of complaints in the eyes, founded by Mr. Estlin in 1812; and they go back as far as the year 1834, from which time the various injuries have been more distinctly arranged under their separate heads than they were before. This comprises a period of eighteen years, during the first part of which I attended the Eye Dispensary as pupil, and for the last ten years as surgeon.

Thirty-seven thousand one hundred and ninety-nine patients have been admitted during this time, that is about 2100 in every year, upon an average, 2856 of these patients were injuries to the eye, being between seven and eight in every hundred.

From this number of accidents we must take those that bear upon the present subject, and they are the following:

		Per cent.	
1. Injuries from lime.....	175	= 0.497	Of whole No. admitted.
2. Pieces of iron or steel on the } cornea .....	650	= 1.74	
3. Other foreign substances.....	524	= 1.40	

I need not particularly describe the symptoms of an extraneous substance in the eye, as all have experienced the sensation, and must know that it leaves little room for doubt as to diagnosis. It must be remembered that the lid is the most sensitive part, and feels in the act of winking the foreign body stuck upon the globe of the eye, and the patient himself always refers to the upper eyelid as the position of the offending substance. The treatment is of course to remove it as speedily as possible, and for this purpose we ordinarily use a silver instrument, shaped like a cataract needle, considerably curved.

There are one or two observations I wish to make respecting the mein of a patient with an extraneous body in the eye. Some of the diseases of the eye are always accompanied by peculiar mein or characteristic gestures on the part of the patient. A child, with strumous ophthalmia, is brought into the room backwards, shrinking from the light, with both eyes screwed up as tightly as possible, with a handkerchief pressed up against them. A man with amaurosis walks in with his eyes widely staring and his brows raised, so as to prevent the possibility of any rays being intercepted in their progress to his insensitive retina. A patient with cataracts has his eyes partially closed, his brows contracted, and his hand raised to shade the eyes, to allow the iris to dilate as much as possible, and in a patient with an extraneous substance in the eye, one is entirely closed, or if opened for a moment, is immediately closed again; he shows great incapacity of keeping his eyes open, which gives rise to the peculiar appearance of intolerance of light with one eye only, the other being in a great majority of cases quite sound. I have constantly noticed that the mein or general appearance of such a patient and of the eye (in a casual examination) exactly resembles that of a man with iritis, which disease most commonly attacks one eye; and if inflammation has been produced by the extraneous substance, the redness is more like that in sclerotic inflammations than the colour of the eye in affections of the conjunctiva. There is another point of resemblance, which is one of particular physiological interest. It is commonly taught, and believed that the optic nerve is the only afferent nerve to the third or motor nerve of the iris—i.e., that the pupil contracts only when the optic nerve feels the impression of the light, and takes it back to the brain, sending the message to contract along the third nerve through the ciliary ganglion to the iris. Persons with an extraneous substance adherent to the cor-

nea of one eye, almost invariably have that pupil contracted than the other, notwithstanding the fact that the eye is kept more closed. The explanation of this is, that the fifth nerve distributed on the lids, feels the irritation, and acts as an afferent nerve to the iris, which immediately contracts. I some time ago brought forward a proof of this fact, or of one exactly similar in nature, from the Blind Asylum Report. Two other instances have come under my notice recently. A girl completely blind from amaurosis after fever, and unable to distinguish the least light, was exposed to the rays of the sun. I saw the pupils of her eyes instantly contract, as in a seeing eye, and she said that she knew she was in the light from the sensation. With another blind person, whose eyes were completely sunk, and where there was no perception of the light, I performed the same experiment. She had no iris to contract, but she began to wink her eyelids, and the tears began to flow from the weakness produced by a bright light, exactly as would happen in a seeing person exposed to the same influence. These facts prove beyond question that the fifth nerve feels the light and acts as an afferent nerve to the iris and eyelids as well as to the optic nerve.

I leave out of our present consideration all cases of accident, except where there have been extraneous substances adherent to the surface of the eye, and this is a tolerably numerous class, 1174 having presented themselves, amounting to one out of every thirty-one. I need scarcely say that very few of these were women.

The artisans of a large city who most commonly come for aid on this account, are the following:—

*Smiths*, with scales of hot iron, which have struck upon the surface of the eye in hammering red-hot metal.

*Stone-cutters*, with minute portions of their chisels, or more rarely, of stone.

*Millers*, who have to chip the millstones, and thus also get struck with pieces of metal or stone.

*Millwrights*, with pieces of steel on the cornea.

*Boiler-makers and engineers*, as they call themselves—i.e. engine-makers, who are particularly liable to get pieces of iron in the eye, in chipping cast-iron, or hammering the rust from old boilers, or in grinding.

*Metal turners*, as opticians' working men, &c., who are struck with minute points of brass or iron; these generally have thin pointed pieces, like the tip of a needle, driven into the eye, where they penetrate perpendicularly and adhere most firmly.

*Carpenters*, in hammering or grinding their tools.

*Tilers, plasterers, and masons*, in building and breaking stones, and hammering the plaster from walls; or what is still more frequent, in driving the nails into the laths in their plastering business. The nails generally used are cast and cut by machine, and are extremely brittle.

We see from the country—

*Colliers*, from the numerous coal mines in the neighbourhood of Bristol, with pieces of coal in the eyes.

*Farmers' labourers*, who are injured in chopping trees, or hedging, or haymaking.

We must add to these, of course, all the little accidents that occur, as for instance in railway travelling or in a dusty road, which are entirely independent of the patient's employment, and may happen to any of us at any time.

I have encountered objects from the organic and inorganic world—in fact, animal, vegetable, and mineral substances of various kinds, some one or two of each of which I should like to show you.

Of vegetable tissues there have been specimens of wood, in the form of chips, imbedded in the cornea, or under the lid; or minute pieces of bark, which have flown from the edge of the hatchet; portions of nutshell, seeds, and grass. One specimen of hard woody structure shows the separate wood-cells very distinctly, but from what plant it comes I have not been able to determine.

The animal bodies, which I have had occasion to remove from the eye, have been minute flies, of various kinds, more or less entire, and the wing cases of insects—that is, the hardened case or shell, in which are folded the inner or real wings of the coleopterous tribe of insects. They are



concave on one side, and convex upon the other, and adhere very firmly to the cornea, in all probability with the action of the leather sucker by which boys raise stones—i.e., by atmospheric pressure. An instance occurred in the year 1839, when the patient presented himself, after suffering pain and inflammation of the eye for ten months, and the removal of the wing-case relieved all symptoms. There is sometimes a little difficulty in detaching them from the surface of the eye. Many of them are pretty objects for microscopic examination, they are very minute, and I have removed several in an entire state.

**Metallic substances.**—Pieces of percussion caps—of iron, brass, or copper, retain their metallic appearance, if they are entirely imbedded in the substance of the cornea, and are thus removed from the action of air and moisture, so that after removal they have the glistening appearance of a metallic surface; and in the case of iron, it is attracted by the magnet. Portions of percussion cap are generally more or less imbedded in the eyes, as the accident is always accompanied with considerable force. Pieces of lime and stone will adhere for some time to the cornea.

One of the most remarkable facts connected with these metallic bodies in the eye, is seen when a piece of iron is driven upon the surface of the cornea, and does not penetrate deeply, but is subjected at once to the double force of friction by the eyelid, and oxidation by exposure to the air and tears. If it remains a few days in the eye, an extraordinary change takes place in its form, for it assumes the shape of a minute iron ring, with a clear central hole. Of this curious fact, I have numberless proofs in the shape of specimens, which I have myself removed from the eye, and which I shall be happy to show you. Now, this ring is formed in two ways—the small piece of iron adheres to the cornea, and the prominent part is gradually rubbed away by the lid until it becomes transparent in the centre, much as an optician grinds a concave lens; the other method is when the circumference of the minute piece of iron adheres as before to the cornea, and the prominent centre is gradually loosened, and removed *en masse* by nature or art. Of the former of these methods—i.e., the gradual thinning of the minute point, I have proof in specimens showing all the stages until a clear ring is formed; and as to the latter, I have frequently removed with the silver curette a central point, leaving a ring behind, which I have detached at once, or after a few days. These rings are frequently only oxide of iron, and not metallic iron, the occasional transparency showing that they are then no longer in the purely metallic state. I do not yet understand clearly why these pieces of iron are so generally circular as is the case; they either fly off from before the hammer hot and fused by the violence of the blow, or they are ground of a circular form between the lids and the globe of the eye.\*—*Prov. Med. and Surg. Jour.*

\* One piece of vegetable cellular tissue went through a somewhat circuitous route, before it finally rested as one of my microscopic objects. A man presented himself with an acutely-inflamed eye, with puriform discharge, and on evertng his upper lid, a foreign substance was seen, and removed, which turned out to be the cellular membrane of some vegetable. The history was this:—a few days before he met and entered into conversation with a friend (a butcher's boy), carrying a *bullock's paunch* in his hand; from words they came to blows, and my patient was brought down by a heavy flap in the face from his adversary's disagreeable weapon. His eye was painful, and intolerant of light, from that time until the substance was removed, when it speedily recovered. The portion of vegetable matter, having escaped in the process of rumination and digestion, found its way thus abruptly into the man's eye, and thence into my possession.

## MEMBRANOUS CROUP SUCCESSFULLY TREATED BY TRACHEOTOMY.

By DANIEL AYRES, M.D.,

One of the Surgeons to the Brooklyn City Hospital, New York.

To the unprofessional observer *all* forms of croup are identical. The special attention of medical students and the practical observation of most physicians is confined to two varieties—1st. False or spasmodic croup is attended with little more disease of the larynx and air-passages than disordered functions. It is generally a secondary or symptomatic disease, short in its duration, and amenable to very simple treatment. 2nd. True or membranous croup is an inflammatory disease attended with fever. Commencing in the larynx, trachea, or bronchial tubes, it may extend to the lungs or even pleura, and is characterised by the effusion of tough plastic material into these passages, thereby preventing the ingress of air and proper aëration of the blood. It requires active antiphlogistic and emetic treatment, but unfortunately is generally fatal.

A third variety called follicular stomatitis or diphtheritis is a well-marked form of disease often confounded with the second variety; but whilst it differs therefrom in the locality of its origin, strongly resembles it in the mode of invasion, symptoms, duration, tendency to spread, in the plastic character of its effusions, and fatal issue. Indeed, so striking is this analogy, that excellent authorities have doubted the existence of any material difference in these two last forms of the disease, and this uncertainty may be greatly augmented when it has existed several days before medical aid is sought. It is when medication in all its forms has failed to arrest the disease, and human life is threatened, that surgery has been invoked to clear the avenues to the lungs, and then a correct appreciation of the condition and parts involved may be of immense moment to the victim; so that even in cases of doubt, the benefit of that doubt may not be withheld.

But here the operation of tracheotomy has now fallen into complete desuetude as a rule of practice, and this because, as applied to the second variety, it too often presents few advantages, and least of all when undertaken *in extremis*. So unfavourably is this operation esteemed by the profession, that it is often difficult to obtain counsel to justify its performance, or the friends of patients to sanction this last chance for life. It is from these causes, together with the miscellaneous confounding of different phases of the disease, that we now rarely hear of the operation. Its success under such discouraging circumstances becomes an important practical fact to the profession and the public; for after all the latter are alone called upon at the last terrible moment to decide the case, and the prospect of success held out by the resources of our art may have great weight in that decision.

These observations are fully illustrated by a case which I saw in consultation, at the request of Dr. Palmedo, a highly intelligent physician of this city, on the sixth day after the invasion of the disease. Dr. Palmedo, who had been associated in the case but the day previous, and watched it with intense and self-denying anxiety, has very kindly furnished copious notes, from which the following history is collated:—I. M., aged four years, of light complexion, rather delicate constitution, but otherwise perfectly healthy, had suffered several attacks of croup since his second year. About the middle of March last he contracted a common catarrh, the result of undue exposure to cold and wet. On the 19th, the cough, which had been troublesome, began to assume a peculiar hoarse sound, and was soon followed by rapidly increasing dyspnoea. The real nature of the case was mistaken for a catarrhal affection of the tonsils, and afterwards for spasmodic cough, under which supposition *pulv. mastic. grs. viij.* had been given in divided doses during Monday night. On Tuesday, the 23rd, the symptoms becoming alarming, the parents of the child felt the necessity of calling additional medical aid, when the disease was recognized at the first sound, even before entering the sick room. The little pa-

FEVER AND CHOLERA.—The yellow fever is ravaging Barbadoes, and a great many of the coloured population have fallen victims to it. Deputy Assistant Commissioner Neal died on the 4th inst. and within four days, his wife, four children, and a large number of his slaves, with the dead. Cholera and small-pox are committing frightful ravages in California among the Indians.



tient being in imminent danger of suffocation, a sponge saturated in boiling water was instantly placed upon the region of the larynx, with a view to produce slight vesication. Subsequently six large leeches were applied to the neighbourhood, and whilst still freely bleeding, a copious emesis was effected by the annexed powders :

℞ Sulphatis cupri, grs. xviii.  
Sach. alba. ʒj. Mix.

Divided into six equal parts, one of which was administered every ten or fifteen minutes.

To prolong this effect, the following mixture was administered :

℞ Potass. tart. antimonii, grs. iv.  
Pulv. rad. ipecac. ʒj.  
Oxymel. scillæ, ʒij.  
Aq. destil. ʒ.

A dessertspoonful repeated every ten minutes for half an hour.

Large quantities of thick viscid slime, and several masses coagulated in the form of membranes and strings, were thus ejected. In about an hour and a half from the commencement of this treatment, all the urgent symptoms began to subside ; the face became quite pale ; respiration slow, perfectly easy, and scarcely audible ; the cough less frequent and loose, was followed by copious expectoration ; pulse 80, soft and small, with a cool and moist skin ; sleep soon succeeded, the first that had been experienced for two nights. He was, however, directed to be aroused every hour for the alternate administration of the following mixture and powders :

℞ Ammon. muriatis,  
Pulv. glycer. aa. ʒi.  
Vini antimonii, ʒjss.  
Oxymel. scillæ, ʒij.  
Syrup. simp. ʒj.  
Aq. anisi, ʒij. Mix. Dose ʒij.  
℞ Hydrarg. submur. grs. vj.  
Antim. sulph. aurar. grs. iv.  
Pulv. g. acacia, ʒss. Mix.  
Div. in chart. No. vj.

In addition, an aperient enema was given, and emplastr. vesicat. two inches by two, applied to the throat. Thus the night was passed quite comfortably, and strong hopes entertained for the child's recovery.

24th : Towards morning, however, the respirations became a little more hurried and wheezing ; pulse 100 ; cough dry and more frequent. The above-mentioned powders having been exhausted, were repeated, and given every alternate hour with ʒij. of the following mixture :

℞ Potass. tart. antim. grs. ij.  
Syr. senega, syr. ipecac. aa. ʒss.  
Oxymel. scillæ, ʒij.  
Aq. anisi, ʒij. Mix.

Towards noon, the respiration became more difficult and wheezing ; a slight mucous râle discovered in the lungs, and a louder râle in the trachea ; occasional harsh cough ; expectoration very scanty ; pulse 110. Anticipating an extension of the disease to the lungs, three more leeches were applied over the sternum, and the following cathartic given :

℞ Submur. hydrarg.  
Pulv. jalap. aa. grs. x. Mix.

About one p.m., a copious and fetid discharge took place from the bowels, after which the pulse and respiration were somewhat relieved. An unfavourable prognosis was, however, entertained, anticipating another relapse. This actually supervened about six p.m. Each inspiration became more wheezing or whistling, and laborious in the extreme, with extraordinary contractions of the diaphragm, aided by all the voluntary muscles. Cough dry, rough, and barking, but less frequent and strong than yesterday. Occasionally a loud râle was detected in the trachea, but no expectoration, and there was now perfect aphonia.

At nine p.m., he was rapidly exhausting with paroxysms of intense excitement and agony ; the whole body thrown into convulsive action whilst struggling for breath, under a sense of impending suffocation. Between these attacks,

he lies listless, half unconscious, with eyes closed, face and lips livid, countenance pinched and sunken ; pulse 120 and weak, but still sufficiently distinct to be counted ; cool perspiration over the forehead ; extremities yet warm ; thorax resonant on percussion and respiration ; when it could be heard, puerile. All hopes from emetics, and in fact from any medical treatment, was abandoned ; and in answer to the urgent entreaties of distracted parents and friends still to do something for the relief of the sufferer, Dr. Palmedo proposed tracheotomy as offering a slight but yet the only hope of salvation. In this condition, I was requested to see the child, and anticipating operative proceedings, desired my friend Dr. Cochran to join the consultation. Death seemed inevitable, and the child being now almost past consciousness (at least of pain), the operation was urged purely as a matter of duty, and finally assented to, but without an expectation of success.

At ten p.m., the child being placed on a table, with the neck well raised, and made tense by depressing the head, I commenced a longitudinal incision just below the cricoid cartilage, one and a half inches long. Carefully dividing the fasciæ upon a director, and separating the muscles, several large veins were brought into view, and pressed out of the way by curved spatulas. The thyroid isthmus interfering, was divided and compressed with very little hæmorrhage. A free opening was then made into the trachea, into which air rushed with great force. A medium tracheal tube was now introduced and secured with tapes, compression above and below the wound being effected by adhesive straps. By means of a long feather, some tough shreds of membrane with viscid mucus were removed. In a few moments, the natural respiratory movements of the chest became slowly perceptible, and in an hour the calmest and most regular breathing was established, colour and life returned to the face, and the child was asleep. When awakened, he was perfectly conscious and comfortable, drank two tumblers full of water during the night, coughed frequently, and ejected large quantities of viscid secretion, which continually accumulated in the tube, and required removal with a feather.

25th : Towards four o'clock in the morning, the respiration became more frequent and laborious, and the cough dry. On introducing the feather through the canula, a solid substance could be felt blocking up the trachea, but nothing could be thus extracted. The symptoms again seemed threatening suffocation ; however, by insinuating the feather about four inches into the trachea and beside the obstructing body, such a violent fit of coughing was produced that a hard fibrinous mass, an inch and a half long, and of similar calibre to the tube, was thrown out and to a considerable distance, whereupon the child dropped away, quite exhausted, and fell asleep. Several smaller masses, with a vast quantity of thick, reddish, and glutinous slime, were expectorated during the whole day ; between the intervals of the cough, the child appeared quite easy, and took some beef-broth.

In the afternoon, between four and five o'clock, the symptoms again became aggravated, and suspecting obstruction of the canula, it was removed, cleansed, and replaced. But still the respiration continued frequent, difficult, and noisy, in consequence of accumulated exudation in the trachea which could not be dislodged. At length, a piece of sponge secured to the end of a curved probe, and saturated with the following solution

℞ Argenti nitratis, ʒij. cum aq. destil. ʒj.

was introduced through the canula into the trachea, about four inches in all. The momentary effects of this operation were terrific. The child twisted and writhed seemingly in the greatest agony, leaped up in his bed, and made every possible effort to blow through the tube. It was the last struggle for life, a few moments delay and suffocation seemed inevitable ; but by a final and still more vehement paroxysm of coughing, another mass of concreted fibrinous matter, two inches long, was blown up high in the air, when the same happy change took place as in the morning, followed by sleep and a comparatively easy night. Of



the following mixture, he was directed to have a teaspoonful every two hours:

R. Liquor. potass. ʒij.  
Acet. scillæ, syr. ipecac. aa. ʒj.  
Mucil. g. acacia, ʒij. Mix.

A free secretion of mucus took place after the introduction of the solution, and to obviate its desiccating in the tube, thereby preventing the free transit of air, the internal surface was lubricated with oil of sweet almonds, and every five or ten minutes a few drops of warm water were introduced by means of a feather. The expectoration was evidently much facilitated by this simple imitation of the natural condition of the air-passages. The tube was daily removed without trouble, the symptoms of the child continued to improve, and the secretions of the chest gradually verging towards a healthy condition.

28th and 29th: It was unnecessary to remove the tube, which was readily cleansed by the swabbing, and on the following day a new tube with a large oval opening in its posterior wall, was substituted for the old one, through which some air was found to pass by the larynx.

April 6th: On removing the tube, the child for the first time cried and spoke, but seemed frightened at its own voice. 9th: The air-passages being now tolerably free, the tube was removed, and its place closed by adhesive straps; the voice is a few notes higher than before. 11th: The wound in the trachea is quite closed by granulations, and the child constantly prattling in its natural tone of voice; the cough is scarcely troublesome, the secretions healthy, and rest undisturbed; with a good appetite, it is rapidly gaining lost flesh, and now walks and plays about the room.

We have been thus particular in recording the minutiae of this case to demonstrate—first, the urgent necessity for the operation; and second, the perplexities it may sometimes surround. But to demand for its confidence and popularity, requires the exercise of care in analyzing symptoms, comprehending the location of the obstruction, its true pathological cause, amount, extent, and the tendencies to death before the operation is demanded. Neglect of these precautions by "wise ignorance" has often brought true conservative surgery into disrepute, and the proclaimed necessity of this operation in disorders simulating inflammatory obstruction in the puerperal and hysterical condition (cases by no means uncommon and apt to alarm the inexperienced), has still further brought disavour upon it, and depressed the resources of science in public estimation.

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#### OBSERVATIONS ON THE LATE EARTHQUAKE IN THE WEST OF ENGLAND.

By W. HAMILTON, M.B., Plymouth.

ONE of those phenomena, which are of rare occurrence, at least within the limits of authentic history, in England, and of which I am not aware that any former instance has been recorded in Plymouth, was experienced here between the hours of seven and eight, in the morning of the 12th of August last, when an earthquake of some seconds' duration was felt in the town and neighbourhood. The direction of the motion appears to have been from S.E. to N.W., and so was felt at Callington about eight o'clock. The shock then appears to have been of considerable violence, as it greatly alarmed the inhabitants, and led them to suppose that some magazine had exploded in their neighbourhood. At Beer, situated between this and Callington on the Devon side of the Tamar, the shock threw down a farmer's mill; and it was also felt at Plymstock, about two miles on the other side of Catwater, at Prince Town on Dartmoor, and at Liskeard in the West. At what other places it was felt I have not been able to learn. I have given a brief account of what I have been able to collect in my letter to the Registrar-General, who will, I hope, obtain more detailed and authentic information through the registrars of the district through which the convulsion was felt. The barometer, which has been low throughout the month, indicated a pressure of 29.57 inches

at eight on the morning of the earthquake; at the same hour on the preceding day it was 29.08, and the following day 29.84. Thunder storms took place on the nights of the 10th and 11th, and the atmosphere has been in a highly electrical state throughout the month. Plymouth and Devonport both stand on an argillaceous schist, and were on that account considered exempt from such visitations; but that prestige is now at an end. A similar prestige prevailed in Cumanà prior to the great catastrophe of 1797, and, singularly enough, from a similar cause, the peninsula of Araya being likewise seated on a schistose rock.

Humboldt remarks, at page 223 of the second volume of his Personal Narrative:—"If, in regions the most remote from each other, primitive, secondary, and volcanic rocks share equally in the convulsive movements of the globe, we cannot but admire also that, in ground of little extent, certain classes of rocks oppose themselves to the propagation of the shocks. At Cumanà, for instance, before the great catastrophe of 1797, the earthquakes were felt only along the southern and calcareous coast of the Gulf of Cariaco, as far as the town of this name; while in the peninsula of Araya, and at the village of Maniquarez, the ground did not partake of the same agitation. The inhabitants of this northern coast, which is composed of mica slate, built their huts on a motionless earth; a gulf of 3000 or 4000 toises in breadth separated them from a plain covered with ruins, and overturned by earthquakes. This security, founded on the experience of several ages, has vanished; and since the 14th of December, 1797, new communications appear to have been opened in the interior of the globe. At present, the peninsula of Araya is not merely subject to the agitation of the soil of Cumanà, the promontory of mica slate has become, in its turn, a particular centre of the movements. The earth is sometimes strongly shaken at the village of Maniquarez, when on the coast of Cumanà the inhabitants enjoy the most perfect tranquillity. The Gulf of Cariaco is, nevertheless, only sixty or eighty fathoms deep."

The phenomena of earthquakes are involved in much obscurity, but there seems in many cases, as, for instance, in that of the 12th of August, some connexion between it and the electrical state of the atmosphere. Electricity is necessarily developed in great quantity during volcanic eruptions, from causes which are tolerably well understood at the present day, but why an electrical state of the atmosphere should accompany the convulsion of an earthquake in regions remote from an active volcano, is a problem yet requiring solution.

The earthquake of the 12th of August was felt more extensively than I was at first aware, but I cannot obtain any reliable statements of the time at which it was felt at the different places, I cannot trace with anything like certainty the direction of the convulsion, but my impression is that it was from east to west. Its severity appears to have been greatest down in Cornwall, since at Liskeard an old wall was thrown down by it, the bells of a house in Menhenniot were set ringing, and at Great Caradon, and other mines, the workmen, imagining the roof of the mine was tumbling in, made a precipitate retreat to the upper world. Altogether, the shock appears to have been what brother Jonathan would term "pretty considerable."

Was this convulsion connected with any volcanic or other disturbance in any other quarter of the globe? as, for example, with the eruption of Etna, which took place on the 20th, about eight days later; and to what source are we to ascribe its having been felt by the inhabitants of these towns, and as far east at least as Plymstock, where it was distinctly felt by my daughter, Mrs. Harrison, and others, in the house of her father-in-law, for the first time in the records of authentic history. She describes it as a tremulous motion, accompanied by a low rumbling noise, resembling that occasioned by the passage of a heavily-laden waggon.

Are we to suppose it arose from some internal commotion of the globe, restricted to the portion immediately beneath



our western peninsula? or can its effects be traced in any line connecting the west of England with Italy and Sicily?

With the internal condition of our globe we have no prospect of ever becoming more than hypothetically acquainted, but there are strong grounds for believing that at the depth of a few miles beneath the solid crust on which we are placed, there exists a mass of molten matter which contributes to maintain the heat of the surface. It has been ascertained by experiments made in our deepest mines, that the temperature increases as we recede from the surface, and that this temperature at the several depths is permanent throughout the year, and at all hours of the day and night, and is wholly independent of the presence or absence of the workmen, or the number of lights employed; and Mr. Hearder mentioned to me the name of a mine, which I now forget, in which, at a considerable depth below the surface, in the course of the working, several jets of boiling sea-water burst out, the water of which in its chemical composition corresponded exactly with that of the sea, which appears to have penetrated through some unknown crevice and reached the heated surface beneath, and in this state was forced upwards by the hydrostatic pressure from behind. Humboldt conceives the interior of the globe to be cavernous, but such an idea is opposed to all that we know of the density of the earth and the laws of gravitation. It would be worth while to investigate, as far as our means will allow, the nature of the interior of our globe, availing ourselves of the deepest mines which have been sunk, one of which, in Cornwall, somewhat exceeds a mile in depth.

If a society could be organized to collect information from persons connected with the deepest mines, both in Great Britain and other parts of the world, it could not fail to add much to the existing stores of our knowledge. It is a remarkable fact, that most if not all of the known volcanoes in the world partake of an intermittent character. That of Morne Agarou, in the Island of St. Vincent, appears to have a period of about ninety-four years; and its next state of pyrexia may be looked for some time in the year 1906. The first eruption of which we have any authentic notice having occurred in 1718, and the second when I was at Nevis, on the 27th of April, commencing suddenly at noon, and not ending before the afternoon of the 1st of May. Dr. Anderson visited the crater on the 4th of March, 1784, after sixty-six years of repose, and found stronger symptoms of activity than were observed twenty-eight years later by a party who descended into the crater on the 26th of April, 1812, within twenty-four hours of its renewed activity. This eruption was the closing scene of a series of commotions which had kept the Azores, a large portion of North America and South America in a state of agitation for nearly two years. The great earthquake which destroyed the city of Caracas, preceded the eruption of Morne Agarou by only thirty-two days, and was clearly but a portion of one connected chain of phenomena. Whence arises this intermission, and this progressive march of agitation? Vesuvius re-awoke after a slumber of an unknown duration in the year 79; and Morne Pelee, in Martinique, like Vesuvius, on the 5th of August, 1850, both bearing unmistakable traces of former activity at some period beyond the limits of human records. Multitudes of similar instances might be adduced, and the whole subject is one of deep mystery, and still deeper importance to our well being.—*Phar. Jr.*

**A CASE OF CÆSARIAN SECTION.**—The Paris papers announce the unhappy termination of the case of Madame Francoise-République. It is well known that this formidable operation was performed on the 2nd December. When the circumstances attending it are considered, the result will not be a matter of surprise. The form and constitution of the patient were unfavourable, the fœtus was a monstrosity, and the barbarous instrument employed, the sabre. It is but a slender source of consolation to be informed that the infant has survived, and promises to be an emperor.—*Lancet.*

## HOMICIDAL MONOMANIA.

(Extract from an article in the *Journal of Psychological Medicine* of Dr. Forbes Winslow, for October.)

ONE of the most remarkable and interesting cases illustrating this form of insanity, homicidal mania without aberration of intellect, recently occurred at Lyons; the medico-psychological evidence has been collected and published, with observations by Artaud, whose work has suggested the previous observations. Anthony Emmanuel Jobard was born on the 4th of February, 1831, in the village of Essertenne, Haute Saône; his parents were respectable; and his mother and younger sister are described to have been very religious. The infancy of Jobard was passed at home, without the occurrence of any remarkable incident; at twelve years of age he was admitted to communion in the Catholic Church; and the priest of Essertenne declared that no child ever gave him greater satisfaction. His habits were regular, his disposition gentle, and he was very social and kind to his companions, with whom he was a great favourite. Having received his first communion, he attended mass regularly, assisted in the offices, and was punctual in the discharge of his religious duties; nevertheless, at this early period of life he addicted himself to a degrading and solitary vice. At thirteen years of age he left his native village, and with letters of introduction from his late pastor, he was sent, to complete his religious education, to M. D'Oigny, the canon of Dijon, and here remained at school for three years; leaving the house only to go to the lodgings at which he slept. Here also he is reported to have given his masters every satisfaction; but whatever may have been his exemplary conduct outwardly, at the expiration of this time—when, be it observed, he was only sixteen years of age,—in addition to the vice to which we have adverted, he began to frequent the society of disreputable women. His career of vice began therefore at a very early age, and causes were brought into operation which notoriously pervert the moral feelings, and undermine the strength of the intellect. We are no apologists for crime. The young Jobard had already entered the seductive labyrinth of temptation, and, doubtless, gave unbridled indulgence to his passions; albeit, in the presence of his preceptors he maintained the appearance of being a virtuous and well-conducted youth. The good canon at Dijon was already interested in his welfare; and being now sixteen years of age, and old enough to prepare himself for the active business of life, under his recommendation he was received as a clerk in the establishment of M. Thiebaut, a highly respectable clothier and draper at Dijon. This mercantile firm, which had been long established, bore a high character; the persons employed in it were boarded and lodged in the house, and their conduct, a matter of course, subjected to the general surveillance of the heads of the family, it being understood that any one who committed any infraction of the rules of religion and morality would be liable to summary dismissal. Upon these terms Jobard was admitted, and received, independent of his board and lodging, in the beginning 200 francs a year, which sum was gradually raised until it reached 450 francs. His conduct continued to all appearance good: he was kind, affectionate, and sober; fond of playing with the children of the family; and the care he took of a pet lamb obtained for him the title of "*Père nourricier de l'agneau*," a circumstance indicating elements and feelings of humanity which should not be lost sight of in the sequel. Here also he was constant and punctual in the discharge of his religious duties; he assisted in the service of the church on Sundays, attended the sermons which were delivered at Christmas, confessed and took the sacrament at Easter; all which, it is stated, he did without any apparent ostentation. There can be no doubt, however, that he still privately—when absent from the house of his employers—persisted in the same immoral habits, which he carried to an inordinate excess, and, at the same time, blended his misconduct with religious, or we should rather say, superstitious feelings, often reason-



ing upon scripture passages, and addressing exhortations of reformation to his reprobate companions. He would advise the very females with whom he associated to give up their vicious course of life, and on one occasion took very great pains and interest in endeavouring to recommend one of these unfortunate women to retire into a convent, and there expiate by penitence the errors of her past career. This may appear strange, but the contradictions in human nature are very marvellous. The notorious Burke, who was hanged for murder in Scotland, which he committed for the purpose of selling the remains of his unfortunate victims to the anatomical schools, was very partial and kind to children. He preached religious sermons, and the whole series of his murders was suggested by his confederate Hare reading aloud one winter evening the death of Benhadad by Hazael, in the second book of Kings.\* Incompatible as true religion must ever be with every description of crime, yet we frequently find the almost inarticulate voice of conscience reminding the worst natures of its mandates. Once deeply and at an early age implanted in the mind, true religious and moral principles cannot easily be uprooted, but spread like pure ore through a corrupt soil, blending with elements it fails to purify. We do not accuse such men of hypocrisy; they express in such moments feelings which have become a part of their moral constitution, and which can never be thoroughly eradicated.

These habits of criminal self-indulgence, commenced, as we have seen, so early in life, soon began to undermine the health of Jobard, whose nervous organization, while yet a youth, could not fail to become thereby enfeebled, and otherwise affected. The health and spirits he had enjoyed in the little village of Essertenne, soon failed him at Dijon; he suffered frequently from intense headache, attended with a sense of weight upon the brain, giddiness, and a general feeling of bewilderment; which distressing symptoms ended in a copious bleeding from the nose, which doubtless relieved the cerebral congestion. On one of these occasions the attack assumed a very alarming character, as may be inferred from the following account given by Dr. Noirot, a physician at Dijon, who, upon the occasion of the trial to which we must presently refer, made the following deposition, in the form of a certificate or affidavit. We translate it literally:—"I, the undersigned, Doctor of Medicine of the Faculty of Paris, certify as follows:—A few years ago, the precise date of which I can scarcely determine, but which, from different circumstances, I believe to have been in the winter of 1844-5, I was called one evening by Madame Perle, a "*sage femme*" at Dijon, to attend a young man who was lodging in her house, Ant. Em. Jobard. They informed me, upon visiting him, that he had for many days previously complained of severe headache, and that he became on that morning delirious. He was so when I saw him; and from this fact, the state of his pulse, and other symptoms, I apprehended inflammation of the membranes of the brain (*meningitis*). Accordingly I proposed that he should be immediately bled; he obstinately, however, resisted the operation, and I thereupon ordered the application of leeches, and then withdrew. The following morning, I found the application of the leeches had been neglected; but during the night a very copious nasal hæmorrhage had taken place, which salutary crisis cut

short the disease. He no longer complained of the sense of weight and pain in the head, accompanied by general weakness, which he had endured during the whole of the previous week. I heard no more of the patient, and lost sight of him up to the present period. (Signed) L. Noirot, D.M.P.; and dated Dijon, 7th November, 1851."

On Sunday, the 14th of September, he attended mass, and afterwards vespers, as usual, and after the latter service, went to a restaurant's with three of his fellow-clerks, belonging to M. Thiebaut's establishment, and there they dined together very cheerfully, nor did either of them drink to excess. When the dinner was over, Jobard suddenly rose from the table, and left his companions, following hurriedly into the street a German singing girl, with whom it appears he went home. He remained with her about ten minutes, and then returned to the café, when he called for a glass of *kirsh*; his expression of countenance was anxious and haggard, and the waiter noticed that he was much agitated. Immediately afterwards he took up his cane and hat, and without saying a word to his companions, who were still at the table, he again sallied out, and went in search of a cutler's shop, for the purpose of purchasing a knife; but it was after nine o'clock, and the shops were then shut. Foiled in this intention, he directed his steps to a house of ill fame in the Rue Quentin, where he passed the night. His conduct there, which we abstain from describing, was exceedingly extravagant—apparently insane. About two o'clock in the morning, he hastily dressed himself, said he must be off by the railway to Paris, and, without uttering a word, left the house; and without being prepared for the journey, proceeded to the railway station, and asked for the first train to Paris. He was informed it would not be there until seven o'clock. The train, however, for Châlon, came up while he was talking, and he instantly took his ticket, and proceeded *en route* for Lyons. Arrived at Châlon, he took an omnibus which conveyed passengers to the steam-boat which leaves the pier for Lyons. We must now premise that we are tracking the steps of an assassin—the question of homicidal monomania will be presently considered. In the train from Dijon to Châlon, he tells us that he could not explain the nature of his feelings; he could not think or reflect on anything—(*j'avais la tête vide*); he ate a little, however, on the way. Arrived at Lyons, he felt much fatigued, and walked mechanically to a restaurateur's, where he dined. He drank half a bottle of wine, but ate very little. During dinner, he asked the waiter to direct him to a cutler's. The man did so, but Jobard could not find the house; he therefore got into a cabriolet, and desired to be driven to a shop where they sold knives, where he bought a knife, with as much coolness as if it had been a lead pencil, or any other harmless article. This done, he sought out and entered another house of ill fame in the Rue de la Cage, determined, he afterwards stated, to kill one of the female inmates. He was introduced to a girl named Rachel; he remained with her half an hour, but she was so pretty that his arm was arrested—he could not strike the blow—and was tempted to delay for a few hours his resolution; he therefore left her, promising to return to her at night after the theatre, and he adds, that if he had done so, he would have stabbed her in her sleep (*je lui aurais percé le cœur pendant son sommeil*.) This resolution, he confesses, he did not take without some qualms of apprehension, for he was afraid that before he could effect his escape he would be torn to pieces by the exasperated women of the house.

This happened on Monday, the 15th of September, 1851. Upon arriving in the town, he stopped as he walked along the streets to read a bill of the play, and he determined to go to the Théâtre des Celestins. Upon leaving this house, therefore, after walking for about ten minutes in the Jardin des Plantes, he went to a café opposite the theatre, and there waited until the doors opened. He then paid for his admission, and took his seat in the gallery, *aux premières*, but at the end of the first act of the second piece, which was entitled *Adrienne Lecouvreur*, he changed his place, and went into the amphitheatre, where he sat

\* This is a very curious fact. The diabolical suggestion arose from Hare reading the account given (verse 15, chap. viii.) of the death of Benhadad, who was thus killed by Hazael: "And it came to pass on the morrow, that he took a thick cloth, and dipped it in water, and spread it on his face, so that he died." Burke and Hare adopted the same plan. They made their victims drunk, and then covered the mouth and nostrils with wet cloths. Sometimes, by kneeling on the epigastrium, they forced a deep expiration, which emptied the lungs, and the wet cloths prevented the readmission of the air. This murderous method was so physiologically scientific, that it was suspected to have been suggested by some anatomist. This was not true: the above statement came out in evidence.



down behind a pillar. He there saw at a little distance from him a little girl about ten years of age; he grasped his knife, and would have killed her, but she was beyond his reach, and he could not move towards her without attracting attention. Another little girl, apparently between twelve and fifteen, sat nearer and a little to his right, but she too was beyond his grasp. His attention was next directed to a lady who sat immediately before him; she wore a gray silk dress, and as he stood up and looked down upon her, he saw a portion of her breast uncovered; but at this moment he heard steps behind him, and looking round saw the manager of the theatre, whom he knew personally, and who had just entered the house by a door near him. He instantly pretended to be cleaning the nails of his fingers with the knife; turning towards him, he smiled, and after exchanging a few gracious words with each other, the manager passed on. Suddenly, a scream, sharp and piercing, resounded through the house, and persons were seen rising confusedly around the place whence it proceeded. The fatal deed was perpetrated. With deadly aim and force, he had plunged the knife into the bosom of the unfortunate lady, and as she uttered that thrilling shriek, she withdrew with her own hand the knife from the wound, and, covered with blood, fainted in the arms of the persons near her. Her husband, who was sitting next her, not having any idea of the fatality of the blow, turned round upon the assassin, and exclaimed, "What have we done to you, that you should thus strike my wife?" "Nothing!" answered the imperturbable Jobard; "you have done nothing!" He stood calmly with his arms crossed upon his breast, and added—"I am a miserable being; do what you please with me; it is not my wish to escape!" He was immediately arrested; he did not make the slightest resistance, and as he was being conducted to the Hôtel de Ville, he said, "I am well content." In the meantime, the poor lady was removed into the "foyer" (the green-room of the theatre); the wound now appeared evidently mortal, and in about five minutes she expired. She was a young woman, the daughter of M. Chabert, the *Proviseur* of the Lyceum at Limoges, and the wife of M. Ricard, the Professor of Mathematics in the same institution. Melancholy to add, she was in the family-way. As he struck her from behind, she never even saw the person of her murderer.

He was conducted a prisoner to the Hôtel de Ville, and placed in one of the dungeons, where his first care was to take the sleeves off his paletot, to prevent them being soiled, and then he fell on his knees in prayer. He conducted himself during his examination before the "Juge d'Instruction" with great calmness; his countenance maintained its usual expression, and his pulse was regular, and between 65 and 70 in the minute. When informed of the death of Madame Ricard, he said, "Dead, is she?—so much the better; since I wish them to put me to death." He then asked if there had been time for her to see a priest before dying, and upon being answered in the affirmative, and informed that he had prayed for her, he expressed his satisfaction, and added, "I am sorry I was obliged to put her to death; I pity her and her family, and in that sense I regret it; I shall repent before God; as for me, I cannot make myself better understood than by saying,—I regret nothing." In his first examinations he persisted in the same tone, confessing but not regretting the act; on the contrary, he said, "I always knew, even when I contemplated it, that it was a crime for which I was responsible before God and man." He confesses, "I bought the knife as coolly as I would a crayon, or anything else. I struck her as I would have done a block of wood." At another time he said, "I committed it without reflection. If I had reflected properly—if I had confided in any one—if they had made me reflect upon it—I should have desisted." The murderous weapon was produced before him; he looked upon it with indifference. The distressed husband was confronted with him, and he evinced very great emotion. He was then conducted into the presence of the dead body, and when he beheld his victim, he ap-

peared on a sudden horrified, became extremely agitated, and his pulse rose, gave 88 pulsations in the minute, and was thready and intermitting. He appeared unable to support himself, but nevertheless he almost immediately recovered his self-possession, and spoke with his usual calmness. Upon leaving the room, he again appeared much affected; bewailed the fate of his victim, and the distress of her family; but for himself, he again added, "*I regret nothing.*" The following day he was again examined at the Palais de Justice, and now, he altogether altered his tone; "If my time," he exclaimed, "were this day to come over again, I would not commit the deed I have done: yesterday I endeavoured to render my condemnation inevitable;—to-day I would desire to live." Since his imprisonment, it should be observed that he had experienced nasal hæmorrhages, which may have relieved the brain, and conducted to the return of a more natural state of feeling.

Immediately after the crime was committed—within a few hours—the medico-legal question arose as to the condition of his mind: When he perpetrated the act, was he sane or insane? An ordonnance was issued immediately by the Juge d'Instruction, requiring Dr. Magaud to examine and report upon his physical and moral state; and Messrs. Tavernier and Gromier, physicians frequently called upon to give medico-psychological evidence before the criminal tribunals, received the same mission. The conclusions arrived at by Dr. Magaud were, that the act was premeditated; the motive alleged in his declaration was insufficient to prove any aberration of the intellectual faculties; that there was a continual conflict between his religious ideas and sensual instincts, which may in some degree have obscured his understanding; but that his sense of moral responsibility, although enfeebled, was nevertheless not destroyed, therefore the evidence was not sufficient to be placed in justification of the crime, although it might be urged in mitigation of the punishment. The report of Drs. Tavernier and Gromier, in which they also recapitulate all the circumstances of the case, terminated in opposite conclusions. First, they were of opinion that at the moment Jobard committed the act he was in a state of dementia; second, that Jobard could not be considered responsible for an act which he committed without the participation of his will; third, that as his description of insanity leads to disastrous consequences, society should exercise its right of placing Jobard in a situation to prevent him committing any other outrage, and that he should be confined for life in a lunatic asylum.

The result, therefore, or rather the opinions expressed in both of these reports, are thus far approximative; the one recognizes enfeeblement, the other derangement of the moral sense. The one pleads for mitigation of punishment, the other recommends deprivation of liberty, and confinement, for life, in a lunatic asylum. The view taken by Dr. Arthaud, who has been at the pains of collecting the whole evidence in a very circumstantial manner—not, indeed, omitting the most trivial circumstances that could be interpreted in his favour, is, that Jobard, when he committed the act, was insane—and that his insanity was characterized by a general disturbance of the intellectual faculties; in support of which opinion he refers to the fact, that insanity in different forms, had declared itself both on the paternal and maternal side of his family. His grandfather, at the age of fifty or sixty, upon the loss of an action at law, was for several months insane. His disease assumed the form of lypemania. He continually cried "I am a lost man," believing he was about to be arrested; at length, after obstinately refusing food for a fortnight, he died of inanition. His grandfather's brother also died in a melancholic state, and the cases were very analogous. His cousin, Rosalie Jobard, when twenty years of age had an attack of acute mania. She was confined in the lunatic asylum of Maréville between two and three years, when she was discharged cured. On the maternal side, one uncle became insane at an advanced age, exhibited symptoms of lypemania, and died of senile dementia. Another was affected by melancholia, would associate with no one,



ate the roots of vegetables as he pulled them out of the ground, and wild fruits, and threatened to injure those who approached him. Another uncle, in a state of ordinary insanity, was confined in the lunatic asylum at Besancon, where he died. Again, one cousin was an epileptic and another imbecile from birth. Dr. Arthaud traces these, and some other examples in the family of Jobard of mania, lypemania, dementia, epileptic mania, and idiocy. It is impossible, he then adds, that the hereditary transmission of insanity can be doubted. Pinel, Esquirol, Marc, Falret, Descuret, Baillarger, Moreau, and all modern writers on insanity, consider hereditary transmission one of the most ordinary predisposing causes of this malady.

On the 23rd of March, 1852, Jobard was arraigned before the Assize Court of the department of the Rhone for the murder of Madame Ricard. Upon examining the body it was found that the knife had penetrated between the second and third ribs of the left side, traversed the anterior part of the corresponding lung, and, piercing the left ventricle of the heart, the point of the weapon terminated in the interventricular wall of the right ventricle. The facts of the case were too evident and incontestable to admit of any doubt, therefore the medico-legal depositions, which were endorsed on the back of the indictment, respecting the state of the prisoner's mind, constituted the principal evidence. During the trial the prisoner maintained his self-possession, but was manifestly anxious respecting its result, and endeavoured, by the answers he gave to the interrogatories put to him, particularly to remove the idea that the act was premeditated. He was ably defended by M. Dubost, his advocate; and after the President of the Court had carefully summed up the evidence, Antony Emmanuel Jobard was declared guilty of having voluntarily, and with premeditation, committed a homicide on the person of Josephine Annais Chabert, the wife of Ricard, whereupon he was condemned to hard labour for life.

We do not impugn the justice of this verdict, or consider that it was an aggravated sentence; because the homicidal act was clearly neither instinctive nor impulsive, but the result of premeditation and prearrangement, although the particular victim had not been selected for the assassination until a few instants before the act was committed. Furthermore, we fully admit that Jobard was morally insane; but there was not such an amount of intellectual aberration as to obscure or pervert the understanding; on the contrary, he himself acknowledged that he was conscious he was about to perpetrate a crime, and he knew that he would be responsible for the deed before both God and man. Hence we recognize—in the derangement of his moral or affective faculties and propensities only—extenuating circumstances which very properly suggested to the jury the recommendation to mercy; but we do not see sufficient evidence to justify the full exculpatory plea of insanity. There can be no doubt that a person so dangerous ought to be deprived of his liberty, and provided the hard labour which he is condemned to perform be not incompatible with health, or likely to shorten the duration of his life, we would raise no objection also to this part of the sentence. Indeed, we often in visiting the criminal wards of Bethlem, St. Luke's, and some of our public county asylums, have been struck at observing so many strong and healthy-looking criminal lunatics sauntering with their hands in their pockets, idly about the corridors and courts of the building. How much better would it be for these men to be obliged to work at some compulsory labour—some occupation adapted to their particular capacities and previous conditions in life. Assuredly, it would be beneficial to their bodily and mental state, and conduce materially to their recovery; for whether they are destined to remain under surveillance, or not, their restoration to sanity is to themselves, and all around them, of equal importance. The man who may, under some delusion consequent upon cerebral disease, has attempted even the life of his sovereign, may recover his reasoning powers, and it is manifestly important that he should do so before his death; wherefore he is entitled to

receive as much care and attention as any other patient who, upon recovery, becomes entitled to his liberty.

The present number of this valuable journal contains the following articles:—

Homicidal Monomania; German Psychology; Statistics of Crime, and the Moral and Mental Condition of Prisoners; The Law of Lunacy in France; Mental Dynamics, in relation to the Science of Medicine; American Institutions for the Insane; Mortality and Insanity in Separate Plan Prisons in England and America; On the Organization of Asylums for the Insane; Crime and Punishment in the United States; Education of Criminal Children; Legal Cases in Lunacy; Bethlem Hospital; Descartes; Miscellaneous Notices; Psychological Appointments; British Lunatic Asylums.

To CORRESPONDENTS.—“A Constant Reader” in our next. The hint respecting a review shall have attention; we know the party well. Some letters unanswered remain for private notice.

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN: WEDNESDAY, NOVEMBER 17, 1852.

### OPERATION OF THE DISPENSARY ACT.

PARLIAMENT has met, and now is the time to consider whether or not an appeal to it is desirable respecting the working of this measure; to consider whether the Act is in fault, or those who execute it. Away with retrospects and repinings, with grumblings and reproaches, with declamation and agitation, and let the truth come out. Every tangible defect must be pointed out, and every real grievance exposed, without colouring or exaggeration. Facts are still wanted, and until they are supplied no course can with safety be indicated. For example, we hear a great deal about the excessive dimensions of districts: does this misapplication of the powers of the Act exist, and if so, to what extent? A few cases of such abuse will not serve to move the government or legislature: there must be enough to provoke interference. At the moment we write, all the information required on the subject must be in black and white in the Poor-law Office, ready for production to Parliament; and if found sufficient to warrant it, a remedy must at once be provided for such a serious defect. If excessive size of districts be adopted by Guardians and sanctioned by the Commissioners, without remedy in any other place, a case for parliamentary interference arises: a clause in an amendment act must provide that no district shall in any case exceed specified limits. Then as to salaries. Will Parliament interfere after so lately leaving the arrangement of them to the Guardians and Commissioners? and if not, where lies the remedy when they are inadequate? We cannot suppose that the Commissioners will refuse to sanction a just remuneration to the Surgeon for his services, if the Ratepayers and Guardians assign it; and we believe they have not done so in any case, however backward they may have been in enforcing such compliance with the spirit of the Act. If, however, it can be made to appear that in a great number of cases both Guardians and Commissioners refuse to provide adequate salaries, a clause in an amendment act must declare the amount to be paid, notwithstanding the difficulty of laying down a maximum or minimum; for it is obvious that all cases are not alike. But our belief is, that the cure for this evil lies with those



who suffer from it, and that it is to be effected through the instrumentality of the Ratepayers, Guardians, and Committees, by patience, perseverance, and judicious management. If the Surgeon satisfies both rich and poor by the successful discharge of his duties, he cannot fail to exercise his share of influence in his sphere of operation, and thereby to secure his rights as other people do. The administration of medical relief to persons not entitled to it, is another of the difficulties of this measure which further legislation cannot well remove. In the present state of Ireland, and perhaps in other places besides Ireland, no law can draw a distinct line of demarcation between poor man and pauper; but in practice such a law can be enforced, under present provisions, by a fair consideration of the matter by all parties. Our object in making these few observations on this most important subject, at the present moment, is to remind our brethren in the provinces of their present condition as regards this subject, with a view to a candid and impartial consideration of it. They have now before them the results of recent legislation; and from their experience of the past, they can form some judgment as to the future, should they rely on the same means. When abuses multiply and difficulties increase, people say that "something should be done;" but speedily they find that it is not so easy to say what that something should be. Petition Parliament says one, frame an amendment bill says another, and ask for a select committee says a third. Any or all of these may be done; but before doing so, the complaint and prayer of the petition must be agreed upon, the clauses of the bill must be well considered, and the evidence to be offered to a select committee must be properly selected and arranged. If we are going to do anything of this kind let us do it with as little talk about the matter as possible.

#### THE CASE OF BOURN v. COX.

It is only fair to allow the defendant in this case to have the benefit of his own version of it, and we therefore print the following note, addressed to the Editor of the *Lancet*. As we have already stated, we noticed the matter because of its importance as an exemplification of the working of the English system. We do not, however, pretend to claim for Ireland an exemption from such occurrences. A few years ago we had to publish a case of somewhat similar nature which took place in Dublin, and in which a "General Practitioner" was not the only actor.

On what do you found the so-called "facts" given by you in your comments on the case Bourn v. Cox? Your statement of facts is an almost verbatim copy of the opening address of Mrs. Bourn's counsel, which contains statements which were on the trial totally disproved. The fact that a bill of £2 3s. 6d., or any bill at all, was delivered to Bourn, was entirely rebutted. It was not a fact that the ship was to sail on the Tuesday following the arrest on the Saturday, but was to have sailed that very day. It is not a fact that the judge remarked that a gross fraud had been committed. I have already answered the charges against me in the *Provincial Medical and Surgical Journal*, and also before the Bath and Bristol Branch of the Provincial Medical and Surgical Association. I am quite sure, if you knew the means now, and for some time past, in operation here to damage one who has always endeavoured to conduct himself honourably and respectfully as a member of an honourable profession, you would not lend your columns to such a purpose. The whole subject is now under consideration by the District Council of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, and I do not fear being able to show that I have acted neither dishonourably nor unprofessionally.

#### VULGARIZATION OF "EM DEE."

THE following, which elicited certain objurgations, published in our Number of the 3rd of November, was accidentally omitted. We now insert it by way of explanation:—

I am a physician, well stricken in years, and cannot fail, as must every careful observer, to notice the gradual declension of the medical profession in social estimation and position. Reflecting on what can be the cause of this, I have come to the conclusion that the most potent is the vulgarization of the title of M.D. When I commenced practice, the physician was always regarded as a gentleman, and met with the consideration due to a gentleman in society, and the degree of M.D. was then respected as indicative of the man of polite education, as well as of superior professional attainments. He was, in fact, the connecting link between the profession and the aristocracy, of birth and talent, and it was due to the status of the pure physician that the profession of physic was ever regarded as a polite calling rather than a trade. Now how changed is the state of things! So far from now representing the man of university education and prolonged professional study, it is assumed by every fresh emancipated from the rolling of pills and mixing of potions, and is paraded by men who draw teeth for a shilling, and "vaccinate gratis." Can it be a matter of surprise that when Dr. A is seen tugging at an obstinate upper molar, and even eclipses his opposite neighbour the chemist in the blue and red glories of his shop window, that the title should sink in public estimation. How deplorably it has been lowered by such doings, can only be appreciated by those who, like myself, have passed the meridian of life. Why, my grocer, who stands hat in hand in my hall for orders, had two of these bastard M.D.'s at a tea-party last night. There seems to be a morbid desire among general practitioners just now to dub themselves M.D. A highly respectable gentleman of this class in my town has not long since thus added to his title. If he hopes to add to his position by so doing, how will he be mistaken! Still acting as an apothecary and union doctor, however, his brass plate of "Dr. —, Surgeon-Apothecary," may astonish the clodpoles from his parishes, it will give him no importance in the eyes of the more intelligent. By thus decorating himself, the practitioner in pharmacy may degrade the status of the true physician, but he will not raise his own.—*Letter in Lancet.*

#### UNIVERSITY OF ST. ANDREW'S.

LIST of gentlemen who had the Degree of Doctor of Medicine conferred upon them, October 22, 1852:—Thomas Allen, M.R.C.S. and L.A.C., London; S. Blackmore, M.R.C.S. and L.A.C., London; Leonard Buckell, M.R.C.S. and L.A.C., Chichester; Gustavus Matthews Burton, M.R.C.S., Lancashire; John Cautley, M.R.C.S. and L.A.C., Yorkshire; Maurice Davis, M.R.C.S. and L.A.C., King's College, London; Joseph Meldon Dempsey, L.A.C., London; James W. Duffy, M.R.C.S., Chili, South America; Charles Anthony Floyer, M.R.C.S. and L.A.C., Camberwell, Surrey; George Fayer, M.R.C.S. and L.A.C., Essex; Robert Anstruther Goodair, Fifehire; Richard Hassall, M.R.C.S. and L.A.C., Extra-Licentiate of the College of Physicians, Surrey; A. Newstead Holmes, M.R.C.S. and L.A.C., Yorkshire; Fred. Lewins, M.R.C.S. Ed., Bervie, Kincardineshire; Frederick John Lowes, M.R.C.S. and L.A.C., Gosport; Francis Notridge Macnamara, M.R.C.S., King's College, London; Albert Massey, M.R.C.S. and L.A.C., Camberwell, Surrey; Wm. O'Connor, M.R.C.S. and L.A.C., London; Patrick Panton, M.R.C.S. and Extra-Licentiate of the College of Physicians, Turriff, N.B.; John Dugale F. Parsons, M.R.C.S. and L.A.C., Gloucestershire; J. Henry Shorthouse, M.R.C.S. and L.A.C., Surrey; Charles Taylor, M.R.C.S. and L.A.C., Damberwell, Surrey; Charles Jean Tourrelle, M.R.C.S., Mauritius; John Turnbull, M.R.C.S., East Lothian; Henry Watts, L.A.C., Staffordshire; Wm. Wightman, M.R.C.S. and L.A.C., Yorkshire; Simon Armstrong Willis, Licentiate of the Faculty of Physicians and Surgeons, Glasgow, Fermanagh, Ireland.

Mr. Joseph Ewart of Guy's Hospital, passed the requisite examinations, but in consequence of an informality in his certificates, his degree was temporarily deferred.

JAMES McBEAN, A.M., Secretary.



## CORRESPONDENCE.

## MEDICAL CHARITIES ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—On looking over your very useful Students' Number for this year, I find you have omitted the Regulations of the Poor-law Board. You are aware, on the appointment of our learned Commissioner, he "made a rule" that he would not sanction the appointment of a medical officer to any of the lucrative posts under his command unless he was possessed of a surgical diploma from one of the usual licensing bodies in the united kingdom. I will feel much obliged if you will inform me, whether the Commissioners, when they depart from this rule, and confirm the appointment of a man not a surgeon, confer on him ("by the power in them vested") a surgical diploma; or if they merely break through their own rule with their "*sic volo sic jubeo*."

When you have kindly answered this query, and informed me of the manner in which the Poor-law Board manufactures a surgeon, I will, in return, explain to you the manner in which they dismiss a surgeon in possession, and under circumstances that will, I think, startle "One of the late County Secretaries" and the principal agitators who stipulated (as represented in his letter) for the preservation of *existing rights*, will produce a feeling of *insecurity* among all, particularly among those holding the double appointment of a poorhouse and dispensary; and will, I promise you, in its tyranny, treachery, and corruption, throw completely into the shade the grievances inflicted by permission of the act; aye, and the outrages perpetrated in *defiance* of the act, as described to you in my former letters.—Yours truly,

Nov. 11, 1852.

A FELLOW OF THE COLLEGE.

We know not what the case may be to which our correspondent alludes; but this we know, that the dabbling of public departments in the troubled waters of medical affairs is a most dangerous experiment. For the Crown or Parliament to erect institutions for the licensing of Physicians and Surgeons, and then to find these institutions over-ridden by Poor-law Boards and Army Medical Boards is astounding. Yet such is the present state of affairs.

## PRIZE ESSAY ON CHINA.

Two premiums of £50 each, for essays on China and the Eastern Archipelago, in connexion with the objects of the great Exhibition, offered by Mr. W. P. Hammond of London. The following gentlemen will act as judges of the merits of the essays:—The Right Honourable the Earl of Shaftesbury, P.C.; Thomas Baring, Esq., M.P., London; William Brown, Esq., M.P., Liverpool; James Pilkington, Esq., M.P., Blackburn; Thomas Bazley, Esq., Manchester.

£50 for the best essay on China, embracing the following points:—The capabilities of that empire to consume the manufactures of Britain, and existing impediments thereto; the effect of the present British tea duties on its consumption, and on the China trade generally, and the probable influence thereon of a reduction of duty; the opium trade, and its effect upon the commerce and morals of China and India; general remarks on the empire of Japan, and prospects of trade therewith; suggestions as to the most efficient mode of extending Christianity in China.

£50 for the best essay on the Eastern Archipelago, including the Philippines and the Gulf of Siam, embracing the following points:—Piracy, its extent and effect on the price of Straits produce and the consumption of British manufactures; the best means of suppression or prevention; the commercial capabilities of the countries alluded to, and existing impediments to their expansion; Christianity, the best means of its extension therein.

The object of Mr. Hammond in offering these premiums is

to promote the interests of religion and commerce in the China seas and Eastern Archipelago, in connexion with the design of the great Exhibition; he proposes that the rewards should be given in cash, or in gold medals of equal value, at the option of the successful competitors. Three or more competent and disinterested judges are to be appointed to decide upon the merits of the essays, and the last day of October, 1852, is fixed upon as the limit within which manuscripts must be sent in. [At the request of several parties, and to give an opportunity for the transmission of information relative to the empire of Japan which may be obtained by the expedition recently despatched by the American government, this limit is now extended to the last day of April, 1853.]

It is further proposed that a selection of the manuscripts be made, and the copyright of them to be disposed of, and published with the name of each essayist attached, and the net proceeds rateably allotted to the writers, or, with their consent, disposed of as may be considered by the judges most likely to promote the objects treated on; and it is particularly requested that such consent to the publication, and option as to the disposal of the proceeds, be forwarded by each party; but in the absence thereof, assent will be understood and acted upon.

In forwarding each manuscript, it would be preferred that a sealed envelope accompany it, containing the name of the contributor, and superscribed with a motto—the same motto being placed at the head of the essay. The envelope will then not be opened, and consequently the names of the successful parties not be known until after the awards by the judges. This course will not be necessary in the case of short manuscripts contributed for information, and not intended for competition.

In selecting from the contributions those manuscripts which it is proposed to publish, it is intended to include all those containing valuable information, though not sufficiently complete or copious to entitle them to a prospect of the premiums; hence, any member of the mercantile community, willing to convey his practical opinions, and the result of his experience, in connexion with the subjects to be discussed, will be offered a convenient opportunity of laying before the public such details. The contribution, also, on the part of persons in official positions, of statistical tables, and other similar information they may be in a position to afford, will materially aid in rendering the proposed volumes more complete.

In selecting the gentlemen named as judges, to whose kind and most valuable co-operation the success of the proposal will be mainly due, it has been thought desirable not to include parties directly engaged in the commerce of the China seas, with the view of ensuring the fullest confidence in the strict impartiality of the awards, and the avoidance of any possible bias in considering the merits of any question discussed, upon which difference of opinion may exist; the main object being to collect a body of evidence bearing on the present state of religion and commerce in the important countries encircling the China seas, furnished chiefly by parties possessing practical experience on the subject—difference of opinion, of course, in a sound direction, being freely permitted; and the *pro* and *con* of each question being thus fairly brought together.

It is scarcely necessary to add, that the high standing of the gentlemen acting as judges affords the best possible guarantee to essayists. The essays to be restricted to no particular length or character, and the awards to be based on general merit. The second and third, each, to receive a silver medal. All letters and manuscripts must be post-paid, or where pre-payment cannot be effected, a reference for payment of the postage in London will be required. The serious addition which would otherwise be made by foreign postages to the sum offered as premiums, renders obvious, it is hoped, the necessity of this arrangement. In the possible event of none of the essays being deemed by the judges to possess sufficient merit, they reserve to themselves the right to postpone the awards.

The importance of the subjects embraced will be apparent from the following facts:—The population of the countries alluded to may be estimated at more than four hundred millions; any suggestions, therefore, which may tend to promote Christianity and extend civilization and commerce amongst nations now immersed in barbarism and idolatry, and numbering nearly one-half of the whole human family, cannot but be valuable. The important subject of the tea duties, and their effect on Anglo-Chinese commerce, may be



expected to elicit numerous useful facts and suggestions. The opium trade, especially in connexion with the expiration of the East India Company's Charter in 1854, and its effect on the trade, currency, and morals of China. The collection of information on the sealed empire of Japan, and the causes of the singular fact that British relations therein were more developed two hundred years ago than at present. The serious subject of piracy in the China seas, and also in the Eastern Archipelago. The inland restrictions placed on the transit and distribution of British manufactures in China, and other impediments to the development of trade, and the employment of shipping in the China seas. Observations on the present state of British commerce in Java and the Philippines, and suggestions for the removal of any existing restrictions thereon. The state of Christian missions in China and the Eastern Archipelago, and the probability of practical suggestions for their improvement and extension.

These are questions equally interesting to the merchant, the philanthropist, and the Christian in all parts of the globe; and it is hoped that all persons possessing the required opportunity and information will contribute an essay, which may be sent either direct to Messrs. W. P. Hammond and Co., London, or, if preferred, to the care of either of the judges.

### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 7th,	58	47	29.522	.060
Monday,	8th,	61.5	54	29.900	.004
Tuesday,	9th,	61.5	49	30.160	.150
Wednesday,	10th,	58	46	30.000	.060
Thursday,	11th,	55	45	29.450	.900
Friday,	12th,	46	44	29.550	.270
Saturday,	13th,	46	42	29.400	.450

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Nov. 7th,	58	39	29.247	56.7	54	51.8	.230	SW
8th,	60	52	29.570	58.9	58.1	57.5	.035	SW
9th,	60.5	48	29.912	55.1	55	54.9	.247	Calm
10th,	57	46	29.760	53.4	52.8	52.3	.018	NNE
11th,	50	43	29.187	46	45.6	45.2	1.320	ENE
12th,	47	35	28.247	45.2	43.9	42.4	.052	ESE
13th,	46.5	41	29.136	43.7	43.1	42.4	.200	SE

M. W. HANLON, M.B.

### SURGICAL SOCIETY OF IRELAND.

The First Meeting of the Society for the Session 1852-3 will be held on Saturday Evening, the 20th inst., at the Royal College of Surgeons, at Half-past Eight o'clock p.m.

The President of the College in the chair.

CHARLES BENSON, } Secretaries.  
O'B. BELLINGHAM, }

### MEDICAL ESTABLISHMENT.

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### BARON LIEBIG ON PALE ALES.

If I wished to associate with any individual brewery my remarks on the alleged adulteration of bitter beer with strychnine, it would have been only natural to have mentioned another brewery, in which alone, and not in Mr. Allsopp's, I was engaged in investigating the Burton mode of brewing, and it was also in that brewery, and not in Mr. Allsopp's, that the Bavarian brewers acquired all the instructions they obtained—at Burton. The admiration I expressed of this beverage, in my letter to Mr. Allsopp, is advertised in such a manner as to lead to the inference that my praise was exclusively confined to Mr. Allsopp's beer; this was not the case; my remarks referred to that CLASS of beer.

JUSTUS LIEBIG.

Giessen, July 24, 1852.

N.B. The Baron's original letter is in the hands of Mr. Miller, at the Jerusalem Coffee-house, Cornhill, where it may be seen by any one taking an interest in the matter.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Cozeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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It is put up in bottles (free) of three ounces and six ounces each, capsuled, with the name of the Proprietor, and labelled with the name of the Inventor. The peculiar mode of preparing the unbleached and white sulphates is being made the subject of a patent, and will shortly be made public.

Both articles to be had of the leading Druggists in London and the united kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, Jun., Proprietor,

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October 23, 1852.

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## SCHOOL OF SURGERY.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION 1852-53.

The Dissecting-rooms opened on the 1st of October, and the Lectures commenced on the 25th.

Anatomy and Physiology—Dr. Jacob.  
 Descriptive Anatomy—Dr. Hart and Dr. Power.  
 Surgery—Mr. Porter and Mr. Hargrave.  
 Practice of Medicine—Dr. Benson.  
 Chemistry—Dr. Barker.  
 Midwifery—Dr. Beatty.  
 Comparative Anatomy—Dr. Jacob.  
 Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. T. D. Hargrave, Mr. Malcomson, and Mr. J. Morgan.

## SUMMER SESSION.

Materia Medica—Mr. Williams.  
 Medical Jurisprudence—Dr. Geoghegan.  
 Botany—Dr. A. Mitchell.  
 Practical Chemistry—Dr. Barker.

The fee for each of the above Courses is two guineas, except Comparative Anatomy, which is free.

A public course of lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session, and additional lectures on the same subject at intervals during the winter.

Practical instruction in Operative Surgery is given by the Professors of Surgery, separate from the surgical lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissections during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the school of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as a qualification for Letters Testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England.

## Hours of Lecture :

Descriptive Anatomy—Twelve o'clock every day.  
 Chemistry—One o'clock, Mondays, Wednesdays, and Fridays.

Anatomy and Physiology—Two o'clock every day, except Monday.

Surgery—Three o'clock, Tuesdays, Thursdays, and Saturdays.

Practice of Medicine—Three o'clock, Mondays, Wednesdays, and Fridays.

Midwifery—Four o'clock, Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Professor of Botany will commence a course of lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

## DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

## CITY OF DUBLIN HOSPITAL,

Upper Baggot-street.

The Winter Session commenced on Monday, October 25.

The arrangements of this hospital are such as to afford the student an opportunity of studying disease in all its forms—Medical and Surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every pupil of becoming practically acquainted with the uses of the Stethoscope. Clinical Lectures are delivered after the hospital visit.

Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of Eye Cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's course of Lectures upon Military Surgery is also open to the pupils of the hospital. This course is recognized as equivalent to six months' surgery in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service.

A Lending Library of well-chosen books has been provided for the use of the pupils; and a correct Registry of the cases in hospital is kept by the House-Surgeon, to which they have free access.

Certificates of attendance on this hospital are recognized by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards.

Fee for Winter six months	...	...	Six guineas.
" Summer six months	...	...	Four guineas.
" Nine months	...	...	Eight guineas.

## Medical Attendants.

- A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 23, Ely-place.  
 T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merriion-square, North.  
 C. Benson, M.D., Fellow and Professor of the Practice of Medicine, Royal College of Surgeons, 34, York-street.  
 W. Hargrave, M.D., Fellow and Professor of Surgery, Royal College of Surgeons, 37, York-street.  
 R. C. Williams, M.D., Fellow and Professor of Materia Medica, Royal College of Surgeons, 14, Lower Fitzwilliam-street.  
 T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street.  
 J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street.

## Consulting Physicians.

Sir Henry Marsh, Bart., and Professor Apjohn.

## Consulting Surgeons.

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, York-street.

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Wednesday, November 17, 1852.



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"SALUS POPULI SUPREMA LEX."

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DUBLIN: WEDNESDAY, NOVEMBER 24, 1852.

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STAMPED.

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By J. KIRBY, LL.D.,

Ex-Professor of the Practice of Physic in the Royal College of Surgeons, &c. &c.

#### CASE OF FETID ABSCESS OF THE LUNG—TREATMENT— PERFECT RECOVERY.

Mr. K., who was under my care for secondary syphilis about four years ago, for which he underwent a mercurial course with strict confinement, and a prolonged salivation, was afterwards affected by lepra, of which he was cured by continued use of the pilulæ picis liquidæ, was attacked about the 10th of September with a violent cough, accompanied by expectoration of extremely fetid matter mixed with blood, which might have taken place in consequence of an emetic taken in bed the day before.

Dr. Neilson, to whom I am indebted for the particulars of this interesting case, observes, that the mucus was very similar to that discharged in bronchitis, and that it came evidently from the base of the right lung. For some days previously, he complained of pain in the region of the pit of the stomach, and he seemed to suffer from much hepatic derangement, for which blue pill and rhubarb pill were administered.

Some time before this he felt considerable difficulty in swallowing; and the obstruction, according to his description, seemed to be close to the cardiac orifice of the stomach. Being in Dublin some weeks before the present attack, he intended to consult me about this difficulty of deglutition; but as the inconvenience disappeared, he considered it to be unnecessary to do so.

After his late attack, he had a very severe cough, occurring in paroxysms, which caused him to gasp for breath. This he remarked to be most distressing whenever any fetid matter was about to be discharged. This has latterly diminished in quantity and foul odour, and the expectoration now consists generally of a thick, yellowish mucus, which is occasionally mixed with some purulent matter.

He never has had a rigor, but he says he has a slight perspiration. The pulse ranges between 68 and 84, and never has been higher; it is generally soft, though sometimes it is a little sharp, yet not in that degree that it would require any sanguineous depletion. The appetite is rather poor. He has suffered much sickness of stomach, especially on leaving his bed. He has occasional thirst. He feels weak, and sometimes complains of a sense of internal heat. He can lie on either side, and drawing a full inspiration does not excite coughing at first. His urine was high coloured, but it has now a natural appearance. In consequence of great sickness of stomach, he took an emetic of ipecacuanha the day before by advice of Dr. Fawcett.

At the commencement he was treated chiefly by expectorants, as mixture of myrrh, decoction of hyosciamus, with aromatic sulphuric acid. Two drops of prussic acid were also ordered, three times daily, in almond emulsion. Small doses of hippo seemed to be indicated, but they were given up in consequence of inducing sickness of the stomach. Cod-liver oil appeared to agree very well with him at first, but he loathed it after a time, and could not be prevailed on to return to its use. The diet consisted principally of jelly, revalenta arabica, barley, and other farinaceous substances, with milk.

For some days the acetic acid and turpentine liniment was applied night and morning over the whole of the chest, and afterwards a large blister, from near the spine, along the edge of the ribs, was directed, and it was subsequently continued over the pit of the stomach, care being taken to keep up a discharge for several days. This was undoubtedly of much benefit, and he seems altogether much better.

Dr. Neilson was disposed at first to think that the matter from the abscess got into the stomach by the œsophagus, but this opinion he soon ceased to entertain. The alvine discharges have been healthy throughout.

Such were the circumstances in which I was introduced to Mr. K., whom I found in bed, and tolerably cheerful.

He had a pretty good night, and ate his usual breakfast with appetite, and while we conversed, he lay on his back, with his shoulders raised on a second pillow, and his breath-



ing did not appear to be oppressed. He had a sharp guttural cough, by which he sometimes brought up mucus, brown and florid blood, and purulent matter. His voice was a little hoarse, but it was very strong, and in no other respect impaired. He sometimes coughed in his throat, as if he wanted to throw forward an elongated uvula, and this sound often preceded the bloody expectoration, which was not by any means constant in frequency, in character, or in fœtor. In his sleep he turned equally on both sides, but he thought the cough was somewhat induced when he turned to the left one. His chest, which was well developed, was perfectly free from uneasiness, except at the right hypochondrium and a corresponding part behind, for about the space of a half hand's width. This was the situation in which he first felt anything unusual, and now the sensation is rather that of uneasiness and restraint than of positive pain. He is somewhat emaciated by confinement to bed and medical discipline, and this alteration is most perceptible in his lower limbs. His pulse is as usual. He has no thirst.

The sounds of his chest are normal, except in the precise situation in which he felt any distress, and in which he believes the abscess to be placed. In these parts, and in these parts only, both before and behind, the stethoscope discovers the cavity of an abscess, with its adherent walls around it, in which there is no respiratory murmur clearly pervading the lung above the angle of the scapula, and above the sixth rib over the front part.

From the nature of the disease, its increase in spite of the remedies used, and his emaciation and weakness whenever he moved to an erect position, his friends were in much alarm as to the issue of such a malady. Nor was my opinion by any means calculated to appease their serious apprehensions. I told them it was an abscess in front of the right lung, leading directly backwards, and that foul fetid matter issued from its cavity; that the danger attending its first opening was now over, and that the suffocation, which might have taken place at the moment of its bursting, no longer threatened, as there was no evidence of any new purulent formation. I informed them that now the danger was, that the disease might expose a large vessel, and cause a copious hæmorrhage, which might be fatal in a moment, and the more remote danger of consumption; however, that as he had youth on his side, and an apparently good constitution, we should hope for the best; that we must be satisfied to wait for his amendment, and to let it spread over a length of time; that from day to day there would be but little improvement, yet that in a fortnight I did hope that matters would wear a much more favourable aspect than they bore at present.

It appeared to both Dr. Neilson and to me, that the first indication was the abatement of the cough, and accordingly Battley's sedative opium, was persisted in such doses as might have that effect. We also had in view digitalis, hyoscinus, bleeding, if required, but sparingly. The second indication was to restrain the hæmorrhage, and this we aimed at by prescribing cerussa acetata in two-grain doses every second or third hour, as also gallic acid in doses of ten drops thrice a day. The third indication was to order his diet, so as to maintain his strength, without increasing any internal inflammation which might be going on, and we ordered farinaceous and leguminous articles of nourishment. The fourth indication was to pay a gentle attention to his bowels, which we did by administering pil. hyd. and rhei at night occasionally, and aiding them by a morning injection, if necessary.

As I remained in the house two days, I saw my patient very often, but nothing occurred worthy of being remarked. However, the day after, a serious change occurred, which induced Dr. Neilson to despatch a messenger after me to Boyle, in the hope of overtaking me, but I had left an hour.

On the next day I received the following letter from Dr. Neilson:—"On Sunday morning, Mr. K. was attacked with hæmoptoe to the extent of about six ounces of blood, which was at first florid and fluid, but afterwards it was coagulated. It appeared as if lodged in the bronchial ves-

sel, or in the cavity of the abscess. I instantly gave him a gallic acid draught, and twenty drops of turpentine. I dry cupped him, and moved his bowels with an enema. He could scarcely breathe from an acute pain in his right breast, and his pulse was sharp and above 100 in a minute. He was cupped at first to six ounces, and in two hours three ounces more were taken. He was relieved. Astringents were continued during the day. No blood appears now in the sputa. He breathes easily. Expectoration is free. The only medicine taken to-day is three grains of ext. hyoscinami. It will not be prudent to give any stimulant for a few days. I gave him twenty drops of tincture of digitalis last evening, his pulse having increased in fullness and frequency. The opiate was withheld, as it seemed to tighten the chest. C. NEILSON."

On the 20th of October, Dr. Neilson informs me "that Mr. K. is considerably improved, and that as there is some excitement remaining, he will still persevere in farinaceous diet. He administered eight drops of liquor. opii sedativus at night, and an enema which, with blue pill and rhubarb, brought away solid feculent matter. He sat up for two hours the last two days, but he was very weak. He takes daily a pint of milk and flummery, revalenta, bread and tea, and ass's milk. We confine him to the plain gallic acid, his opiate, and aperient pills, &c."

On the 23rd, the Doctor informs me "that he allowed Mr. K. an egg for breakfast for two days, finding that there was an improvement, the expectoration being free, having less purulent appearance and no fœtor. He took the gallic acid mixture with quinine, which made him sick, with a tightness across the chest. It was accordingly laid aside, and the lead mixture was substituted. There was slight hæmoptysis, which made me repeat the gallic acid and lead very often, and with good effect. He feels faintish when he sits up or has an enema administered to him. He has taken ten drops of Battley's sedative for the last two nights, and I purpose increasing the dose this evening. He thinks it answers well. He feels to-day better than he has felt since the commencement of the attack."

On the 25th, "the bloody sputa continued, though he persevered in the use of the acetate of lead to twenty grains, and at length he lost about ten ounces of blood, when he got a gallic acid draught, twenty drops of turpentine, and an ounce of infusion of digitalis soon after. His pulse was 100. It was agreed by Drs. Fawcett and Neilson to give the gallic acid draught every third hour, and to attend to the bowels, which, continuing the usual pills, required the assistance of pil. colocynth comp. and ext. hyoscinami, which produced dark motions, resembling swallowed blood. He expresses himself as much easier. I have been just requested to place these matters before Sir Henry Marsh and Dr. Stokes if agreeable to you."

Now, I am one of those persons who adopt a line of conduct from mature deliberation, and thus nothing can change my mind. Here I saw there was nothing which would prevent the hæmorrhage occurring, and therefore I was content to await the effect of the remedies now in use before we had recourse to any other, and I therefore readily availed myself of the advice I was directed to procure, and I accordingly submitted Dr. Neilson's statement to both these gentlemen.

Sir Henry Marsh advised salicine and ext. anthemidis in pills of one grain three times a day; and Dr. Stokes recommended a perseverance in the remedies which were being employed.

On the 28th of October, the hæmorrhage slightly returned, and there was retention of urine, which required the catheter. There was great weakness on moving to the erect position.

The 30th of October there was some return of the hæmorrhage, but otherwise the expectoration has been clearer for some days, and this morning it is nearly white. His strength improves. His pulse is from 84 to 90, so he has lost no ground for some days, and his cough is less troublesome, being controlled by Battley's sedative every night. He rejoices he has your permission to have an egg, and he



will try the beef-tea as you recommend. There are in the day about seven ounces of expectorated matter, which had a bronchitic character.

Dr. N. informs me that there was no appearance of blood for the last three days; that the expectoration was free; and that there was but little fœtor. His strength is decidedly increased. His bowels are opened by enema every second day. He perseveres in his farinaceous diet, with the addition of an egg. His medicines are taken pretty regularly. To the Doctor's wish respecting the increase of the salicine, I do not accede, as it may be too stimulant, and it is better to make no change at present. I am satisfied that matters are going on reasonably well.

November 12th: Mr. K. has been going on favourable. The expectoration is free, and much lighter in colour. His strength is much improved, though he has not been out of bed. His cheeks and temples begin to fill. He feels the air to pass more freely through the right lung, and his cough is less troublesome; tongue soft and clean; pulse as usual; urine natural; he sleeps well, and generally on the left side, and breathes most easily; his appetite is better; he lives on his egg, three pints ass's milk, revalenta, and stirabout; he takes his blue pill and rhubarb; he now takes an increased quantity of salicine and Battley's sedative at night, with twenty drops of nitro-muriatic acid in the day. No fœtor since I last wrote.

23rd: Mr. K. improves, but still does not leave his bed. A day or two since he had a pain in the old situation on coughing on making a full inspiration; but it does not appear to be of much moment. He withdrew the salicine for two days at the suggestion of Dr. Fawcett, although he believed it to have been of use, and I strongly advised a return to it.

It appears from his letter of the 23rd, that "there is a great improvement in every way; but that in consequence of the severity of the weather, he has not as yet left his bed. He has returned to the salicine, and his treatment in point of medicine is as before." He adds, "I have examined the chest, and I think the right lung is now permeable to air, although pectoriloquism is still present."

December 7th: Mr. K. had a slight return of hæmorrhage to day, and a fetid discharge from the abscess; he takes Battley's sedative at night and the salicine and gallic acid, which he reports has done good.

14th: Mr. K. goes on well; he walks about the room, and goes from one room to another; no change whatever has been made in treatment. Dr. Fawcett is anxious to give up the salicine and Battley's sedative, the latter for some other anodyne, but I cannot see the propriety of throwing aside remedies which are beneficial, on the chance of others doing as well. Again, he says, the salicine has been of use.

On the 2nd of January, Mr. K. is reported to be significantly improved, and to have been about for several days; the cough and expectoration are much diminished; bowels regular, and the pulse 70.

15th: Mr. K. is getting quite fat; he coughs very little in the day time, but he feels some uneasiness in the side occasionally.

I now heard nothing more of Mr. K. In about six weeks he came to Dublin with his physician, and Sir Henry Marsh and Dr. Stokes met in consultation. He had wholly recovered his flesh and good looks, though on a very abstemious diet and the avoidance of wine and every stimulant. All his functions are regularly performed, so that a very little medicine was necessary. He had still severe cough, and periodically a little appearance of blood in the expectorated sputa, which he thought to come from beneath the third or fourth rib. He still referred to the original seat of the attack, and said there was a sense of restraint in that part; however, the stethoscope did not indicate anything there beyond a slight dulness and a little resonance of the impermeable state of that part of the lung. We did not advise any new medicine. We desired him to observe his usual manner of living; and above all things, his abstinence from wine and stimulants, except a pint of beer, for which he begged most earnestly, to clothe himself care-

fully, to avoid night air, and as yet not to take exercise on horseback.

Since then Mr. K. has often been in town, and always called to see me, or "rather to show himself to me." He still has a mere slight periodic return of the sanguineous discharge, and on one occasion he was so alarmed as to send for me at night; but before I arrived, it had nearly ceased. However, he took his lead draught and gallic acid, and remained quiet for two days, when it wholly disappeared. I examined the internal fauces, and I am quite persuaded that the hæmorrhage came from an elongated uvula, which I recommended him to have removed; but this he declined to do.

This is the history of an important case, and it therefore deserves a few observations, which I am the more disposed to give, in consequence of the infrequency of the disease, which is here called a Fœtid Abscess of the Lung, not a sloughing abscess, as from such fœtor is never absent. How far his new disease is to be attributed to his old syphilitic affection, it is not easy to decide, but it is evident it was got rid of without recourse being had to any mercurial remedy. Indeed the question was once entertained by the medical persons who attended him, but both very properly yielded their judgment to Sir B. Brodie and to me who treated Mr. K.

It is to be remarked, that some time before this severe attack, he had a difficulty of swallowing, and the obstruction seemed to be near the cardiac orifice of the stomach, but this disappeared, and is not to be explained on any pathological principles, although it might be on those which are functional.

He is now (September 20th) attacked with the symptoms detailed in the history of the case, and he was managed as is there laid down.

At my first interview a plan of treatment was laid down in accordance with the indications which then suggested themselves to me, and which, by Dr. Neilson's good sense and perseverance, were steadily, and as far as possible, carried through. With the exception of Sir H. Marsh's prescription of salicine and ext. anthemidis, there was no material interruption to opiates, laurel water, digitalis, tincture of hyosciamus, to allay the cough and diminish the irritability of the pulmonary system. Acetate of lead, so justly, I say (from the fullest experience of now half a century) extolled by Sir G. Blane, Heberden, and Chapman in his "Therapeutics," was foremost in my commendation. It was given in pill, in draught with vinegar, and in combination with sulphate of quinine, to allay the hæmorrhage from the lungs. Gallic acid was a second most powerful agent, and was confidently employed with the same view.

By the use of these three medicines, Mr. K.'s case ran to a favourable issue, not meaning by any means to detract from the first treatment to which he was submitted.

This case exhibits with clearness the dangerous mischief of heaping a variety of remedies on any patient at short intervals, and well declares the advantage of reliance on a few which are first well chosen.

It is now two years from the period of attack, and Mr. K. continues to enjoy excellent health. He is still very apprehensive of a return of his disease.

(To be continued.)

**SYPHILIZATION IN FRANCE.**—A very animated discussion has lately taken place before the Academy of Medicine of Paris, touching a method of a M. Auzias Turenne, who proposes to use the syphilitic virus like cow-pox matter, and to inoculate it until the individual becomes proof against the disease. The same author likewise advocates, and has practised, the inoculation of the pus taken from chancres for the cure of primary and syphilitic affections. The Academy has reprobated the practice almost unanimously; the two members of the learned body who gave their support to this insane proposal, are Messrs. Malgaigne and Depaul.



## PROCEEDINGS OF SOCIETIES.

WESTERN MEDICAL AND SURGICAL SOCIETY  
OF LONDON.

MR. CHATTERLEY read a paper

## ON THE THERAPEUTICAL EFFECTS OF GOLD.

The author commenced by saying his attention had been drawn to this subject during the treatment of a very obstinate case of scrofula, in which large, indolent, and spreading ulcers existed over the joints of the big toe of the right foot. From this patient he had previously removed the little finger of the left hand on account of ulceration of the cartilages of one of the joints. Previous to the operation, and during the healing of the wound, the iodide of iron had been given almost continuously; and in spite of this, combined with other treatment, the ulcers on the toe continued to increase. By the advice of a medical friend, Mr. Chatterley was induced to try the effects of gold, from which his patient derived such marked benefit, that he was led to investigate the subject further. Gold appears to have been in use among many practitioners in France, Italy, Germany, and Poland, for the last fifty years, and has been reported upon most favourably by them, and amongst others, by Magendie, Dumeril, and Roux, to the Academy of Sciences of Paris. Four preparations appear to be in ordinary use—1st, the perchloride of gold and sodium; 2nd, the oxide of gold (precipitated by potass or magnesia); 3rd, the stanate of gold; 4th, the metal in a state of fine powder. The first is the most powerful, and is used in doses of one-thirtieth to one-third of a grain, mixed with some inert powder, in the proportion of three parts to nine. It is directed to be rubbed on the tongue for a period of from one to five minutes. An increased flow of saliva is the consequence of this friction. It may be given internally, but in very minute doses, as it is apt to excite inflammation of the stomach, and is also very liable to decomposition. The powder has been administered by cutaneous absorption, when the state of the tongue and mouth has prevented the use of the ordinary frictions. The author then proceeded to describe its action upon the system, stating it to be principally stimulant, affecting the stomach primarily, the kidneys, and the bowels. The flow of urine is usually most abundant. The cases which appear most suited for its use are scrofula, syphilis, and syphilitic eruptions, and perhaps cancer.

Dr. ALDIS presented a specimen of perforating ulcer of the stomach, removed from a female of forty years. The characteristics of the ulcer were well marked. Death occurred within thirty-six hours of the attack.—*Lancet*.

CASE OF HERMAPHRODISM—CASTRATION—A  
NEW PRINCIPLE IN JURIDICAL MEDICINE.

By S. D. GROSS, M.D.,

Professor of Surgery in the Medical Department of the  
University of Louisville.

THE following case, which came under my observation in 1849, will, if I mistake not, prove both novel and interesting to my professional brethren. So far as my information extends, there is no account of any operation for a similar object upon record.

The subject of the case, at the time I first saw her, was three years of age, having been born on the 10th of July, 1846. She had always, up to this period, been regarded as a girl, and had been so pronounced at her birth by the accoucheur. At the age of two, however, she began to evince the tastes, disposition, and feelings of the other sex; she rejected dolls and similar articles of amusement, and became fond of boyish sports. She was well-grown, perfectly healthy, and quite fleshy. Her hair was dark and long, the eyes black, and the whole expression most agreeable. A careful examination of the external genitals disclosed the following circumstances:—There was neither a penis nor a vagina; but, instead of the former, there was a small clitoris, and, instead of the latter, a superficial depression, or *cul-de-sac*, covered with mucous membrane,

and devoid of everything like an aperture or inlet. The urethra occupied the usual situation, and appeared to be entirely natural; the nymphæ were remarkably diminutive; but the labia were well developed, and contained each a well-formed testis, quite as large and consistent as this organ generally is at the same age in boys. Her hips and chest, thighs and superior extremities, were perfect.

It being apparent, from the facts of the case, that it was one of malformation of the genital organs usually denominated hermaphroditism, the question occurred whether anything could or ought to be done to deprive the poor child of that portion of the genital apparatus which, if permitted to remain until the age of puberty, would be followed by sexual desire, and which might thus conduce to the establishment of a matrimonial connection. Such an alliance, it was evident, could eventuate only in chagrin and disappointment, if not in disgrace, ruin of character, or even loss of life. Certainly, impregnation could never occur, and even copulation could not be performed, except in the most imperfect manner.

I need not say that I gave the subject all the consideration and reflection that I was capable of bestowing upon it. I was deeply sensible of the responsibility of my position. A new question, involving the rights and happiness of my little patient, and the dearest interests of her parents, was presented to me. I examined the case in all its bearings and relations—moral, physiological, and juridical; I appealed to the records of my profession for precedent, and I sought the counsel of medical friends. The parents were anxious for an operation; they were intelligent, kind, and tender-hearted, and were willing to sacrifice everything for the welfare of their child. Their only object was to save it from future suffering and misfortune. My own mind was made up; but, before I proceeded to take any further steps, I determined to consult my excellent friend and colleague, Professor Miller, in whose judgment and integrity every one who knows him has the utmost confidence. He saw the child and examined her. He viewed the case, as I had previously, in every possible aspect, and his conclusion was, that excision of the testes was not only justifiable, but eminently proper under the circumstances; that it would be an act of kindness and humanity to the poor child, standing as she did towards society in the relation, not of a boy or a girl, but of a neuter, to deprive her of an appendage of so useless a nature; one which might, if allowed to proceed in its development, ultimately lead to the ruin of her character and peace of mind.

Backed by such authority, I no longer hesitated what course to pursue. I performed the operation of castration on the 20th of July, 1849, aided by my pupils, Dr. D. D. Thomson, of this city; Dr. Greenburg R. Henry, of Burlington, Iowa, and Dr. William H. Cobb, formerly of Louisville, now of Cincinnati. The little patient being under the influence of chloroform, I made a perpendicular incision, about two inches in length, into each labium down to the testis, which was then carefully separated from the surrounding structures, and detached by dividing the lower part of the spermatic cord. The arteries of the cord being secured with ligatures, the edges of the wound were brought together with twisted sutures, and the child put to bed. Hardly any blood was lost during the operation. About two hours after, the left labium became greatly distended and discoloured; and, upon removing the sutures, the source of the mischief was found to be a small artery, which was immediately drawn out and tied. No unpleasant symptom of any kind ensued after this, and in a week the little patient was able to be up, being quite well and happy.

The testes were carefully examined after removal, and were found to be perfectly formed in every respect. The spermatic cords were natural.

I have seen this child repeatedly since the operation, as her parents live only a few squares from my office, and have carefully watched her mental and physical development. Her disposition and habits have materially changed, and are now those of a girl; she takes great delight in



sewing and house-work, and she no longer indulges in riding sticks and other boyish exercises. Her person is well developed, and her mind uncommonly active for a child of her years.

I would fain present this example as a precedent in similar cases. The reasons which induced me to recommend and perform this operation in the instance before me have been already mentioned, and now, after a lapse of three years, I have no cause to regret undertaking, or to think that I acted harshly and inconsiderately. If the records of surgery and medical jurisprudence are silent upon the subject; if the learned doctors of the Sorbonne, the fathers of the Royal Academy of Paris, and the Fellows of the Royal College of London have left us no precepts; and if the experience of the present day furnishes no examples; all this, and much more, does not prove that the practice here recommended is not perfectly just and proper, and vindicated upon every principle of science and humanity.

A defective organization of the external genitals is one of the most dreadful misfortunes that can possibly befall any human being. There is nothing that exerts so baneful an influence over his moral and social feelings, which carries with it such a sense of self-abasement and mental degradation, or which so thoroughly "maketh the heart sick," as the conviction of such an individual that he is for ever debarred from the joys and pleasures of married life, an outcast from society, hated and despised, and reviled and persecuted by the world. Nothing but the most perfect resignation, and a well-founded confidence in the mercy and justice of the Creator, can render the lot of such a being at all supportable.

The subject of doubtful sex is one which has always, in all ages, and in all civilized countries, excited the warmest attention of the physiologist, the philosopher, and the medical jurist. Under the vague and ill-chosen name of hermaphroditism, invented at an early period of the world, was described every imaginable form of malformation of the genital and urinary organs, most dissimilar in character; and, consequently, were calculated to mystify and mislead the public mind. A class of beings was imagined, combining, it was said, the qualities of the male and female in the same individual, and capable of performing, within itself, the generative functions. The idea that such a union might exist, had its origin, no doubt, in fable. The reader of mythology need not be reminded here of the story of Hermaphroditus and the nymph Salmacis; how the former so ungallantly resisted the charms and entreaties of the latter, and how, finally, through the interposition of the gods, their bodies were united into one. The ignorance of medical men, the conceit and folly of legislators, and the mercenary conduct of many of the subjects of this variety of congenital malformation, served, afterwards, in no small degree, to perpetuate the error thus engendered, and to transmit it, in nearly all its ancient form, down to a comparatively recent period. Modern researches had done much to dissipate these absurdities, when the publication, in 1836, of the great work of Mons. Isidore St. Hilaire, entitled "*Histoire des Anomalies de l'Organization*," set the long agitated question for ever at rest, by demonstrating, in the most undeniable and conclusive manner, that there is no such thing as hermaphroditism, in the vulgar acceptance of the term; or, in other and more philosophical language, that the union of perfect male and female organs in one and the same individual, is an anatomical and physiological impossibility.

Much prejudice, leading often to the most cruel persecution, existed against this class of individuals among some of the nations of antiquity. The Athenians had a law, providing that all hermaphroditic children should be consigned to the flame; while the Romans ordained that they should be boxed up, and thrown into the sea. In more recent times, all individuals of this description were excluded from holy orders, and from the office of judges; "because they were ranked with infamous persons, to whom the gates of dignity should not be opened."—(Beck's Medical Jurisprudence.) Much of this prejudice

has, fortunately, disappeared, under the benign influences of Christianity and civilization; but much still remains, and must continue in operation, as long as the human mind retains its present organization. If hermaphrodites are no longer burnt and drowned, stoned and persecuted, and mocked and reviled, they are universally regarded with a degree of prejudice, amounting generally to positive aversion; and as unfit for any offices of dignity, divine, legal, or political. If such be the fact, and no one can doubt it, every suggestion, calculated to ameliorate the condition of this unfortunate class of beings, by depriving them of their only incentives to matrimony, and thereby dooming them to everlasting celibacy, should be hailed as a valuable contribution to the science and humanity of the present age.

On this, the Editor of the *American Journal* remarks:

"We have willingly given place to the above communication, not only because it is a very interesting and curious one, but also from the respect we entertain for the opinions of its distinguished author; but in doing so, we may be allowed to say that we cannot feel satisfied with the soundness of his argument in the present instance, and that while we will leave the discussion of the subject to those more competent to the task, we may add, that it appears to us the administration of prussic acid to terminate the sufferings of those afflicted with malignant disease, or who have received severe and irremediable injuries, might be justified by the same train of reasoning."

And so say we also. If we had to legislate for an Utopia, we might provide for similar difficulties, and suggest clauses in acts defining the lengths to be gone in the paring down of superfluities, especially sexual ones. But as it is, we seriously advise our brethren on this side of the Atlantic to refrain from castrating children, be the impulse to do so ever so powerful, or the consequences to be apprehended from their genital developments ever so alarming. We do not deny that great results might flow from a judicious adaptation of this means towards civilization, but then the law at present does not sanction the practice.

#### CASE OF FOREIGN BODY LODGED IN THE AIR-PASSAGES FOR FOUR YEARS AND A HALF; TERMINATING FATALLY BY GANGRENOUS ABSCESS OF THE RIGHT LUNG.

By JAMES STRUTHERS, M.D., Leith.

In October, 1844, Thomas Neal, a footman, æt. 22, while eating part of a fowl, and laughing at the same time, was suddenly seized with a violent fit of coughing, and a feeling of suffocation; he became blue in the face, felt a sharp pain in the chest, and was sensible of part of his food having entered the windpipe. These symptoms subsided in about half an hour, and never returned. An emetic was administered, and acted freely; and both fluids and solids were swallowed without difficulty. From about an hour after the accident a tickling cough, with a wheeze in the throat, continued to trouble him occasionally, but gave little inconvenience; and he went about his work as usual, as if nothing had happened. He still, however, was impressed with the conviction that there was something in his windpipe, and pointed to a spot a little to the right of the upper part of the sternum, saying that he felt it there.

About three months after the accident, the cough began to be accompanied by the expectoration of white frothy sputa, which, without any other change in the symptoms, gradually increased in quantity during the ensuing twelve months. At the end of that time he was seen on several occasions by Sir Benjamin Brodie, and entered St. George's Hospital, London, where he remained for a fortnight, and was then advised to go to the country. About a month afterwards he, for the first time, observed the sputa to be tinged with blood, and to have a fetid odour. During the two following years the cough was more frequent, the ex-



pectoration very profuse, and the quantity of blood in the sputa gradually increased, as did also the fœtor of the breath. This last symptom became so marked in 1848 as to oblige him to leave his situation, for which he was in every other respect fit. During the greater part of 1848, he had exacerbations of the cough every two or three weeks; at these periods there was increased fœtor of the breath, the sputa contained a considerable quantity of florid blood, and he occasionally brought up as much as half a pint of pure blood at a time. In the beginning of November, 1848, he had a rigor, followed by pain in lower right side, increase of cough, and shortness of breath, and the sputa became of a brown colour (pneumonia?); for this he was treated by a physician in Musselburgh. In the beginning of the following month, he entered the Royal Infirmary of Edinburgh, under the care of Dr. Bennet. He was then pale, but by no means emaciated; he complained a good deal of cough, which occurred at frequent intervals, and was accompanied by profuse expectoration of viscid sputa, very fœtid and stained with blood. On examining the chest, there was dulness on percussion over the inferior three-fourths of the right side, both in front and behind, but most decided a little below the nipple. The left side was resonant throughout.

On auscultation, the vocal resonance was found increased over the whole of the right side, particularly at a spot a little below the nipple. At the middle of the same side, posteriorly, a gurgling râle was heard over a space two inches square; in the other parts of this side, the respiratory murmur was very harsh, and much obscured by mucous and sibilant râles; it was least affected at the apex. On the left side, the respiratory murmur was puerile throughout, and unaccompanied by any râle. The appetite was good; bowels regular; urine healthy; he slept well; was free from pain; and the voice was unaffected. During the next three months, there was but little change in his condition. For weeks at a time the sputa were free from blood; but every two or three weeks they became bloody for several days at a time, and then also the cough was more frequent, the expectoration more profuse, and the fœtor of the breath and sputa greatly increased; while the urine deposited large quantities of pink urate of ammonia, and contained numerous crystals of the oxalate of lime. After a residence of three months, he left the infirmary in the beginning of February, 1848. For the next six weeks he enjoyed tolerable health, being able to walk a considerable distance without inconvenience, experiencing shortness of breath only on walking fast; the cough continued pretty constant, with copious expectoration of whitish sputa, generally fœtid, and only occasionally tinged with blood. Once or twice he expectorated several small masses of a brown colour and of some consistence; these he imagined to be portions of the foreign body.

Towards the middle of March his appetite and strength began to fail; he lost flesh and became feverish, thirsty, and restless; was obliged to confine himself to the house; and suffered from shortness of breath, even when at rest; the cough and expectoration continued much the same; he had no rigors, and was free from pain. On the morning of the 24th, he awoke suffering from great increase of cough and shortness of breath, and continued during the day to expectorate, at intervals of a few minutes, large quantities of frothy sputa, deeply tinged with blood, and much more fœtid than usual. I was asked to visit him at his own house on the 25th, and found him much weaker than when I had last seen him, some weeks previously. The cough was constant, the expectoration profuse, the sputa frothy and mixed with florid blood; the breath and sputa had a gangrenous odour, which was very perceptible on approaching the bed. He had no pain, his chief complaint being of great weakness, dyspnoea, and occasional feeling of suffocation. The respirations were 45; the pulse 130, weak and wiry. On examining the chest, the right side was found scarcely to move on inspiration, and was universally dull on percussion; all natural respiratory sound was absent; gurgling was audible over the

greater part, both in front and behind, with coarse mucous and subcrepitant râle, towards the upper and lower parts. Although the voice was weak, the vocal resonance was much increased, and there was very distinct bronchophony over the inferior two-thirds. There was no friction sound audible. The left side was very resonant, and, with the exception of puerile respiration, and some subcrepitous râle, inferiorly, presented nothing unusual. During the next three days, he became rapidly weaker; the cough and dyspnoea increased; he could speak only in monosyllables; the respirations rose to 68, and the pulse to 140; and he expectorated daily about two pints of thin bloody sputa, which had a strong gangrenous odour, and latterly flowed in an almost continuous stream from the mouth. On the 29th, he became typhoid; had hiccup and slight delirium, and died in the evening.

*Sectio Cadaveris.*—Along with Dr. Alison, who had seen the case with me during the last two days, I made a post-mortem examination of the body twenty-two hours after death. The features were much collapsed; there was some yellowness of the skin; and a copious discharge of thin brown fluid from the mouth and nostrils. Percussion of the chest elicited the same sounds as during the last days of life.

On opening the *thorax*, the right lung, with the exception of the lower part of the anterior border, was found firmly adherent to the walls. The adhesions were short, dense, and of a white colour. The lung was removed without laceration; it was somewhat diminished in bulk, of a dark red colour, and had a pulpy feel. The apex was occupied by a closed cavity, the size of a small orange, which was distended with a brown dirty-looking fluid of the consistence of cream, and having a most intense gangrenous odour. The wall of this cavity approached the pleura superiorly; its inner surface was very irregular, presenting numerous shreds of disorganized pulmonary tissue. At the middle of the lung posteriorly, and about half an inch from the surface, there was another cavity, the size of a walnut, lined with a dense gray-coloured membrane, one line in thickness, and broken up in several places; it was partially filled with a dirty-coloured fluid, and opened directly into a bronchial tube, the size of a crow quill, at the other extremity of which the foreign body was found at a future stage of the dissection. In the neighbourhood of this cavity, and throughout the whole of the inferior and posterior parts, the lung was riddled with numerous small cavities, varying in size from that of a hazel nut to that of a pea. Some of these were closed and filled with a fluid similar to that found in the one at the apex; others were nearly empty, more or less anfractuous, and communicated freely with the bronchial tubes; the walls of some were formed of a thick dense membrane, those of others were soft and ragged. The middle part of the anterior, and a small portion of the inferior, border were in a state of gray hepatisation, and were the only parts free from cavities. On laying open the *right* bronchus, a small piece of bone was found at the bifurcation of the middle primary division; it was lying almost loose, and came away without any force being used; it was quite clean, and bore a strong resemblance to part of a vertebra of a small animal, being of an irregular elongated form, and presenting several sharp spicula. The mucous membrane at the part was thickened, but quite free from ulceration, and not more vascular than that of the other bronchi. The *trachea* and the *bronchi* of both lungs were stained of a dark gray colour, but otherwise presented nothing abnormal. In the left *pleura* there were three or four ounces of clear serum. The lung was healthy, except a small portion at the inferior border which was hepatised, and studded with small, gray, indurated nodules, the size of corn-pickles. These consisted, as ascertained by the microscope, of accumulations of altered epithelium, with much granular fatty matter. The apex of the lung was free of deposit, and there was no tubercle in any part. The *bronchial glands*, especially those on the right side, were greatly hypertrophied, several of them being as large



as pigeons' eggs; they contained no foreign matter. The heart was of the normal size; its muscular and valvular structures were healthy; and all the cavities contained both firm decolorized and dark loose clots. The blood, examined under the microscope, presented the red and white corpuscles in the usual proportions. The abdominal viscera were in all respects normal.

The fluid from the abscess at the apex of the right lung, on being examined under the microscope, was found to contain small shreds of fibrous tissue, broken down pus globules, and a large number of crystals of the triple phosphate and of the urate of ammonia.

*Remarks.*—This case presents a very good illustration of the length of time during which a foreign body may remain in the air-passages without giving rise to any urgent symptoms. There can be no doubt that the freedom from distress was due to the bone having, almost from the first, become fixed in the bronchus, and having remained in the same position till death. Had it either been fixed in the larynx or trachea, or remained loose in the passages, it must have given rise to a train of symptoms quite different from that manifested throughout the case. For three months, the only symptom of there being anything amiss in the chest, was the occasional occurrence of slight cough and wheezing, resulting, most probably, simply from irritation, and not from the body becoming loose in the passages. At the distance even of fifteen months, so slight was the disturbance of the respiration, and so doubtful the evidence of the existence of a foreign body, that Sir B. Brodie (the patient informed me) expressed his opinion that there was nothing in the air-passages, and considered the case one of chronic cough, from which recovery might soon take place. A similar opinion seems to have been entertained of the case when under treatment in St. George's Hospital, as no proposal was ever made to the patient to have an operation performed; nor, indeed, would such have been justifiable unless, on physical examination, undoubted evidence of obstruction in the chest had been discovered. It was not till a month after he had left London, and sixteen months after the accident, that the sputa became bloody and fetid; and this seems to have been the period at which the disorganizing process first commenced in the lung. The importance, in such cases, of having recourse to the stethoscope, and of not trusting to the disappearance even of every symptom of the presence of a foreign body soon after its supposed entrance into the air-passages, is still better illustrated by a case mentioned by M. Louis, in which, after the first few minutes, the patient for a whole twelvemonth had not a single bad symptom; at the end of that time the foreign body (a cherrystone) was expectorated; a copious purulent expectoration followed, and the patient died exhausted in three days. The first opportunity I had of examining Neal was in the latter end of 1848, four years after the accident. The history of the case then was such as to excite a suspicion that a foreign body had entered the air-passages at the time supposed by the patient, and had remained there ever since; while the physical examination of the chest established the existence of an open cavity of some extent near the middle of the lung. Such being the state of matters, all operative interference seemed to be contra-indicated; as, even had all doubts of the presence of a foreign body been removed, the probability was that it would be lying in the cavity, and therefore beyond the reach of instruments. I am not aware of any case of recovery, whether spontaneous or by operation, being on record in which more than two years had elapsed from the date of the accident. In those which have lasted longer, death took place sooner or later from disorganization of one or both lungs, either from tuberculosis or gangrene; and the fatal issue would seem to have been equally certain, whether the foreign body remained in the lung or was expelled by the efforts of Nature. When the latter event has taken place, as it has done ten or even seventeen years after the accident, the case has either terminated suddenly, or the morbid process has gone on unchecked by the removal of its original cause, the disorganization which had taken

place before the expulsion having been so great as to prevent recovery. Had the bone been removed in this case, even four years after the accident, there is good reason to believe that recovery would have taken place, as only a small portion of the lung was seriously implicated, the general symptoms mild, and the constitution of the patient but little affected. A point of considerable pathological interest in the case, is the absence of all ulceration at the part where the foreign body was impacted; the only change discovered, after careful examination, being thickening of the mucous membrane. That the bone must have remained all along in the place where it was found, is almost certain; otherwise, from its comparatively small size and spongy texture, it would have been frequently projected up to the larynx, giving rise to paroxysms of cough, none of which ever occurred; besides, there was no thickening of the mucous membrane in any other part; and the cavity which was first formed opened directly into the tube at the mouth of which the bone lay. Another point of pathological interest, was the existence in the fluid from the gangrenous abscess at the apex of the lung of large quantities of the crystals of the triple phosphate and urate of ammonia, formed, no doubt, on the spot by the destruction and decomposition of the surrounding tissue. Their form was exactly the same as that in which they exist in the urine.—*Edin. Monthly Jour.*

#### PRECOCIOUS DEVELOPMENT OF THE MALE SEXUAL ORGANS IN A CHILD FOUR YEARS OLD.

By ROBERT KING STONE, M.D.,

Professor of Physiological Anatomy in the National Medical College, and one of the Surgeons of the Washington Infirmary.

Mr. Charles —, of this district, brought his son, Theodore, to my house on the 14th of September, 1852, his birthday, for my inspection and opinion; stating that on that day he was four years old. I at once declared my incredulity, for his height and robust development seemed those of a child at least six years older than the age he mentioned. My astonishment was greatly increased when, on stripping the boy, he offered to my view the well-developed sexual organs of a man, and the pubes covered with a luxuriant growth of hair. I was perfectly incredulous that the boy was born on the 14th of September, 1848; but his father said he could produce his certificate of nativity, and that he, with his mother, the midwife who delivered him, and fifty other responsible persons, would swear that he had stated his age correctly. The boy is remarkably handsome, and when stripped, presents a form of great beauty, which is, in fact, a miniature model of a perfectly developed athlete. The condition of his muscular and osseous system is extraordinary; the deltoids and other muscles of the arm, forearm, back, and thorax, have the same relations to his height that those of a hard-labouring man would have of the stature of six feet. The muscles of the thigh, gluteal region, and leg, are perhaps better developed than those of the upper extremity, but in nearly the same ratio to the height. If the child's face is concealed the examiner would declare his figure to be that of a miniature man, perfectly developed, and at least 21 years of age. There seems to be little adipose tissue about him, the muscular prominences being clear, and well defined, as if produced by constant exercise or hard labour. The growth of hair is distinct in the axilla, but by no means so marked as that upon the pubes. As in every robust man, the lumbar and sacral regions are covered with a thick down of dark hair. His height is now four feet one-quarter inch, and weight nearly seventy pounds; though his mother informs me he weighed seventy-five pounds in the spring, and attributes his diminution to the great number of lumbricoides which infest him. His penis is that of a well-developed man, measuring in a semi-flaccid state four and a quarter inches in length, and in the state of perfect flaccidity three and a half inches. The prepuce is short, leaving exposed a perfectly formed glans penis. I might state, also, that the papillæ of the corona



glands are in a state of hypertrophy, being distinctly salient, and exquisitely sensitive. The pubes are covered with a luxuriant growth of crisp, curling, dark-brown hair, as found in the adult state. In the scrotum, presenting the appearance of the adult, are two firm, apparently well-developed testicles, perhaps rather under the average size of those organs in the adult. Independently of the penis, the development of these alone would have been decidedly remarkable at that tender age. The spermatic cords are distinct, and under the finger give the impression of perfect organs. Carefully examined from the neck down, the appearances are those of a *perfect man*, whilst the head and face were those of a child. On examining his mouth, it was found to contain only the twenty deciduous teeth of his age, with the exception of the middle incisors of the upper jaw, which were carious to the fangs. The head was perfectly formed, and bears a proper proportion to the development of the body. The breadth between the ears across the cerebellum was great; in fact, the anterior development of the cranium was less than the posterior; yet the relation could not be called bad at his early age. The boy is lively, and seems intelligent, though his speech is imperfect, but he pronounced with facility after his father. He seemed unwilling to talk of his own accord before strangers; his father informs me, however, that he is very talkative at home and quite intelligent. His temper is good, and he is almost always in good-humour, but when excited by anger, his father alone can manage him, which he does by an old-fashioned knock-down blow. His father observed last night, when he slept with him for the first time, a constant erection of the penis, accompanied by a nicker, like an excited stallion, and for these reasons consulted me. The boy has almost always slept by himself, and on a hard pallet on the floor. His back and shoulders are covered with the *acne simplex* of puberty. He has never been known to attempt masturbation, nor is it known whether he has had sexual relations, although the organ has that appearance. The slightest touch of the penis excites it, and the organ becomes tumid and of the average adult size, during the requisite examination. The voice is that of puberty, and has been so for some time. He is the seventh child and third son of his mother; weighed eleven and a half pounds at birth, and fifty-six pounds at three years. At birth, the glans penis was perfectly uncovered, and the hair on the pubes half an inch long; at one year, things were just as they are now. Although his neck is full, there is no remarkable development of the laryngeal cartilages, *Pomum Adami*. The next question is in regard to the power of the testicles to secrete. Since I first saw this man-boy, his father has made inquiry as to this fact, and states the following to me as the result:—On the 13th of September, he slept with a near relative, a married lady, the mother of several children. In the middle of the night she was aroused by finding the boy closely clasped to her back, and her night-dress saturated. She thought he had emptied his bladder upon her, but on carrying her hand to the part, she found that it was saturated with a *very different and glutinous material* from that she expected. I regret that I could not obtain the ejected matter to submit it to a microscopical test. The boy is extremely fond of embracing the opposite sex, though nothing further has been ascertained. In no other of the seven children borne by the same mother has the same condition been observed, and in comparing an elder sister of ten years, I found she was extremely delicate, and only half an inch taller than Theodore. I have several times seen him during an attack of nicker, and am satisfied that it is produced by a tendency to epilepsy.—*Amer. Jr. of Med.*

THE SYPHON-DOUCHE IN ENGLAND AND FRANCE.—M. Maisonneuve presented a short time back, to the Academy of Medicine, an apparatus whereby the cervix uteri and vagina may be conveniently douched. The contrivance is exactly similar to that lately introduced by Dr. Jones; but the English inventor is not mentioned by his French professional brother.

## HOSPITAL REPORTS.

*Peculiar Mode of administering Copaiba.*  
(Under the care of Mr. LLOYD, Mr. POLAND, and Mr. LEGROS CLARKE.)

It has been noticed that such patients as were purged by the copaiba evacuated per anum large quantities of this drug in an unaltered state, their urine not containing any of it. These persons, though sometimes cured, generally had a relapse. Those, however, who were not purged became well more slowly, and had no recurrence of the disease; their stools contained no copaiba, and their urine a great deal. From these facts it became evident that in order to obtain regular and speedy effects, the copaiba should be made to undergo such modifications as to ensure its more complete absorption into the system. Experiments were now instituted respecting the effects of the two principal substances contained in the copaiba—viz., the oil and the resin. These were separately tried. The oil produced a decidedly purgative effect; the resin purged less; but no complete cure was obtained by either substance taken separately.

It was now pretty clear that both the resin and essential oil were indispensable for obtaining curative effects, and the question arose how these could be modified so as to allow the stomach to digest them completely. This end was attained in surcharging the copaiba with oxygen, by means of nitric acid, the latter being added in proportions which varied according to the kind of copaiba acted upon. The nitric acid yields some of its oxygen to the essential oil, and the nitrogen is given off in the form of hyponitrous acid, by combining with the oxygen of the atmosphere. The copaiba thus treated is then well washed with water, until it no longer reddens litmus paper, and to it are added one-tenth part of cubeb in fine powder, the same proportion of carbonate of soda, and one-sixteenth part of calcined magnesia. The mixture is allowed to stand until it is quite solidified, and in that state it is made into small masses. The latter are then carefully covered with sugar, to which a pleasant pink colour (*coccus cacti*) is given, and they then look like very pretty sugar-plums.

To these saccharated capsules the name of Copahine-Mège was given, because the experiments had been made conjointly by M. Jozeau and M. Mège, and the latter had first thought of making the saccharated capsules. For lymphatic patients and delicate females a second mass was prepared, into which, besides the above-mentioned ingredients, some steel was made to enter. This is then a sort of martial preparation of copaiba. The doses are stated as follows:—

When there is neither pain nor inflammation, five saccharated capsules are taken three times per diem. One capsule more is then given with each dose every subsequent day, the doses being thus increased until purging is produced. Where there is pain or inflammation, these should first be treated by the surgeon in the manner he thinks the most advisable, and the copahine is to be commenced when acute symptoms have abated. It has been noticed that the martial capsules have effected a cure when the simple preparation has failed.

Such being the explanations given by M. Jozeau, several hospital surgeons agreed to give the capsules a trial; but this proved somewhat difficult, as far as public practice is concerned, since persons affected with gonorrhœa are not in general admitted as in-patients into these institutions. It was, moreover, evident that upon out-patients the effects could not be so conveniently watched, and the value of the remedial agent ascertained. We here subjoin some of the results obtained:—

## CASES AT ST. BARTHOLOMEW'S HOSPITAL.

John B., aged twenty-eight, has had gonorrhœa four days, and has not tried any remedies. He commenced taking the capsules October 17th, 1851, the dose being five of these thrice a day. Six days afterwards, there was no improvement; bowels open regularly twice a day; no nausea, but slight scalding in passing urine. Take six



capsules three times a day. Two days after this increase of the dose, the patient was found better; the discharge had considerably lessened, the scalding had ceased, and the bowels were opened three or four times daily. No nausea. Take seven capsules three times a day.

October 30th, thirteen days after the commencement of the treatment, the discharge had nearly ceased. Bowels open four times a day. Take twenty-four capsules per diem. Five days after this, the discharge had entirely disappeared. On Nov. 9th, being four days after the complete cessation of the discharge, the latter slightly recurred. The capsules were resumed, and in four days, no appearance of the affection was left.

Edward L., aged eighteen. Gonorrhœa three days; a small sore on the prepuce. Commenced taking five capsules three times a day, on October 17th, 1851, and continued using them for six days, when he was taking twenty-one per diem. The patient was soon purged three times a day, and the bowels continued freely open several times daily, until the eighth day of the treatment, when the discharge ceased. There was no nausea during the use of the capsules.

Sarah A., aged twenty, has been affected with gonorrhœa for one week. She began to take five capsules three times daily, on the 17th of October, 1851, and continued them for four days, increasing the dose to twenty-four per diem, when the discharge entirely ceased. On November the 10th she left the hospital quite cured. After using the capsules for two or three days, the bowels were freely acted upon, but no nausea or sickness ever occurred during their use.

#### CASES AT GUY'S HOSPITAL.

A. B., gonorrhœa for the first time; duration three weeks; inflammatory symptoms subsiding. Patient took the capsules for sixteen days, increasing from five, three times a day, to eight, and became completely well.

W. H., gonorrhœa for the third time; discharge profuse. Took the capsules for four days, and left off from a dislike to the mode of taking the drug, ■ he allowed the sugar to melt away too completely before swallowing, and therefore experienced the unpleasant taste of the copaiba in the mouth.

Male patient; gonorrhœa three weeks. Took the capsules for a week, without any trouble; but having slightly improved, he did not present himself again.

W. B., gonorrhœa for the second time; copious discharge, which had lasted ten weeks. Took the capsules with a little inconvenience, increasing from five to ten three times daily. The drug acted very well, there was slight purging, and the discharge was checked. In this patient the capsules were not continued long enough after the discharge had ceased, for it returned to a certain extent.

Male patient; gonorrhœa second time; copious discharge. Took the capsules, from five to twelve, three times daily, for eight days, without any effect, and did not continue them. It should be noticed that no injections were used in any of the foregoing cases.

#### CASES AT ST. THOMAS'S HOSPITAL.

Mr. Clark has treated three patients affected with gonorrhœa with the Copabine-Mège capsules. The effect has generally been favourable for the time they continued taking them; but, as stated above, the treatment was not submitted to with sufficient regularity to follow up the cases in a completely satisfactory manner. No vomiting, eructation, or unpleasant gastric symptoms occurred in any of the cases.—*Lancet*.

HEALTH OF THE TROOPS ON THE INDIAN STRAITS.—At Sullundhur, sickness is very prevalent amongst the 60th Rifles, there being 166 in hospital. At Meean Meer, upwards of 140 of the 96th Regt. are on the sick-list. In Umballah, the 75th lost by cholera in seven days, nineteen men, six women, and as many children. The Artillery and Lancers are also sufferers.

#### REVIEWS AND NOTICES OF BOOKS.

ON RHEUMATISM, RHEUMATIC GOUT, AND SCIATICA; their Pathology, Symptoms, and Treatment. By HENRY W. FULLER, M.D., Cantab., Fellow of the Royal College of Physicians, London, Assistant-Physician to St. George's Hospital, &c. &c. London. 1852. 8vo. pp. 403.

THE author, in the preface to the volume before us, says that he had "proposed to himself to commence the present treatise by a record of all that has been ascertained of the history of Rheumatism; and by reference to the facts thus proved and established, to show how conflicting opinions may be reconciled, and the pathology and treatment of the disease elucidated." But too many obstacles presented themselves; he therefore commences by an "exposition of his own views of the disorder." The volume consists of an introductory and twelve other chapters; the first five are devoted to acute rheumatism; the four succeeding chapters to rheumatic inflammation of the heart. We have next a chapter upon the other complications of acute rheumatism; and the three last are devoted respectively to rheumatic gout, chronic rheumatism, and sciatica.

Dr. Fuller commences by combating the generally received opinion, that the immediate cause of acute rheumatism is exposure to cold and moisture; he adduces many arguments in support of the opinion that acute rheumatism is the result of the presence of a morbid matter in the blood, and that cold and moisture merely act as predisposing causes. He next considers the rheumatic diathesis, and the causes which influence its development. Among the circumstances which favour this, he attaches some importance to hereditary predisposition, "Among the rheumatic patients admitted into St. George's Hospital, nearly 29 per cent., he says, inherited the predisposition from either parent."

The next chapter is upon the seat and classification of rheumatism. The author describes four forms—viz., acute rheumatism or rheumatic fever; 2nd, rheumatic gout; 3rd, chronic rheumatism; and 4th, neuralgic rheumatism. We have then a description of acute rheumatism, its various modes of attack, its symptoms, general and local, and its complications. The treatment of acute rheumatism occupies the next chapter; after some remarks upon the various remedies which have been employed in it, and upon the uncertainty and contrariety of the remedial measures hitherto adopted, Dr. Fuller treats, in succession, of the following remedies:—"Bleeding, purging, opium, vapour and hot-air baths, mercury, tartar emetic, cinchona, guaiacum, colchicum, nitrate of potash, lemon-juice, and alkalies and their salts." Two of these substances—viz., nitrate of potash and lemon-juice—have been highly spoken of, and extensively employed within the last few years in acute rheumatism; the author has tested each of them in a certain number of cases of the disease, and we shall quote his experience respecting them.

"M. Gendrin in France, and Dr. Basham in this country, have lately been adopting the practice recommended by Dr. Brocklesby in 1764, of giving large and repeated doses of nitrate of potash. Dr. H. Bennett speaks most favourably of its efficacy, as administered by M. Gendrin at the hospital of La Pitié. He states that the salt when properly administered, is from the first tolerated in the great majority of cases. . . . Dr. Basham also speaks highly of its value when freely administered. One, two, or even three ounces of it freely diluted may, he says, be taken in the twenty-four hours in cases of acute rheumatism, and in the majority of cases without producing any obvious effect on the force or frequency of the pulse, the integrity of the digestive function, or even upon the quantity of urine excreted; but it relieves in a marked manner the swelling, heat, and pain of the joints. He has never seen the nitrate of potash, in large or small doses, produce either nausea or vomiting.

Now, I heartily wish I could confirm this favourable report of the curative action of nitrate of potash, but such unfortunately is not the case. I have watched its administration to the extent of about an ounce daily, in seventeen cases of acute rheumatism, and to a smaller extent in several others, and in



one instance only did it appear to exercise any decided control over the course or duration of the symptoms. In most instances it was readily tolerated by the stomach; and in the case alluded to, gave rise to, copious diuresis, with manifest relief to the pain and inflammation; but in every other instance it was without any obvious effect upon the excretions, and the disease continued of average intensity, and ran on to its ordinary duration."

Lemon-juice as a cure for rheumatism, was introduced by Dr. Owen Rees: "he supposed that, by the excess of oxygen it contains, it promotes the conversion of lithic acid into urea and carbonic acid, and thereby favours its excretion from the system, while the small quantity of alkaline citrate which it contains contributes also in some measure towards effecting a cure." "Whatever its mode of action, however, the remedy (Dr. Fuller observes) had the advantage both of simplicity and novelty, and accordingly for some time was very generally adopted. But after an ample trial it has now been discarded as uncertain in its action, and physicians are again content to rely upon a more rational, though more complex method of treatment."

"The advantages claimed for this remedy by Dr. Owen Rees are, power to moderate vesicular action, and to afford speedy relief to the rheumatic symptoms. Judging, however, from my limited experience, I cannot conscientiously speak of these effects as the ordinary results of its administration. I have watched its exhibition in twenty-two patients, and although in several it produced much depression, in some griping pains in the abdomen, and in one gave rise to violent diarrhoea, accompanied by a copious discharge of blood from the bowels, yet in three patients only did it appear to afford relief, or to hasten recovery."

In the three instances alluded to, it was taken in full doses; viz., eight ounces in the twenty-four hours; and was not only tolerated, but, as far as I could judge, was speedily converted or assimilated in the stomach, and its influence in quieting the heart's action, in promoting a free evacuation from the kidneys, and in causing subsidence of the articular inflammation, was very marked. But in most cases it did not appear to be readily converted in the stomach, as was evidenced by the length of time which elapsed before the patient became free from its flavour; and this perhaps may account for its frequent failure in alleviating the symptoms of the disease. Be this as it may, the results of its administration were anything but encouraging."

Rheumatic inflammation of the heart next occupies the author's attention. The chapters upon this complication of acute rheumatism, which extend to upwards of 120 pages, are among the best in the volume. "The space allotted to those diseases of the heart which arise so frequently in connexion with rheumatism, may, at first sight (Dr. Fuller observes), appear unnecessarily large; but the importance of these affections cannot be over-estimated. They may complicate and render formidable the simplest case of rheumatism, and may affect the future as well as the present safety of the patient; moreover, they are the very points on which the student is most in need of instruction and advice." "Their incursion is often (he adds) insidious, their progress rapid, and he who is not well informed on all that relates to their symptoms and treatment, may often overlook their existence, and fail to avert their most dangerous consequences." "I have, therefore, been unwilling (the author observes) to omit anything which may lead to a just estimate of their importance, to a full understanding of their physical signs and symptoms, and to a due appreciation of the various grounds on which their treatment should be based."

We regret that our limits will not permit of our making any extracts from these or the succeeding chapters; we cannot conclude, however, without expressing a favourable opinion of the treatise. The author's position, as physician to a large hospital, gave him opportunities for investigating and treating the disease upon a large scale, and he appears to have fully availed himself of those advantages. His matter is well arranged, his descriptions are clear, his views respecting the disease appear to be sound, and his treatment to be judicious and practical.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 24, 1852.

### THE MEDICAL CHARITIES.

In another column we print a series of resolutions adopted respecting this measure at a meeting of the medical men of the counties of Limerick and Tipperary, and it is therefore unnecessary to repeat here what is there so clearly expressed as to the objects contemplated. All we have to do is, to inquire and suggest in relation to the matter; for to offer special advice at such a stage of the proceedings would be an exercise of authority which we could not be justified in assuming. As we have lately hinted, we counsel deliberation and inquiry, to enable our friends to see their way clearly before they commence operations; and in the first place, to consider well the state of the law as it stands relative to the powers conferred on either the Commissioners or Guardians as to the settlement of salaries. Looking at the Act of last year (clause 8), it appears as if no doubt could be entertained on the subject; but we hear that reading it in connexion with the Poor-law Act, and its numerous amendments, and viewing it as affected by previous practice, the matter is not so unquestionable. By this clause the Guardians are empowered to "determine" the salaries, "subject to the approval of the Commissioners," and the Commissioners are empowered to "regulate the amount of salaries," which seems to us, unlearned in the law, plain enough; but let the proceedings of the two parties become conflicting, and the lawyers may make it otherwise. Here, then, is a tangible point for discussion and settlement. If the Guardians "determine" to give an inadequate salary to a Dispensary Surgeon, can the Commissioners compel them to give an adequate one? Then, if they can compel them, it may be well to inquire whether the means at their disposal enable them to do so without such a collision as may lead to serious interruption of amicable relations between the parties. In fact, the same question arises as that between the old Dispensary Governors and the Grand Jurors regarding the power to refuse presentments. The law, if we recollect it rightly, laid down that the Grand Jurors might, and should, and were required to present; but still they, we believe, in certain cases refused, and the Judge did not over-rule their decisions. It is obvious that the question involves the important principle of a taxation by others than the representatives of ratepayers; but then we conclude that such a method of taxation has been sanctioned in other cases. We, however, put the question, because we hear that some Board of Guardians, and we believe in the county Limerick too, has questioned the powers of the Commissioners in this behalf, and even refused to obey their orders to alter the amount of salary. Is this so, or are we misinformed? At all events, if any doubts exist as to this most important point, the sooner they are settled the better; and therefore the sooner the proposed Association applies itself to it, the sooner it will be removed. Doubtless, a legislative provision to settle the matter by declaring that the lowest salary given should be £100 a year, would be most desirable, and every effort should be made to obtain it; keeping in view the advice given at the end of our London correspondent's letter this day, that half should be paid by the ratepayers and half from the Consolidated Fund. In the meantime, while these pro-



ceedings are in progress, other resources should not be neglected. As we have already suggested, a local influence should be brought to bear on local authorities; and appeals should be made to that sense of justice which cannot be entirely dormant even in the lowest grades of society. The most sordid brute that ever sat at a union board will be found sensitive to reproach if it be distinctly directed against him personally. Such fellows are obdurate only when they can shift the responsibility from their own shoulders. It is very well to remind the Commissioners of their obligations, and especially the *ex-officio* Commissioners, who have great government and parliamentary influence, but it is equally important that the Guardians, Ratepayers, and Dispensary Committees should be taught their duty. Why not have a well-drawn up appeal to such parties, prepared and transmitted to every one of them in every union in Ireland. In no other way can instruction on this point reach them; for the newspaper press is too much under control of subscribers to venture on energetic remonstrance.

### MEDICAL DEGREES—LONDON UNIVERSITY.

WHILE we deplore the degradation of the title of Doctor of Medicine, in consequence of the perversion of Colleges and Universities to purposes foreign to their legitimate destination, it is some consolation to find that one at least can be discovered having better objects in view, as appears from the following:—

At the time of its foundation, the University of London initiated a plan of examination before unknown in this country, or at least unpractised by the various medical Examining Boards. A most important feature of the elaborate scheme drawn up by the Senate was the combination of practical tests with the usual oral and written examinations. To insist upon the advantages of testing the practical knowledge in anatomy, botany, *materia medica*, and chemistry, of a man about to engage in the daily practice of applying the resources drawn from the three kingdoms of nature, and variously operated upon in the laboratories of the chemist and the human frame, for the alleviation of disease, now appears to be a superfluous task. But at the time when the metropolitan University was founded, those advantages were disregarded, or the feasibility of subjecting candidates to tests of this nature was denied. The experience of the University has proved how feasible is the task, and the high reputation which the London medical degree has attained places its utility on no doubtful ground. The example has, indeed, since been imitated with success. While the ancient Universities have recognized the value of the example set them by their younger sister, by extending their narrow circle of instruction and examination, so as better to represent the enlarged circumference of modern knowledge, and the increased requirements of a progressive age, the medical corporations have on their part adopted, to some extent, the innovations made by the Senate of the University of London upon the time-honoured system of conducting the examination of candidates for medical practice. The College of Surgeons, in framing the scheme of examination for the higher order of fellows, made it necessary to investigate the practical acquaintance of the candidates in anatomy. From the commencement of the examinations for the degree of M.B., in the University of London, it has been the custom to call upon the candidate to dissect in the presence of the examiners, to demonstrate anatomical preparations, to describe specimens of living plants, to designate specimens from the *materia medica*, and to conduct some elementary chemical analysis; and the candidate for the Doctor's degree has been required to give a minute commentary upon a medical case. The system has worked well. Candidates preparing for the University examinations find it necessary to acquire something more than book-learning. For the Colleges, for the Apothecaries' Hall, students still derive the most comfortable assistance from the "grinder." Men aspiring to the University degrees, resort to the fields, to the museums, to the dissecting-room, to the laboratory, to the clinical wards, as the indispensable means of success. Notwithstanding a re-

commendation made some time ago by the Examiner in Chemistry, prompted, we fear, more by indolence than by any other motive, to discontinue the practical examination in chemistry, the Senate wisely resolved to accede to no infraction of their fundamental principle. They have recently given fresh proof of their faith by carrying out still further the system of practical examination. At the second examination for the degree of M.B., just concluded, the candidates were required to name and describe microscopic specimens. In surgery they were examined by demonstrations from wet and dry preparations, illustrative of various surgical diseases and accidents, and of their treatment. The examiners in medicine required the candidates to examine patients in the wards of a metropolitan hospital, and afterwards to report in writing on the cases. It must be obvious that none but those extensively and practically conversant with the entire range of medical knowledge, and with disease at the bedside, could come out successfully from an ordeal so practical; nor can it be disputed that a man who has come out successfully has established his qualifications for the practical duties of his profession in the most unimpeachable manner. Some persons we know there are, who, with little consistency, and we fear with little candour, have been accustomed to contrast the examinations of the University of London with those of the colleges, by admitting the superior theoretical or speculative merits of the former, and implying that the special merit of the latter is their essentially practical character. How can we separate the theoretical from the practical in medicine? All practical knowledge is based upon some theory. Rightly understood, the theory of medicine is accurate knowledge of the elementary sciences upon which medicine is constructed. Those whose duty it is to introduce to the community men possessed of sound practical knowledge, must take care that the theory is good. This they can secure by extensive examination in the elementary branches of medicine, which are the only safe basis for rules of practice. If they neglect this, they will run the risk of stamping a mere empiric. We cordially thank the Senate of the University of London for this new step in their progressive extension of the system of practical examinations. We are well assured that it will tend still further to augment the credit and the value of the degrees they confer, and to establish the scientific position of medicine.—*Lancet*.

### MEDICAL LIFE IN LONDON.

#### POOR-LAW APPOINTMENTS.

London, November 10, 1852.

COINCIDENT with the opening of Parliament, our King, Lords, and Commons in Berner's-street, commenced the campaign of the Medical Societies this week, with promise of a busy session. Mr. Cæsar Hawkins, on the part of the College, has been to the Government. Sir P. Crampton has arrived professionally in England, and the Duke of Wellington's funeral will not fail to bring more of your "medico's." Would that they could attract the ear of those in authority, like Cæsar Hawkins, and that a better understanding arose as to your medical charity appointments: in the interest of which the MEDICAL PRESS has long laboured with such assiduity and success. Ireland herself (as well and practically alluded to at the opening of the session of the College of Surgeons) is looking up out of the ashes and sackcloth where the political economists would place her. The Schools of Medicine must, also, feel shortly the vitalizing influence of the golden treasures of what Alison calls the "fifth hemisphere" of the world. The late earthquake may have been the facetious result of some of our ophthalmological or other discoveries, and will pass off. Medical affairs come round, and the profession regains its old saturnian reign of respectability and success. We are not going to chronicle the doings of the "Medico-Chirurgical" in Berner's-street; the papers read on Tuesday night, and every fortnightly Tuesday to come of the season, you will find of course in the ordinary channels of information, as we must complimentarily call our weekly journals here. A more practical subject far seems this of your medical charities and salaries.

The chief source of error at present in apportioning the salaries of medical men in Ireland under the new Medical



Charities Act, arises from Government at this side of the water estimating the Dublin surgeon as such another "professional" as the English poor-law surgeon. There are many good and valuable men among the English poor-law surgeons, but the mass of poor-law country practitioners in England are uneducated, and without any professional standing of any apponable shape or quantity, whatever: complete tradesmen, with little huxters' shops, soda water, soaps, scented oils, and the heraldic emblems of the College diploma, making up a show to astonish the bucolic imagination. The position of the two men (the English and Irish parish doctor) are of course alike; but the education and standing of the Irish surgeon are quite and entirely superior. The difference is as great (it should be made known to the Castle authorities) as the difference in respectability between an assistant-barrister at quarter sessions in Ireland and an assistant-attorney, we will say, at a south-western inquest. We never knew but one Dublin literary man to dispute the point. In an English parish, a rule, every one is able to pay a doctor, and it is only the poorest who apply for medicine. A parish doctor here will take an immense district for £10 or £15, for the sole purpose of keeping out another practitioner; and good, easy, large-boned, rural guardians will make it a precedent for a whole side of a country that the thing is to be done for £10 or £15 by the man with the strongest shop.

In town districts, where the Fates are more propitious, we have known men get £150 a year for doing nothing at all, half a guinea for each midwifery case, and two or three guineas, as the case may be, for the minor operations of surgery—dislocations, simple fractures, &c. The redundant population, about Temple-bar and Lincoln's-inn-square for instance, are assisted by more than one or two members of the College in their parturient throes, at sums varying from £120 to £180 a year each; an undescribed animal in the vestiges of creation scale called an "assistant" doing all the work for nothing. The *Lancet* has been telling us of an assistant who ran away from his master on account of the latter trumping up a fictitious practice in his ledger and day-book; perhaps we might put on record (preserve as a fly in amber) the sayings and doings of another of the class whom we incidentally fell in with lately in the library of the College of Surgeons. The gentleman is well educated, is now partner in an establishment not ten minutes walk from Westminster Abbey, but had arranged to act in capacity of assistant in one of the districts before mentioned. Monthly medical tea parties, it seems, are held to play cribbage and epidemiologils; everything going on well; tall fellows of the College in white solemn neck ties; Mr. Highley, bookseller to the College; one or two M.D.'s; a sprinkling of Bartholomew's men: all come together with every new moon, full of sanitary discoveries and the last gossip of the Lord Mayor's dinners; our poor friend introduces himself to the solemn assembly; he had met great men before (the Agamemnons of Fleet-street) the poor fellow stated to us; but then they were only country baronets and lords; and he had played a quiet "rubber" with Lord This, and taken coffee with Lady Blanche the other, and had his run dozens of times with the hounds, as any gentleman; the man, in other words, was superior to every one of the lot, but then it was not every day an "assistant," though a member of the College, could expect the edifying greatness of the St. Bride's and St. Dunstan's wise men of the east. It was arranged by the surgeon's wife that he would answer; it was impossible to say but with a little polishing and getting-up he might finally arrive at such professional advancement as to be able to sell tooth brushes and hair oil as gracefully as if he was paid for it; indeed, it was not easy to say, this lady assured him, what early rising and unremitting toil, from six o'clock in the morning till only twelve at night, might not do. Money was a secondary consideration to the splendid midwifery and

other practice all round the classic precincts of the Temple; the palace of Henry VIII., where he could have his hair cut gratis for nothing among the patients; but *surgit amara aliquid*, the moral of our tale is in the little fragment of bitterness behind. The surgeon's wife, who was master of the shop, thought she would let her happy victim know the entire number of his privileges; the entire poor-law duties were to devolve on him, to which respectable breaking of stones on a public road (we would say in a parenthesis) would be a luxury. In the intervals of attending midwifery and scarlatina in the filthy dens bordering on Saffron-hill, Holborn, and the "ooze of the salt deep" about the Temple, he was to make pill masses and horse balls. "You are an early riser, of course," said this engaging creature with one of her blandest smiles—the poor fellow thought of his friends in the country: we can fancy him even cursing the day that brought him within the precincts of the College of Surgeons at all—"you will be called up at night, of course; but that you are accustomed to." He thought of the vast privileges of monthly tea parties on sanitary reform, though some of the worthy fellows of the College did sell hair oil and tooth brushes, but had white ties. "There is only one other little thing I would just mention: you dust and sweep the shop every morning; and of course take down the shutters." The poor fellow, who is a Welshman, wished the woman some direful curse, all in Welsh consonants (ll's and w's), and wished her a good morning. Yet this man and his master (mistress) are a type of the class on a level with which are now placed the educated Dublin surgeon. If we have had any object more prominent than another in these "jottings" of London medical life, it has been of a practical character, to show the difference between the London and Dublin surgeon. Beautiful as Truth itself, mild and beneficent—we had almost said sacred—becomes the practice of the medical man in his every-day ministrations among the sick; if his rule of conduct be purely professional, if, with that chiefest of Christian maxims, to do unto others as we would they should do unto us, we join a masculine endeavour to do only what is right, and true, and kindly, then indeed is he fulfilling his part as much as in knowing the latest discovery or learning the newest mode of diagnosis. If he becomes, however, once a mere tradesman, all the instincts of London surgery invariably tend, his position day by day with the public becomes worse and worse. Government, as now actually occurs, values him at his own figure, or rather the figure put upon him by his college; his college simply grasps the guineas. No gentlemanlike education is expected from him; the man who was a poor chemist before 1815 has money to buy a fellowship, and asks him to sweep the shop. The London surgeon sweeps the shop, and the London penny-postman holds his nose and passes on. The London surgeon sings at the tavern; the London surgeon in dozens enlist in the police; yea, verily, the very boys in the street cry out the London surgeon is a curiosity.

One is tempted to write this more in grief than anger: that a profession, second to no other in its social position—a profession which should be marked out by all that is noble, generous, and good, should every day, from the cupidity of diploma sellers, become a by-word and a scoffing.

A poor fellow has been lately bitten by a *cobra di capello* in London—the cure all over the world is a stimulant—the man died in agony in almost a few minutes; the public wait with breathless suspense for some member of the College of Physicians or Surgeons to give some hint on the matter, but in default of anything better, the *Times* gives a mortal column of rubbish from one of the leaders of the homœopathic school that the cure most likely to prove of use would be to bite back the man to life by another snake; that one snake antidotes a second, *argal*, though a bottle of simple brandy would have cured him, the opportunity of testing the wisdom of the profound Hahnemann should not have been lost. It is



At about three o'clock, the chair was taken by the President, Dr. Boxwell, the minutes of the first meeting, with the list of the officers for the ensuing year, being read by the Secretary, Dr. Cranfield, and confirmed by the signature of the chairman. After the enrolment of several new members, apologies were read from



many who could not conveniently attend, owing to various causes. There was one from Dr. Carton of Oulart, calling the attention of the society to the inadequate sum allowed for medical attendance on the constabulary, particularly in the country districts, where stations were situated so far from the medical officer's residence. The subject was taken up very warmly; and it was suggested by many that the attendance ought to be resigned, as not at all remunerative, the medical man being exposed to be called on at unreasonable hours to the different localities for such a small sum as was given. However, ultimately, the further consideration of the matter was adjourned to the next quarterly meeting, to be held at Enniscorthy, due notice to be given previously to each member of the society.

Dr. Boxwell introduced the subject of medical men being called on to attend inquests out of their own districts, contrary to the provisions of the Coroners' Act. He read a correspondence which took place between Dr. Furlong and Mr. Hawkshaw, coroner for the south division of the county, in which the latter explained at some length the cause of the complaints made by Dr. Furlong, which appeared satisfactory to the meeting. The Secretary was requested to thank Mr. Hawkshaw on behalf the society for his courteous and gentlemanly conduct, also to thank the county inspector, Mr. Colclough, with whom Drs. Boxwell and Furlong had an interview, in consequence of some interference on the part of some constabulary who outstepped their duty with respect to some recent inquests. The county inspector promised that he would take care they should not do so again, and that he would draw the attention of non-interference in these matters to the different members of the force through the county.

A circular was agreed on, to be sent to each member of the profession in the county, calling attention to the sections in the Coroners' Act, that no medical man ought to attend an inquest in another's district except under some peculiar circumstance, such as absence from the district of the resident, or that a second opinion was needed; as such is often required when something doubtful may occur that the attendance of two medical men is necessary, say in criminal prosecutions, or cases where a satisfactory result may not be come to.

After the discussion of various matters connected with the interests of the profession—say dispensary districts, their practice and attendance—amidst the most perfect harmony the meeting adjourned.

The members dined together, and spent a most happy evening, looking forward with satisfaction to their next assembling at Enniscorthy.

To CORRESPONDENTS.—The letter of "A Constant Reader" is in type: it will appear in next number.

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 14th,	51	45	29.250	.430
Monday,	15th,	51	44	29.050	.180
Tuesday,	16th,	50	46	28.800	.030
Wednesday,	17th,	49	41	28.850	.200
Thursday,	18th,	46	39	29.326	.260
Friday,	19th,	46.5	39.5	29.460	.160
Saturday,	20th,	47	41	29.400	.290

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max Min.	Barm.	Dry T.	Wet Dew T.	Point	Rain.	Wind.
Nov. 14th,	52.5 44	29.028	50.3	49.4	48.6	.492	SSE
15th,	53 46	28.834	51.1	50	49	.012	SSE
16th,	53 42.5	28.560	46.8	46.3	45.8	.092	ENE
17th,	49 38	28.650	43.2	42.1	40.8	.016	NNE
18th,	45 36.5	29.077	41.5	40	38.1	.004	WSW
19th,	45.5 32.5	29.267	45.5	44.8	44.1	.024	Calm
20th,	46.5 37.5	29.173	44.8	44.2	43.6	.310	Calm

M. W. HANLON, M.B.

#### THE MEDICAL CHARITIES.

At a most numerous and influential Meeting of the Medical Men of the Counties of Limerick and Tipperary, held at Boyton's Hotel, in Thurles, on the 13th of November, as convened by Circular of the 30th ult., it was unanimously resolved that

JOHN RYAN, Esq., M.D., take the Chair.

It was also unanimously resolved that Dr. Benjamin W. Bradshaw be appointed Secretary and Treasurer.

Proposed by Dr. John Dwyer of Cappawhite; seconded by Dr. John A. Powell of Roscrea—

"That an Association be formed, to be called THE TIPPERARY MEDICAL ASSOCIATION, for the protection of the rights and interests of the Medical Profession, and the taking into consideration any question which might arise either between medical gentlemen or between the latter and the public, which may in any way tend to compromise the honour of the Medical Profession."

Proposed by Dr. M. J. Quinlan; seconded by Dr. B. Mullally—

"That the medical gentlemen of every county in Ireland be requested to form a similar association, for the purpose of co-operating with this and similar associations already formed."

Proposed by Dr. James Heffernan; seconded by Dr. John Ryan of Pallas—

"That in compliance with the suggestion of Dr. Kingsley of Roscrea, a General Meeting of the Medical Profession be held in Dublin early in January, 1853, at which a deputation from each Medical Association in Ireland is earnestly requested to attend."

Proposed by Dr. T. J. Morrissey; seconded by Dr. John Russell—

"That the Council of the Royal College of Surgeons in Ireland, be respectfully requested to use their legitimate and high influence in the furtherance of the objects of this Association, and that we leave to them the naming of the day for calling the General Meeting of the Profession in Dublin."

Proposed by Dr. Stokes; seconded by Dr. Geo. Bradshaw—

"Resolved—That in the most trying times, when fearful epidemics raged through the land, such as malignant Fever and Cholera, the Members of the Medical Profession were, at all times, found at their post; that the mortality among them was very great—in fact, a perfect decimation; that in those bad times they struggled through in hopes that, under the Medical Charities Act, sufficient security would be afforded them; that they would obtain adequate or respectable remuneration for their arduous services; that now, although a greater amount of work is imposed on them, the salary offered is not more than sufficient to keep a servant and horse, and, in some instances, from the extent and size of the district, a second is indispensable to perform the work required from the Medical Officers; that the lowest sum which ought to be offered to a medical man is £100 a year."

Proposed by Dr. Noble Seward; seconded Dr. George Bradshaw—

"That each member be expected to contribute the sum of Ten Shillings annually, for the purpose of defraying any expenses which may be incurred in carrying out the objects of this Association, and that all subscriptions be paid in to the treasurer, before the 1st of January, 1853."

It was unanimously resolved—"That the marked and grateful thanks of this meeting be tendered to Dr. Kingsley of Roscrea (whose unavoidable absence is deeply regretted, and whose able suggestions we have availed ourselves of), for the benevolent and philanthropic manner he has, at all times, come forward to support and forward the welfare of the profession."

Resolved—"That those Resolutions be inserted, for one post each, in the MEDICAL PRESS, and also in the *Dublin Evening Mail and Freeman's Journal*."

JOHN RYAN, M.D., Chairman.

Resolved—"That Dr. M. J. Quinlan be called to the second chair."

It was unanimously resolved—"That the best and most marked thanks of this meeting be given to Dr. Ryan for his dignified and urbane conduct, not only on this, but at all times when called on to lend his aid in advancing the interests of the profession."

M. J. QUINLAN, M.D.



**SCHOOL OF SURGERY.**

**ROYAL COLLEGE OF SURGEONS.**

**NOTICE TO STUDENTS.**

CERTIFICATES of Attendance on the Lectures and Demonstrations of the Winter Session are not received as qualification for the Letters Testimonial of the College, unless such attendance shall have commenced on or before the 25th day of November.

Absent Students are therefore informed that, unless they be present and Enrolled on or before Thursday next, they cannot be returned as Pupils for the present year.

**CORK SCHOOL OF MEDICINE.**

The Twenty-sixth Winter Session commenced on the 22nd instant, at Two o'clock p.m.

Anatomy and Physiology—H. A. Cæsar, M.D.

Surgery—W. K. Tanner, M.D.

Materia Medica—J. F. McEvers, M.D.

Botany—T. Power, M.D.

Midwifery—W. C. Townsend, M.D.

Practice of Medicine—C. Y. Haines, M.D.

Chemistry—W. C. Nash, M.D.

Natural History—T. C. Shinkwin, M.R.C.S.

Natural Philosophy—Ed. McCarthy, Esq.

Practical Anatomy—H. A. Cæsar, M.D., T.C. Shinkwin, M.R.C.S., and E. Lundy, M.R.C.S. Eng.

This School, situate on the South Mall, midway between the North and South Infirmaries, has all the requisites for a complete Medical Education. Its reputation, for over a quarter of a century, is best tested by the high character of its numerous "Alumni," not only in this city and province, but in each department of Her Majesty's Service, and every quarter of the globe.

DISSECTIONS HAVE COMMENCED.

For particulars apply to Dr. Cæsar, South Mall.

October 12, 1852.

**THE ROYAL EXCHANGE ASSURANCE,**

*Incorporated A.D. 1720, by Charter of George the First.*

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	£ s. d.		£ s. d.
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30	2 11 7	30	2 7 8
40	3 6 3	40	3 1 9
50	4 11 3	50	4 5 8

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**BARON LIEBIG ON PALE ALES.**

If I wished to associate with any individual brewery my remarks on the alleged adulteration of bitter beer with strychnine, it would have been only natural to have mentioned another brewery, in which alone, and not in Mr. Allsopp's, I was engaged in investigating the Burton mode of brewing; and it was also in that brewery, and not in Mr. Allsopp's, that the Bavarian brewers acquired all the instructions they obtained at Burton. The admiration I expressed of this beverage, in my letter to Mr. Allsopp, advertised in such a manner as to lead to the inference that my praise was exclusively confined to Mr. Allsopp's beer; this was not the case; my remarks referred to that class of beer.

JUSTUS LIEBIG.

Giessen, July 24, 1852.

N.B. The Baron's original letter is in the hands of Mr. Miller, at the Jerusalem Coffee-house, Cornhill, where it may be seen by any one taking an interest in the matter

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The Dissecting-rooms opened on the 1st of October, and the Lectures commenced on the 25th.

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The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the school of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England.

## Hours of Lecture :

Descriptive Anatomy—Twelve o'clock every day.  
 Chemistry—One o'clock, Mondays, Wednesdays, and Fridays.  
 Anatomy and Physiology—Two o'clock every day, except Monday.  
 Surgery—Three o'clock, Tuesdays, Thursdays, and Saturdays.  
 Practice of Medicine—Three o'clock, Mondays, Wednesdays, and Fridays.  
 Midwifery—Four o'clock, Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Professor of Botany will commence a course of lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

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Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

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A distinct course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, which the pupils are privileged to attend without additional fee, and special wards are appropriated for the reception of Eye Cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's course of Lectures upon Military Surgery is also open to the pupils of the hospital. This course is recognized as equivalent to six months' surgery in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments, and is required to be attended by all gentlemen entering the Hon. East India Company's Service.

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Certificates of attendance on this hospital are recognized by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards.

Fee for Winter six months	...	...	Six guineas.
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" Nine months	...	...	Eight guineas.

## Medical Attendants.

- A. Jacob, M.D., Fellow and Professor of Anatomy and Physiology, Royal College of Surgeons, 23, Ely-place.
- T. E. Beatty, M.D., Fellow and Professor of Midwifery, Royal College of Surgeons, 18, Merriion-square, North.
- C. Benson, M.D., Fellow and Professor of the Practice of Medicine, Royal College of Surgeons, 34, York-street.
- W. Hargrave, M.D., Fellow and Professor of Surgery, Royal College of Surgeons, 37, York-street.
- R. C. Williams, M.D., Fellow and Professor of Materia Medica, Royal College of Surgeons, 14, Lower Fitzwilliam-street.
- T. G. Geoghegan, M.D., Fellow and Professor of Forensic Medicine, Royal College of Surgeons, 52, York-street.
- J. Tufnell, Esq., Fellow of the Royal College of Surgeons, 58, Lower Mount-street.

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Sir Henry Marsh, Bart., and Professor Apjohn.

## Consulting Surgeons.

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, York-street.

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## ORIGINAL COMMUNICATIONS.

### MISCELLANEOUS CASES AND OBSERVATIONS IN THE PRACTICE OF MEDICINE.

By J. KIRBY, LL.D.,

Professor of the Practice of Physic in the Royal College of Surgeons, &c. &c.

#### CASES OF IRRITABLE TUMOUR OF THE BREAST.

March 18, 1822: Mrs. O'B., aged about 50, consulted me six months ago in consequence of a small tumour of the right breast, discovered by accident a few days before. The tumour was as large as a small marble, irregular, hard, moveable, and situated in the angle made by the breast as it falls to the axillary side of the nipple. The integuments were free from discoloration. Handling or motion of the arm produced but little uneasiness. The nipple was natural, and the breast in every other respect apparently healthy.

Mrs. O'B. has for several years been a sufferer from derangement of the liver, for which she has occasionally had recourse to mercury. She has sometimes had hæmorrhoids, and has been subject to attacks of diarrhoea, but in her own opinion enjoys a comfortable share of health.

Since I first saw this tumour, she has abstained from handling it, and kept it covered at first with the emplastr. hyd., but lately with the emp. saponis. She has used no other internal medicine than the ext. conii, with the pil. hyd. A moderate diet has been observed, and she has avoided exercise of the right arm.

July 26th: For the last fortnight the breast has been more uneasy, pains occasionally extending to the shoulder, affecting the arm, and prevailing over the region of the hypochondrium, which last circumstance she attributes to an attack of bile, from which she frequently suffers. There is too much reason, however, to attribute it to disease of the mamma, now larger much than the other breast, firmer, and it is more easily pained by handling; and the nipple, where she never perceived anything before, she thinks is now sometimes the seat of uneasy sensations. The axilla is free; she has become very thin, and more sallow than I

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ever before observed her to be; appetite bad; the original tumour is still moveable, and seems of an unaltered magnitude. Blue pill and rhubarb draught in the morning; afterwards resume the blue pill and extract of cicuta; lay aside the soap plaster, and substitute the mercurial.

She attributes the present change to more exertion of the arm than she was in the habit of making.

Dec. 16th: There was now no pain; she has continued the mercurial plaster; the tumour inconsiderable; the mamma similar to the other; she can move her arm without pain, and can lie without uneasiness or oppression on the affected side.

As the tumour was on the 16th of December, 1822, so it is at the present day, November 27, 1852 (as I am informed by her son, Dr. O'Brien), in no way altered in character, and still covered by a mercurial plaster; and this at the close of a period of thirty years.

Sir Astley Cooper, when treating of these diseases, says he has known it to continue for some years, and "once during twelve years." But the above case demonstrates that it may exist for nearly three times that period without ever displaying a malignant tendency, or requiring an operation which would be "quite unjustifiable."

This disease occurred when the lady was fifty years old, and at a time when the menses had disappeared, but she could not trace it to any exciting cause other than her highly bilious constitution.

Besides the ordinary means to regulate the action of the liver, she employed internally the extract of cicuta, to which much of her freedom from pain is perhaps attributable.

#### CASE 2.

Miss I., who is beyond 50 years old, and of an extremely nervous temperament, has been for some years very subject to intense bronchitis with recurring aphonia, from which, however, she is now free. She is tall, slender, and somewhat emaciated in consequence of the attack and the discipline necessary for its removal.

Upon some slight cause she was first attracted by a small painful tumour in the right breast, of the size and shape



of a small almond nut, which is quite close to the surface and perfectly moveable. It is placed much to the axillary side of the nipple, and seems to be a gland of the absorbent class. The armpit is free from disease, and the clavicular region is also exempt. The breast, which is very thin, is also disengaged, except a slight general enlargement, which she has observed to fluctuate with the uneasiness of her bosom. The distress is not confined to the mamma alone, it extends to the axilla and shoulder, and stretches down the arm to the elbow, wrist, hand, and fingers. The appetite is bad; her bowels are confined; the pulse is unusually quick and weak, and her water deposits a reddish sediment; she is low-spirited, very apprehensive, and easily moved to tears; the breast feels generally sore, but is not in any part discoloured.

I saw her on the 22nd of April, 1851, in conjunction with my friend Mr. Pakenham, and I ordered two leeches to be applied every second day, and a lotion containing  $\mathfrak{z}\text{i}$ . extract of belladonna to  $\mathfrak{z}\text{viii}$ . of water, to be applied in the meantime, and to be covered with gutta percha cloth. On the 5th of May, she was much annoyed by flatulence, and she required a mixture composed of cal. mag., tinct. rhei, and cinnamon water, to correct it. The lotion was continued.

Belladonna plaster was now substituted, and one was applied every fourth day; besides she had some aperient pills. On the 19th, she had opiate plaster in place of those she had hitherto applied, and on the 28th of May she took a teaspoonful of extract of sarsaparilla three times daily.

Under this treatment her health improved, the breast became less tender, and the tumour declined, so that Mr. Pakenham informed me that, as well as he can remember, it entirely disappeared, and he has not since heard anything about it.

#### CASE 3.

Miss A., aged 35, a Quaker lady, of spare and slender make, of a religious and gloomy turn of mind, and exhibiting an appearance of age far beyond her real years, particularly in consequence of the changes of the face which follow the total loss of teeth, applied for advice on the 4th of June, 1822. She had had occasional hæmoptysis.

The glandular substance of the left breast appears indurated and irregular, it is moveable on the muscle to which it presents a flat surface, and the skin is not yet adherent to the mass beneath. The nipple, however, seems in a slight degree retired, and the integuments around the areola are formed into small circular folds. Upon handling the tumour, she does not make any complaint of pain. She has directed my attention to an axillary gland, rather because she never perceived it until lately, than on account of any uneasiness which she now experiences. In this gland I cannot perceive any existence of disease.

The right mamma is also the seat of tumour, the bulk of which does not exceed the size of a hazel nut. It is situated at the axillary side of the nipple. It is moveable, without pain, and seems to be an enlargement of the lymphatic gland of this part of the breast. It is to be observed that both the mammae are very small, appearing as if they never had arrived at a perfect state of development.

I prescribed for this lady a course of blue pill, pil. ruf., and ext. conii, with a mercurial plaster to the mammae.

July 10th: She has continued this plan with very little interruption; the general health is manifestly improved, but I cannot say there is any amendment in the state of the mamma.

In six months afterwards, it was communicated to me that the breasts had lost their pain, and that the tumours had nearly disappeared.

#### CASE 4.

Mrs. W. of Clones, aged 45, many children, somewhat corpulent, but rather sallow, perspiring appearance, good pulse, appetite, and regular bowels; free from cough, indigestion, and every visceral disease; is affected with tumour of left breast.

It is situated in the lower part of the gland, and is to be felt most readily by placing the hand in the angle be-

tween the breast and the integuments beneath it. It is situated transversely, about four inches long by two in width; is free from all adhesion, and is without superficial discolouration. Between the superior margin of the mamma and the clavicle, a tumour exists so large that the hand barely grasps its boundaries; it extends towards the axilla as far as a line descending from lower process, and passes to the right margin of the sternum; firm, regular, fixed, unconnected with mammary tumour; red on elevated summit, with confluent enlarged veins, which are not raised above the surface. These seem as if filled with brown blood. The tumour is elastic, and not painful, unless when pressed where it is red; it involves the pectoral muscle, and Mr. Henry, an intelligent young surgeon, who saw it when no larger than a marble, leads me to conclude that it was then in its origin. It appears to be now fixed to the ribs and their cartilages which most probably it extensively involves. No distinct gland in axilla, yet there a thickening of the nerves and vessels exist. There are occasional darting pains in the tumours, and even sleepless nights, perspiration, and irregular bowels; is of a year's duration, and both tumours commenced nearly at the same time.

Venesection, leeches, and a variety of local applications were directed, with mercury. In consultation with Mr. Colles and Sir Philip Crampton, it was agreed that an operation was out of the question. Quinine and sulphuric acid were ordered, with opium at night. Saturnine lotion, rest, and to avoid all local stimulants, were the principal remedies in this hopeless case.

#### DISEASE OF THE GUMS.

Hypertrophy of the gum is an uncommon disease. Having met with a well marked case of it, I proceed to describe it, and to notice the treatment which was successfully employed. A poor woman, aged 55, presented herself for advice about six weeks ago. She was very sallow, much emaciated, and fainted occasionally.

Her teeth seemed all buried in a large mass of very florid and spongy gums, which projected irregularly, and threw forward her lips, especially the upper one. All her functions were regularly performed, and there was no evidence of any other disease, so that her wasted appearance and debility may be attributed to her impaired mastication, for she used no food but slops, and those not of a nutritive character.

She applied at several institutions for advice, and she was treated with astringent washes and with sundry caustic applications, but from these she derived no advantage whatever.

I punctured the most prominent and most vascular parts of the hypertrophied mass. The mouth filled rapidly with blood, so that I was soon obliged to desist my operative proceeding, fearing the loss of blood might lead to syncope. I renewed the operation the next day, avoiding those parts on which I acted the day preceding. The mouth rapidly filled with blood, she grew very languid, and I again desisted. On the third day I was more confident, and I punctured a highly vascular tumour. The bleeding was less than the day before, and ceased quickly. The fourth day the disease had yielded, and the hypertrophy was a little less. This plan was pursued up to the present time, allowing one, two, or three days to intervene between the operations, as circumstances seemed to require. Fifth day, the gums have resumed their natural size and aspect. No medicine was administered. I should observe that this disease was accompanied with fetor, difficult articulation, as well as difficult mastication.

I have not called this disease either epulis or scurvy. The former disease, though sometimes originating in no assignable cause, is usually preceded by an abscess near a carious tooth, or a carious affection of the maxillary bone. It rarely, if ever, engages the whole gum, is confined to a part, and grows by a pedicle, it is but little painful, and may acquire in time even a cartilaginous hardness, though the fungus is covered by a fine, shining membrane, which is pale and red, with a viscid discharge which oozes through



many small openings on its surface. But this may become puriform or even bloody. It was much more with the latter affection, and did most certainly resemble it, but only at the commencement of the disease, when all other symptoms are absent, for none of them existed here.

**SINGULAR DISEASE—VICARIOUS MENSTRUATION—PROFUSE HÆMORRHAGE FROM THE MOUTH—NERVOUS SYMPTOMS—TREATMENT—RECOVERY.**

The 6th of June I was called to visit Miss C., whom I found extremely nervous and very pale. When she lies on the left side a large quantity of bloody water issued from the mouth, unaccompanied by cough or sickness of the stomach; pulse 90, and very steady; the temperature of the body is natural; the whole of the right side of the trunk, the right arm, and thigh, are exceedingly tender when they are touched, while the least motion gives considerable pain. The under region of the trunk is accurately bounded by the mesial line; tongue clean, rather red; no appetite or thirst; bowels costive; sleeps badly; the chest and abdomen are free from organic disease; she is sometimes much depressed in spirits, often very cheerful.

I ordered minute doses of vinum colchici and full doses of infusion of roses and quinine; the first with a view to the state of the right side; the second with a view to the sanguineous discharge. I attended to the bowels, and fearing that something was wrong in the head, I advised small doses of mercury frequently repeated. This line of practice was suggested by the strange tenderness which prevailed, as well as from a vertiginous sensation she sometimes experienced for some days before she took to her bed.

My next visit was the 16th of June. The medicine was continued in the meantime, and the mouth was now slightly sore; the pulse 90; tongue clean; less bloody fluid by the mouth; she menstruated profusely during the last two days, previous to which the bloody fluid had much decreased; the bowels were costive; spirits very variable; she had some headache. Vesicatorium vertici. A grain of ioduret of iron was ordered three times a day. I now desired her removal to the country, and a discontinuance of the mercury.

In a week the hæmorrhagic fluid had ceased, and the pain and tenderness disappeared.

July 12th: Her apothecary called to inform me that my plan had been followed to that day, when she quite convalesced.

Vicarious menstruation is a very rare disease. I am not aware, however, that the menses have ever made their appearance in the force in which they are seen in this disease.

Every medical person has seen a substitute for the menstrual discharge issuing from the nose, the puncta lachrymalia, the gums, the skin, the ends of the fingers, the umbilicus, and even from strumous sores on the neck, but I am not cognizant, from my experience, of its ever having taken place in the quantity it did in this instance, or in the same situation.

**NOTICE OF A FUNGOUS HEMATODES IN THE ORBIT.**

Kelly, before death the tumour had attained to an immense size, standing out from the orbit like a small melon. A slough of a dark colour, and about the dimensions of a large walnut, appeared in the centre. In a short time this was detached, and immediately a copious hæmorrhage took place, which produced extreme exhaustion. His sufferings now were of the most intense character; night and day he was harassed with torturing pains, which he referred to the posterior part of the head. About a month before the fatal termination of the disease, two or three of the molar teeth belonging to the upper jaw became loose, and soon dropped out. To this there succeeded a continual flow of a thin sanies, so exceedingly fetid as to add considerably to the miseries of the unfortunate patient. He daily became worse; the hæmorrhages were more frequent;

the exhaustion was extreme; he lapsed into a state of deep coma; and death now concluded his temporal calamities.

*Examination of the body.*—It is remarkable that the tumour, which before death had arrived at so considerable a magnitude, immediately after that event became contracted to about one-half of its original dimensions. Its colour was completely altered from a dark red to a perfectly pale cast. Its structure now was more firm and resisting. During life a large chasm occupied its centre; now its extent became amazingly diminished, and instead of it, a mere depression remained behind. On making a vertical section of the head, we obtained a correct knowledge of the extent of the disease. The orbital process of the frontal bone was nearly completely absorbed, and the diseased structure in this situation pressed upon the brain, on the surface of which we remarked a dark brown spot, about the size of half-a-crown. The disease had extended backwards towards the superior orbital fissure, and the part of the brain corresponding to this situation presented the same appearance as before described. The antrum became engaged in the disease, and the superior maxillary bone was spread out and absorbed in several places. The root of the tongue also became implicated.

The septum nasi was completely absorbed: the tumour had passed through and occupied part of the other cavity. There was no remarkable appearance presented by the optic nerves. No section of the tumour has been made, but the eyeball was not primarily engaged. J. T. K.

**PROCEEDINGS OF SOCIETIES.**

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**

**ON THE PATHOLOGY OF RHEUMATIC AND NON-RHEUMATIC PERICARDITIS.**

By Dr. ORMEROD.

THE author commenced by a reference to the researches of the late Dr. Taylor, who had satisfactorily shown that acute rheumatism was not exclusively the cause of pericarditis, and who had also called attention to the importance of granular disease of the kidney in reference to this morbid condition. The author desired to limit the use of the word pericarditis to present inflammation of the pericardium; and this analysis referred exclusively to cases of this nature. The means of investigation comprehended complete records of 1410 cases observed under nearly similar circumstances; that is, in the wards of different hospitals. Of these, 1249=88.59 per cent. were not cases of rheumatism; 161=11.41 per cent. were admitted on account of rheumatism, or suffered from it while under observation. Of the whole number, 85=6 per cent. had recent pericarditis, observed during life, or discovered after death, and were thus distributed:—

24=1.92 per cent.	occurred among 1249 non-rheumatic cases.
61=37.88 per cent.	161 rheumatic cases.
85=6 per cent.	1410

The mean age of 61 subjects of rheumatic pericarditis was about 21; the mean age of 24 subjects of non-rheumatic pericarditis was 42; the extremes being 7 and 63 years. As to the different causes of the pericarditis:—

Rheumatic.....	61 cases coincided with acute rheumatism.								
Non-rheumatic of local origin,	<table border="0"> <tr> <td>7</td> <td>ensued on inflammation of lungs or pleura.</td> </tr> <tr> <td>2</td> <td>ensued on malignant disease of the pericardium.</td> </tr> <tr> <td>1</td> <td>ensued on old cardiac disease.</td> </tr> </table>	7	ensued on inflammation of lungs or pleura.	2	ensued on malignant disease of the pericardium.	1	ensued on old cardiac disease.		
7	ensued on inflammation of lungs or pleura.								
2	ensued on malignant disease of the pericardium.								
1	ensued on old cardiac disease.								
Non-rheumatic of constitutional origin	<table border="0"> <tr> <td>6</td> <td>coincided with granular disease of kidney.</td> </tr> <tr> <td>4</td> <td>coincided with hæmorrhage or exhaustion.</td> </tr> <tr> <td>2</td> <td>coincided with scarlatina or erysipelas respectively.</td> </tr> <tr> <td>2</td> <td>were inexplicable.</td> </tr> </table>	6	coincided with granular disease of kidney.	4	coincided with hæmorrhage or exhaustion.	2	coincided with scarlatina or erysipelas respectively.	2	were inexplicable.
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2	were inexplicable.								

The date of the accession of pericarditis was determined in 33 of the rheumatic cases. The mean of these observations gave the 10.5th day of the rheumatic attack as that on which the pericardial complication most commonly super-



vened. The question, whether a first or second attack of rheumatism was more likely to be accompanied by pericarditis, was beyond the reach of hospital statistics. This source of information was silent also on the question, whether pericarditis be more likely to occur in severe or in the slighter cases of rheumatic fever. It might, however, be safely inferred, that the severity of the articular and pericardial affections bore no very close relationship to each other. It was certain that the most severe, even fatal pericarditis, might occur where there was but faint evidence of articular affection, and this latter condition might exist in the most aggravated and intense form without involving the addition of pericarditis to the other sources of distress. The author then entered upon the consideration of the subject of non-rheumatic pericarditis of local origin; and a question of importance here presented itself—What was the influence of preëxistent cardiac or pulmonary affections in inducing inflammation of the pericardium? The question was of equal importance in relation to acute rheumatism. The relation of pulmonary inflammation to pericarditis was thus illustrated:—In the 1410 cases, the basis of this inquiry, some form of pulmonary inflammation—that is, pneumonia, pleuritis, or pleuro-pneumonia—was ascertained to exist, either by auscultation or dissection, in 265 cases. Of these—

117 had pneumonia,	of which 19 had recent pericarditis.
86 had pleurisy,	6                      "
62 had pleuro-pneumonia	8                      "
265	33 = 12.4 per cent.

In the rheumatic class, pericardial inflammation commonly preceded, yet sometimes, though rarely, followed, pulmonary inflammation. The non-rheumatic class told quite a different story; here pulmonary inflammation had apparently a distinct influence in inducing pericarditis, and this influence was most evident in cases of pleurisy; and clinical observation bore out the conclusion, that the pericarditis was subsequent to, and probably contingent on, the pulmonary inflammation. The author then referred to the comparative fatality of non-rheumatic compared with rheumatic pericarditis, and also to the desirableness of instituting an exact comparison between Bright's disease of the kidney and acute rheumatism, in respect to their tendencies to induce inflammation of the pericardium. In conclusion, the author desired to ascertain how far the results obtained by his present analysis agreed with those of the published cases of Dr. Taylor, who had made the subject of non-rheumatic pericarditis so peculiarly his own. The deductions seemed identical, and one rose from the perusal of those elaborate clinical reports with a conviction that non-rheumatic pericarditis was more within the province of the anatomist than of the physician. It was a disease with few or no symptoms, its physical signs recognized more often by a chance discovery than on the suggestions of the disease, and its morbid changes small in amount and apparently inactive; and where opportunity had occurred of watching the disease some time previous to death, it had been apparently without effect on the general symptoms, its presence or absence being determined by the ear alone; and still, in these, its connexion with the fatal termination had appeared to be that of a coincidence rather than of a cause.

Dr. Mayo thought the statement of the author, that non-rheumatic pericarditis was not a fatal complaint, or directly productive of death, was open to much doubt. Non-rheumatic seemed to be not a rare affection, and though its symptoms might be slight, and its presence be in some instances undiscovered, yet he was not, therefore, prepared to admit that it was less dangerous to life. Examples of the gravest pathological conditions attended with extremely slight symptoms, were constantly occurring. He recollected a striking instance. A man was admitted into the Marylebone Infirmary, having been struck with apoplexy. The symptoms were apparently trivial, but in a few hours he died. At the post mortem examination, evidences of severe and extensive pneumonia were presented by both lungs, and in one a considerable extent of gray

hepatization prevailed. A case had been referred to in the paper, in which pericarditis supervened on an attack of mania. Now, in this instance, it would be interesting to consider in what relation the derangement of the nervous system stood to the existing inflammation, for it was not improbable that the impairment of function which the nervous system suffered, disordered the processes of nutrition in the heart, and thus became the predisposing agent to inflammation of that organ.

Dr. FULLER agreed in the main with the author of the paper, which was a valuable addition to our knowledge on the subjects which it discussed. There were some points in it, however, from which his (Dr. Fuller's) limited experience led him to differ. And first with respect to the frequency of the occurrence of pericarditis after first and secondary attacks of articular rheumatism. The author of the paper considered it to be more frequent after secondary attacks; his (Dr. Fuller's) experience was decidedly different. He could not just then recollect the precise numbers, but certainly cases of pericarditis under his notice had been more frequent after the first attacks of articular rheumatism. Dr. Ormerod had stated that the severity of the attack of acute articular rheumatism was no criterion of the liability of the pericardium to become affected; and that, in many severe cases, pericarditis did not occur at all; whilst in other cases in which the joints were scarcely affected, pericarditis did occur. This went to prove that pericarditis was only one symptom of the paroxysm of acute rheumatism. With respect to the occurrence of inflammation of the lungs in fatal cases of rheumatism, and their importance, he agreed rather with Dr. Ormerod than Dr. Mayo; for out of twenty-seven cases which he had recorded, in twenty-five there was pericarditis; and pneumonia, pleuritis, or very acute bronchitis in twenty-one. It would be difficult to say, in these cases, which of the inflammations immediately produced the fatal result, and how far the disease of the lungs would have had a tendency to death, had pericarditis not been present.

Dr. HEALE mentioned a case of sudden death in a man apparently healthy, with the exception of a slight cold, in whom it was found, upon examination, that one lung was completely hepatized, and the other greatly congested. He also had a strangulated hernia in a state of gangrene. Yet there were no symptoms (laughter).

Dr. COPLAND felt obliged to the author for the very practical and literary way in which he had brought his paper before the fellows of the Society. The association of disease, as exemplified in Dr. Ormerod's communication, showed us that, in practice, we must not look at cases of disease as always simple, but frequently as complicated as those under discussion. All these were connected with the morbid condition of the blood, and to this we must look as the cause of the articular rheumatism, the pericarditis, pleuritis, &c. All these were evidences of the blood being in an abnormal condition, from whatever cause it originated. Several organs became affected, and when an important disease existed, it masked the minor one. We saw the same train of phenomena in Bright's disease, in which inflammation of the serous membranes was liable to occur from the non-elimination of morbid matter from the blood, and its consequent circulation through the system. These combinations of diseases should be viewed in our routine of practice as the result of the morbid action in the system.

#### ON THE CURE OF NÆVUS AND ERECTILE TUMOURS BY ELASTIC SUBCUTANEOUS STRANGULATION AND SECTION.

By Mr. STARTIN.

The author, in his paper, describes a new method of treating this malady, which consists in environing the nævus or tumour with a ligature passed beneath the skin, by means of a long angular-pointed needle, so as to include the morbid parts in a triangular space, extending a line or so beyond the boundaries of the nævus. To one angle of this subcutaneous thread, elastic tension is applied by means of a vulcanized india-rubber ring or band, which occasions it to ulcerate or cut its way through the vascular structure constituting the malady, and thus obliterate its



vessels and cure the complaint. The author describes two methods of operating by elastic strangulation. The first is to fix the tension upon the subcutaneous thread half an inch from its exit at the most convenient angle for applying it, without previously tying a knot upon the tumour, as in the case of the ordinary subcutaneous ligature. The second method is to employ a subcutaneous ligature, and tie a knot upon it so as to strangle or arrest the circulation in the tumour before applying the tension. In most cases of extensive nœvus, both methods are required; the first, where the complaint is superficial, or implicates some of the features, as the eyelids or nose, for example; the second, where the malady is deeper, and may be regarded rather in the light of an erectile tumour containing large blood-vessels, the too sudden division of which might be productive of troublesome hæmorrhage. The author illustrated his paper by a wax model cast from a nœvus, which had been under treatment; and he brought forward a case of instruments which contained one or two original contrivances to facilitate the operation he described. The cases where "elastic strangulation and section" were deemed most applicable were examples of the malady involving various parts of the face or hairy scalp, where the cure by extirpation with the knife, by caustics, by breaking up the nœvus in various manners, or by ordinary subcutaneous ligature, would either produce too great disfigurement, risk of hæmorrhage, loss of skin, or distortion of the features, to be advantageously resorted to. Several cases were cited in illustration of the plan advocated, and the success attending it, in one of which as many as thirty operations had been previously tried, by various surgeons, without a satisfactory result. For the details of these cases, as also for a more complete account of the operation, reference must be made to the paper itself. The author incidentally remarked, that this operation, as far as the employment of elastic tension is concerned, appeared to him to be capable of adaptation to several other departments of surgery where such a force might be required, or where a ligature is used. As examples, he instanced the retained ligatures of arteries in healing wounds, or after tying uterine polypi, deep portions of tumours, hæmorrhoids, varicose veins, as also in the extraction of the guinea-worm, the maintaining in position some fractures and dislocations; but, as these considerations were foreign to the subject under notice, he concluded by stating, that since the writing of his paper, six months ago, he had successfully employed elastic strangulation and section in four cases of nœvus; and that he was authorized by Mr. Paget, of St. Bartholomew's, to mention, that he had twice adopted the plan with a fortunate result.

#### MEDICAL SOCIETY OF LONDON.

DR. MURPHY exhibited an instrument formed like a male silver catheter, with an enlarged, open, and somewhat flattened extremity. It had been used by Mr. Robertson of Manchester, in a case of turning, in which, from the delay in the passage of the head, the life of the child was endangered. It was passed up to the mouth of the child on the fore and middle fingers, and air communicated to the lungs. It was recommended to be used in cases where the head was so placed in version, and in foot or breech presentation.

Mr. DENBY had employed a flat female catheter for the same purpose many years ago.

Dr. RADCLIFFE read a paper

#### ON THE PATHOLOGY OF AFFECTIONS ALLIED TO EPILEPSY.

He began his paper by stating that his inquiries in muscular physiology and pathology lead to the conclusion that muscular contraction is not a sign of increased stimulation, but the reverse—a sign of unresisted molecular attraction on the withdrawal of nervous, vascular, or other vital or physical force—a sign of a dynamic change in every respect analogous to that which takes place in a bar of metal when heat is withdrawn, except that in the case of the muscle the repellent force to be withdrawn is more complex in its nature. On a former occasion he had endeavoured to show that the phenomena of epilepsy were only

explicable on this view. On the present occasion he proposed to extend the demonstration to affections allied to epilepsy; or, in other words, to all forms and conditions of muscular disturbance other than epilepsy.

1. The first step in the inquiry was to show that the temperament or predisposition in these affections was invariably marked by a decided want of nervous, vascular, muscular, and other strength.

2. The next step was to show, by a successive examination of the vascular, nervous, and muscular systems, and by some facts in the general history of the maladies, that this want was most conspicuous during the convulsive or spasmodic manifestations.

(a) The circulation was often undeniably below par, as in tremulousness, palsy, cramp, chorea agitation, the convulsions of hæmorrhage, in catalepsy, and cadaveric rigidity. So again in fever, in which case also the history seemed to be that the convulsions happened because the circulation was depressed. Thus, the initial rigors, cramps, or convulsions of ordinary fever, cholera, or severe small-pox, pass off as the system rallies into the stage of true fever, and recur again in the period of final prostration, and go on *pari passu* with that prostration—subultoid movements and sinking convulsive struggling and dissolution, and cataleptoid rigidity and death. Nor is it really different in hysteric convulsion, hydrophobia, and tetanus. In hysteria, convulsion is the companion of syncope; and just in proportion as the symptoms partake of excitement the convulsive characters are lost. In hydrophobia, the particulars of four cases were related; in three of these the pulse was imperceptible, or very faint and feeble, during the height of the fits; in the fourth, the pulse was somewhat better, and in this case the symptoms had little of a convulsive character, being more like those of ordinary hysteria. In tetanus, the absence of fever (a fully recognized fact) was insisted upon, and two cases, and some other evidence, were given to show that the symptoms stood related to the very opposite of fever. The question of plethora was also gone into, and some arguments adduced to show that when any signs of plethora existed, these were passive rather than active in their character, and most unequivocally passive during the continuance of the convulsion.

(b) It was then argued that this debilitated or prostrated state of the circulation involved a corresponding inactivity in the great nervous centres; after which the author passed to direct evidence. In many cases vacillation, fatuity, senility, sleep, stupor, insensibility, unconsciousness, exhaustion, death, could be pointed out as coincident with the convulsive manifestations: in none were there any signs of nervous hyper-activity. The mind had been perfectly inactive in two cases of catalepsy which the author had seen, and a doubt was expressed whether, in those exceptional cases of trance which were classed with catalepsy, there was the same degree, or any degree, of muscular rigidity. A dream was no evidence of hyper-activity. The character of the delirium in delirium tremens, the other symptoms, and the kind of treatment requisite, all showed that the brain was not over-active in this form of convulsive action; and just in proportion as the symptoms became sthenic in their character, they changed from delirium tremens to delirium *à potu*, and lost their convulsive character. Again, the convulsions of cerebral congestion or inflammation never occur in the active or inflammatory stage, but always either in the incipient collapse of the accompanying fever, or in the secondary collapse and after effusion; when dilated pupils and insensibility speak sufficiently as to the real state of the brain. Dr. Radcliffe also contended that there was no proof that spicula of bone pressing upon the brain produced convulsion by exciting irritation, and much proof that they acted by pressure, or by the alteration of structure, exhaustion, or effusion, to which they gave rise, all of which would interfere, more or less, with the vigorous discharge of the cerebral functions. With respect to the medulla oblongata, the only sign which would seem to indicate over-activity in this organ, is the congestion which



has been frequently found in cases of hydrophobia, and this was much more likely, considering the collateral evidence, to be related to the inflamed gullet and glottis, than to the spasm of that disease. The want of muscular tone and strength, presently to be mentioned, was also cited as an argument against any hyper-activity in the spinal cord. The absence of all post-mortem signs indicative of over-activity, and the presence of signs of an opposite character, such as atrophy, softening, serous effusions, and so on, was also insisted upon. The possible alternation, of mental and nervous activity with the state described was fully admitted, but not the coexistence.

(c) The muscles were, often undeniably weakened. In tremulous, hysterical, choreic, cataleptic persons, they were wanting in real strength, in firmness, and in reparative energy. In the subjects of palsy they were always atrophied and often degenerated. Muscular strength was completely prostrate in fever. An interesting class of cases was also referred to, which has lately been attracting considerable attention on the Continent, under the title of *trophoneurosis*, and some cases given in illustration, in which the phenomena of clonic and tonic contraction were coincident with distinct and unmistakable atrophy of the affected muscles. Having mentioned these facts, the author then proceeded to show how the convulsions of hydrophobia, and the spasms of tetanus, did not in themselves imply over-activity of the muscles concerned, seeing that violent convulsions were associated with mortal hæmorrhage and some other forms of death, and tetanoid rigidity with final extinction of all life. As explaining the real nature of the latter phenomenon, it was an important fact, now pretty generally admitted, that the more completely the vital powers had been exhausted before death, as by extreme old age, or phthisis, the sooner did cadaveric rigidity occur.

(d) A rapid review was then taken, one object of which was to show that fright, grief, exhaustion, prostration, cold, and not the opposites, were those to which the names of *exciting causes* were applied.

(e) The last step in the inquiry was to disprove the necessary connexion between the convulsive phenomena under consideration and local disorder, and particularly to disprove the connexion between them and nervous disorder. It was intended that the contemporaneous and kindred disturbance which was clearly discernible in the nervous, vascular, and muscular systems, was against such a view. The primary evil determining and enhancing the general debility, depression, or prostration, of which the convulsion was a symptom, might be in any of these, or even in other systems, or in all equally, but not in one preëminently—not even in the spinal cord.

Dr. F. WINSLOW said there was no lack of subjects for discussion, seeing that the views contained in the paper which had been just read, were in direct opposition to those which the members of the Society had been accustomed to listen to. He thought there were some cases of catalepsy which did not bear out what had been stated of that affection—cases in which the mind was preternaturally active. He thought, also, that it might admit of a doubt, whether the depression, of which so much had been said, was not often secondary.

Mr. PILCHER must beg to dissent from many of the positions taken by the author of the paper. He questioned the statement that cadaveric stiffness comes on sooner in very old persons, or in those who have died after long-continued exhaustion, than in those who have been cut down suddenly in the full vigour of life. He questioned, also, the existence of prostration in tetanus; on the contrary, he had seen many cases in which there was every sign of vigour, and mentioned a recent case in point. The convulsions of children, he said, were most likely to happen in the strongest children. He did not admit that extreme prostration was involved in the convulsions of hæmorrhage; nor did he consider, as the author seemed disposed to do, that lacerations in tetanized muscles were proofs of weakness. He looked upon the fact of a muscle continuing to contract, as a proof of the active nature of the phenomena, and he

agreed with the views generally entertained on the subject.

Dr. T. THOMPSON had not heard all the paper, but what he had heard seemed to him to be at variance with what is known of the phenomena of epilepsy. (Here Dr. Radcliffe rose to say, that epilepsy had been purposely excluded from the paper of the evening, but that it had been discussed on a former occasion, and similar views maintained in relation to it on an extended series of arguments.) Dr. Thompson then said that convulsions occurred frequently in persons distinguished by mental power, and were in some instances, of which he mentioned one, benefited by bleeding. Some years ago, there was a quack who gained very considerable reputation for the cure of several kinds of convulsive diseases, a part of whose treatment was the enjoining of long walks—a practice more likely to do harm than good; if there was always that fundamental debility and prostration of which they had heard.

Dr. HARE considered the paper as one of great importance, and he agreed in the main with the deductions contained in it. He thought, however, that the importance of local disease had been underrated and instanced the confining of the symptoms to one side as a proof in point. Nor was he satisfied that convulsions never occurred in plethora or in fever. He agreed with what had been said about catalepsy and cramp, and thought the cases referred to by the Vice-President were cases of ecstasy, rather than catalepsy. He ended by hinting at a little fact in relation to cramp, which it might be useful to know—that this troublesome companion might be kept at a distance by tilting the bed, so that the feet and legs should be in a slightly depending position. The *modus operandi* was the keeping more blood in the legs, and this would harmonize with Dr. Radcliffe's views.

Dr. CHOWNE agreed with the remarks which had been made on the value of the paper, but questioned if the attempt which the author had made to generalize the various diseases alluded to, and find an analogy in them to epilepsy, was either useful or correct. Indeed most of them bore no analogy to epilepsy, the peculiarity of which was not the convulsion, but the threatening asphyxia. In this particular, hysteria, chorea, the tremulousness of palsy, and delirium tremens, differed from epilepsy in character, cause, and treatment. Puerperal convulsions, the convulsions of children from disordered bowels, and those which preceded small-pox, bore more resemblance to epilepsy. He differed with Dr. Hare in regard to the effects of chorea. He had seen cases of it, in which the fatigue from the uncontrollable motions was most severe and painful. In catalepsy, the mind was not always in abeyance. He had seen a case in which consciousness was complete during the entire attack; and with the exception of the catalepsy, the patient was in good health.

Dr. SIBSON agreed in a great portion of what Dr. Radcliffe had advanced; but whilst he admitted that in many cases convulsions had their origin in anæmia, in others they arose from an opposite condition. In the paper, the author had classified some diseases which were allied to epilepsy with some that were not. Convulsions, in some diseases, arose from a lowering of the nervous energy; in others, as hydrophobia and tetanus, there might be, and usually was, great excitation of the nervous system, with great muscular power. He had seen three cases of hydrophobia: two of these occurred in very powerful men; in the third case the man was not strong. We found in practice, that the distinction which he (Dr. Sibson) had mentioned was borne out. Thus in convulsions arising from a depressed state of the system, as in chorea and hysteria, we found quinine, iron, and medicines which raised the tone, of most service; but in tetanus and hydrophobia, we subdued the nervous system by belladonna, chloroform, and other sedatives.

Dr. RADCLIFFE said that he was under a great disadvantage in having to bring such a subject forward in a partial form, and in so short a time; and all that under the circumstances he could hope to have accomplished was to have done something to shake conviction in existing views;



and to excite inquiry. He would not attempt to reply to the individual speakers, but would content himself with one or two general remarks. He was fully sensible of the imperfect manner in which the subject had been treated; but he thought himself fairly entitled to the benefit of the doubt in any one individual case, when the general evidence derived from the whole class of cases was in his favour. This remark had especial reference to the objections which had been made to what he had said about the uncongeniality of convulsion and plethora or fever. He would, however, distinctly say that he himself had never met with these individual objections; he had never once felt a pulse in which, during the convulsion, the evidence afforded was not distinctly opposed to either plethora or fever. He had often, indeed, found the pulse to rally very speedily, but never until the convulsion was over. With regard to the remark of the Vice-President respecting catalepsy, he would merely say that a question had been suggested in the paper as to whether the muscles were as rigid in cases of ecstasy as in ordinary catalepsy, which question had not been answered.—*Lancet*.

### HOSPITAL REPORTS.

#### KING'S COLLEGE.

#### *Large Calculus in the Female, of which the Nucleus was a piece of Cork.*

(Under the care of Mr. PARTRIDGE and Mr. HENRY LEE.)

JANE P., aged 42, married, was admitted October 20, 1851, under the care of Mr. Partridge, suffering from stone in the bladder. Until four years ago she seems to have enjoyed excellent health; about that time she was admitted into University College Hospital, probably for an attack of pleurisy. Two years before her present admission, she was in this hospital, under the care of Dr. Todd, for paraplegia, but was able to walk after six weeks, at which time she was discharged. At that period she felt a slight inconvenience in passing her water, but not to a sufficient extent to excite attention. She has, however, grown worse up to the present time.

The symptoms on admission were, very severe pain in passing urine, the stream frequently stopping suddenly; the fluid very thick, mixed with blood, and depositing a ropy, unhealthy-looking mucus on standing; the general health much broken down, great pain across the back, very little liking for food, frequent sickness, and constant nausea after meals. Mr. Partridge, on examination, detected a calculus, which was supposed to be of the phosphatic kind. The patient had been a fortnight under the care of Dr. Budd, who had had her transferred to the surgical ward, when the nature of the disease was ascertained. Two days after she had been placed under Mr. Partridge's care she was attacked with a severe paroxysm of pain. Towards night, Mr. Lawson, the house-surgeon, tried to introduce a catheter and draw off the urine, but could not get the instrument into the bladder, as the stone was firmly impacted in the neck. Mr. Lee, in the absence of Mr. Partridge, was now called to the case, and found the urethra so wide that the patient had herself tried to remove the stone with the aid of the index-finger. Mr. Lee was able to introduce the lithotomy forceps into the bladder, but the stone was so large that it could not be withdrawn without an incision upwards, and a very slight one downwards. No unfavourable symptom occurred, hardly any incontinence was noticed, and a week after the operation the patient passed her urine normally, and without pain. The stone weighed two ounces, and was of an oval, flattened shape. On a section, it was found to have formed around a nucleus which looked very much like wood, but on a closer examination the foreign body was found to be a piece of cork. The section was about two inches in diameter, and the concentric layers of phosphate of lime were extremely regular and numerous.

It is hardly worth while inquiring how the piece of cork reached the urethra. Numerous cases have been put upon record of patients, both male and female, young and old,

who, either from a depraved taste, or to remove obstruction, have passed various objects down the urethra. A case in point, treated at Guy's Hospital, will be found below.

As to Mr. Lee's case, we would just note how important it is for the subsequent well-being of the patient to make the urethral incision, when such is found necessary, directly upwards, ■ cuts downwards or towards the side heal with much difficulty, and are very apt to give rise to incontinence. We witnessed, a short time ago, an operation of the same kind, performed by Mr. Simon, at St. Thomas's Hospital. The case offers several points of interest, as will be seen by the following details:—

#### ST. THOMAS'S.

#### *Calculus in the Female; Extraction by Dilatation.*

(Under the care of Mr. SIMON.)

The patient is aged about 35, and was operated upon by Mr. Simon on October 19, 1852. The poor woman had been suffering severely from the usual symptoms of stone for several years, and no course was left but to make an attempt at removing it. The calculus was not supposed to be of large size, and the patient being conveniently placed on a table, Mr. Simon, after ascertaining the position of the stone with the sound, attempted its removal by the aid of small forceps. This was, however, found extremely difficult, owing principally, as was afterwards found, to the elongated form of the stone. The dilator was now used, and so completely did the urethra give way under its use, that, after careful stretching, the canal first admitted the little, and finally the index-finger. It had now become plain, from small fragments which came away with the instrument, that the calculus was of the phosphatic kind, and its position could be ascertained by the finger passed into the rectum. Larger forceps were now used; but the withdrawal of the calculus being still difficult, Mr. Simon passed one index-finger into the rectum, the other into the bladder, and by hooking the latter finger succeeded in extracting a stone of an elongated form, about the size of a common gherkin. The operation had been somewhat protracted, the hæmorrhage rather abundant, and the patient not having taken any chloroform, had experienced great suffering. But these circumstances had no prejudicial influence on her recovery; she progressed very favourably, and at the present time she is perfectly well, having left the hospital but a few days after the operation, no sign of pain or incontinence being noticed.

#### GUY'S.

#### *Stone in the Male Bladder; Extraction; Recovery.*

(Under the care of Mr. COCK.)

The patient, a man aged about 47, was in the habit of passing a parsley-stem down his urethra; this practice having arisen by the man's desire of thrusting back into the bladder fragments of stone which became impacted in the urethra, or else facilitating their exit by introducing the stem moistened with saliva. Whether, besides the mechanical effect, the patient expected any benefit from the supposed virtues of the parsley plant, we cannot say; but it is at least probable that he shared in the popular prejudice on the subject. It should be noticed that Mr. Cock cut this man for stone in October, 1851; the operation was very successful, and the recovery rapid. It would appear that the phosphate of lime formed the greater portion of the calculus. After the usual incisions, on October 2, 1852, Mr. Cock felt the stone give way under the forceps, and by the appearance of the detritus, it was evident that the calculus was of the phosphatic description. Finally, however, a somewhat large mass of crumbling stone was extracted, and to it was found attached a stem of some plant about four inches long. The bladder was now carefully washed out, the remaining detritus removed, and the patient transferred to bed.

On examining the stone and debris found in the bladder, it was perceived that the ligneous stem which had been extracted belonged to the parsley plant, and that incrustations had principally formed on either extremity. There



was every reason to believe that a stone already lay in the bladder when the stem slipped into it, for the calculus removed at the operation was quite independent of the organic foreign body which was extracted at the same time. The middle portion of the latter was free from concretions; and it may be supposed that the extremities, being in permanent contact with the mucous membrane of the bladder, received for a long period the deposits formed by the alkaline urine coming down from the kidneys.

The patient has since done well; he was not aware of a portion of the stem having broken off, and will probably, for the future, avoid passing for himself instruments of so primitive a kind.

It is rather curious that fragments of catheters, of bougies, stems of all kinds, &c., should, with such great facility, slip down the urethra; and towards the bladder, since the direction of the follicles, mucous glands, and muscular fibres is of such a kind as to favour expulsion and resist introduction. Every surgeon is aware that a slight amount of force is always required for passing an instrument down the urethra, and that some trifling opposition is generally encountered. It would, therefore, appear likely, when foreign bodies slip into the bladder, that the latter exercises a kind of suction, which favours their passage into the cavity. We need not remind our readers of the numerous cases of this kind which have been recorded. We shall just mention the pen-holder removed from the urethra of a patient by Mr. Birkett at Guy's Hospital; the hair-pin removed by Mr. Bransby Cooper at the same institution, and the bristly stem of fir which a Frenchman was in the habit of passing down his urethra. Examples of globular bodies slipping into the bladder are perhaps more rare; but concretions will, as is well known, form exactly around the nuclei. A very striking instance of such formation was some time ago brought, by Mr. Haynes Walton, before the Medical Society of London. In that case, horse-beans had been maliciously passed down a poor man's urethra, and phosphatic incrustations had formed around them in so exact a manner, that the whole presented the appearance of a globular calculus, within which, however, the bean lay quite loose, which latter circumstance might be made manifest, either by shaking one of the stones, or making a section.

Being on the subject of foreign bodies introduced into the urethra, we would just allude to a case which was some time ago under the care of Mr. Stanley at St. Bartholomew's Hospital, and which exemplifies not only the depraved taste to which we above alluded, but also affords another proof that urethritis, and some of its consequences, may be excited by mechanical irritation of the urethra.

#### *Diffuse Aneurism of Femoral Artery treated by Ligature.*

(Under the care of Mr. BRANSBY COOPER.)

Robert W., aged 47, a baker, carrying on his business at Dalston, came into Guy's Hospital, September 6, 1852. He was admitted under the care of Mr. Cooper, with aneurism of the femoral artery on the right side. About nine months before he came into the hospital, the patient was accidentally struck in the ham (exactly in the spot in which the aneurism afterwards made its appearance) in the following manner:—One day, as he was running along quickly with his barrow, he drove it against a post, which caused the handle to swing violently round, so that the point caught him with considerable force in the right leg, just where, according to his account of the accident, the artery passes through the tendon of the adductor magnus. The part struck was a good deal lacerated, and he suffered at the time considerable pain. Both the latter and the appearance of injury passed away, however, in the course of a few days, and nothing further was felt until six months after the occurrence of the accident, when, quite casually, one night, as he was lying in bed, he discovered a throbbing and beating tumour (as he called it) just where he had been formerly struck by the handle of the barrow. The patient had never observed this swelling before, but from this time it continued to increase in size; it also gradually became more and more tender and inconvenient,

without, however, as yet interfering much with the function of the limb. At the same time, however, the right leg became sooner fatigued than the other, and felt altogether weaker. This state of things went on without much alteration for about three months longer, until nine months had passed from the time of the accident, the patient never having sought medical advice, when one day the tumour suddenly became very painful, so much so that he was quite unable to walk, and obliged to keep his bed. The patient now sent for Mr. Toulmin of Hackney, who, after having examined the tumour, recommended that further advice should be sought, and called in Mr. Cooper. The consultation took place on the 6th of September, and in the afternoon of the same day the patient was removed to Guy's Hospital by Mr. Cooper's desire.

When admitted, it was found that the patient was suffering from a large pulsating tumour, occupying the inferior third of the right thigh on the inner side. The swelling was so extensive as to lead to the belief that it was caused by diffused aneurism, and that the blood was not contained in a closed sac. The tumour was extremely sensitive to the touch, and excited constant pain in the course of the saphenous nerve, which was in a continued state of tension by passing over the sac. The pain was so intense as to destroy rest completely, and keep up continued constitutional irritation. It was determined by Mr. Cooper that a ligature should be placed upon the femoral artery on the next day.

On the 7th of September the operation of tying the femoral artery was accordingly performed, and the patient bore it exceedingly well. Nothing remarkable occurred in the operation, excepting that, owing to the size of the limb, arising partly from fat and partly from oedema, it was difficult to ascertain the direction of the edge of the sartorius muscle, which was, however, laid bare by the first incision through the fascia lata. Upon opening the sheath of the femoral vessels, the artery, which was very large, was brought into view. Mr. Cooper next passed an unarmed aneurism needle beneath the artery, which measure was followed by slight venous bleeding. When the needle was seen on the opposite side of the artery, it was threaded with the ligature, then withdrawn, and the thread tied around the vessel. The venous hæmorrhage then immediately ceased, the edges of the wound were brought together, and the patient put to bed.

As soon as the ligature was applied, the sensitiveness of the tumour was relieved, and did not afterwards return. On the evening of the day of the operation, two grains of mercury-with-chalk, with six grains of Dover's powder, were given, and the patient passed a very good night. On the next day, when the wound was dressed, the surface of the lint was a good deal stained with arterial blood, and the wound itself had put on an appearance which led Mr. Cooper to remark that he feared secondary hæmorrhage. Cold-water dressing was ordered to be applied; the patient was given beef-tea and half a pint of porter, and as he seemed rather asthenic, he had also a little wine. On the second day after the operation, suppuration from the wound had commenced, and every tendency to bleeding seemed to have quite disappeared. Sulphate of quinine and dilute sulphuric acid were now given, and the quantity of porter increased to a pint.

From this time the patient continued gradually to improve; the discharge, however, remained more than usually profuse, the countenance frequently suffused, and it was impossible to avoid a suspicion of a tendency to hæmorrhage, sufficient to create alarm, as the time for the separation of the ligature drew near. Poultices were kept applied to the part, and strips of soap plaster put around the thigh above and below the wound, to prevent the burrowing of the matter. Healthy granulations now began to spring up, the discharge diminished, the general health improved, and on the 28th of September (that is, the twenty-first day after the operation) the ligature came away. There was no hæmorrhage, nor any other bad symptom, and the patient was discharged five weeks after admission.



The appearance of this man at the time of his coming into the hospital was not by any means such as would promise a speedy and easy recovery from a serious operation. He is a dark, sallow man, of sanguineo-bilious temperament, and at that time had a very decidedly cachectic aspect. Mr. Cooper took occasion to remark, that upon first seeing this patient with Mr. Toulmin, he received, from his appearance, a most unfavourable impression with regard to the progress of the case. Mr. Cooper, therefore, recommended to the patient to go into the hospital, instead of having the operation performed at his own house, as, among other reasons, the atmosphere of the baking-house would perhaps be injurious. With some little difficulty, the patient and his wife were persuaded to consent to the removal.

The history of this case shows it to be one of uncommon occurrence. Mr. Cooper considered that it should be placed in the class of diffused aneurism, with this unusual circumstance connected with it, that the vessel appears not to have given way until six months after the injury was inflicted. The phenomena may therefore be explained thus: either there had been aneurism before the accident, or else diseased action had been set up by the blow, and the artery had subsequently given way, owing to a morbid condition of the vessel having been established. Mr. Cooper was inclined to think that there was sufficient evidence of the latter supposition being the correct one, inasmuch as had there been aneurism at the seat of the injury when the accident happened (although the disease might have escaped the patient's observation), a severe blow from such an object as a barrow-handle would certainly have instantly burst the sac, and a diffused aneurism would have been the immediate result; whilst, in this case the swelling was not detected until six months after the accident. Those who advocate compression as a cure for aneurism, may inquire why Mr. Cooper did not adopt this milder mode of proceeding, in preference to tying the artery. In this case, however, compression was put entirely out of the question by the highly sensitive nature of the swelling, which was so great as to render the patient intolerant of the least pressure during the ordinary examination. Mr. Cooper, moreover, feared at the time that there was a more or less general diseased state of the arteries, and preferred applying the ligature in the usual manner, believing that an operation of that kind produces much less general constitutional disturbance than the long-continued compression of an artery.

ST. BARTHOLOMEW'S.

*Inflammation from Catgut introduced into the Urethra.*  
(Under the care of Mr. STANLEY.)

Edwin T., aged 16, a pale, thin, and fair boy, a clock-maker's apprentice, who formerly used to be florid and in good health, was admitted, February 2, 1851, into Darker ward. Nine days before admission he amused himself in passing a piece of new catgut, about twelve inches long, into his urethra, and he effectually did he do so, as to leave only about an inch of the catgut outside the meatus. The foreign body remained, according to the boy's account, but a few seconds in the urethra; it gave him no pain while he slid it briskly up and down; there was no immediate discharge when he removed it, and he states, moreover, that the catgut was never introduced afterwards. The patient was not in the habit of committing self-abuse.

On the fifth day after acting so imprudently, the boy saw, after passing urine, a little blood come from the meatus, though none had appeared at the time of introducing the catgut, nor afterwards. The day when this sanguineous discharge took place, the patient had headache, shivering, and general uneasiness. This trickling of blood after micturition, general feverishness, and restlessness, continued four days; the boy was then obliged to leave his master, and when laying by at home, the right testicle began to swell, and became painful. He had some medicine, but did not mention the above-stated circumstances to the surgeon who attended him. At last he told the fact to his master, who brought him to the hospital. On ad-

mission, the right side of the scrotum was found red, and the epididymis swollen and painful; there was no discharge from the urethra, though the urine presented a yellowish-white cloud; the fever ran high; there were quick pulse, thirst, &c. Mr. Stanley ordered twenty-four leeches to be applied to the scrotum; a saline mixture, and an anodyne at night.

On the next day, the febrile symptoms and pain not having abated, sixteen more leeches were placed upon the scrotum, a poultice afterwards, and antimony was added to the mixture. The inflammation of the epididymis could not, however, be controlled, and suppuration took place, the patient becoming at the same time very low and weak. The abscess on the right side broke spontaneously ten days after admission, a great quantity of pus was discharged, and Mr. Stanley opened on the same day another abscess on the left side; this gave exit to much purulent matter, after which proceeding the patient felt considerably relieved. Beef-tea and brandy had been administered as soon as debility had come on, as well as small doses of mercury-with-chalk. The patient now improved rapidly, the abscesses went on discharging less and less, the boy gained strength, and was discharged about one month after admission, in a very favourable condition.

This case might be looked upon as one of *gonorrhœa sicca*, as it has erroneously been called; but the simple fact is, that inflammation of the mucous membrane of the urethra had been mechanically excited. This urethritis did not reach the suppurative stage, but the irritation travelled along the ducts towards the epididymis, and attained there a very considerable degree of intensity. The purulent discharge from the urethra seems to depend not so much on the degree of irritation as on the kind. Mucopurulent matter secreted by the genital organs seems to have the privilege of exciting a discharge of the same kind from the mucous membrane upon which it is deposited. Irritating injections rank immediately after mucopurulent matter. On this head, Swédiaur's experiment may be cited. It is well known that he produced a purulent discharge from his own urethra by injecting liquor ammoniæ into that canal. And lastly, bougies, or any other foreign bodies, by being roughly introduced, may give rise, as has frequently been seen, to a discharge simulating gonorrhœa in almost every respect. We should, therefore, be extremely cautious in framing our diagnosis when called on to decide on the nature of a urethral discharge. Not that the treatment will be materially different in respect of the causes of these discharges, but because questions of the most delicate kind are sometimes put to the surgeon, and he should be very cautious before he gives a verdict which may have a baneful influence on the peace and happiness of families.—*Lancet*.

## DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

By WILLIAM M. BROWN, M.D., Melrose.

On the 10th of August, 1852, I was asked to see Mr. Martin, cattle-dealer, Earlston. Upon visiting him, I found a number of ulcers on the left leg, the surfaces of which, and the surrounding skin, presented a very unhealthy appearance. He had been under treatment by regular medical men, and also by a clergyman who practises the quackery, homœopathy; but with no benefit. As he was anxious for something to be done, I proposed to destroy the surface of the sores, and part of the surrounding skin, with pot. fusa; but as the sores were extensive, and the application of the caustic would be very painful, it was thought advisable to put him under the influence of chloroform, to which I saw no objection. I accordingly went over the following afternoon, and before proceeding to apply the caustic, I gave him the chloroform. He was not easily affected by it, and struggled a good deal. After beginning to apply the caustic, I found he was not sufficiently insensible to pain, and gave him a little more chloroform, which had the desired effect. I then proceeded with the application of the caustic, and was just finishing when I ob-



served a sort of catch in his breathing. I immediately stooped, and on looking at him I saw the mouth and eyes open, the breathing irregular, face pale, the eyes slightly turned upwards, and the pupils dilated. I ordered the window to be thrown open, dashed cold water in his face, tried artificial respiration, but with no effect. In a few minutes the man died. I cannot say how much chloroform was used, as a good deal was lost in the giving of it, but certainly not more than I have repeatedly given. There could be nothing faulty with the chloroform, as it was the same I have been using for some time; and, as a guarantee of its purity, I may mention that it was Messrs. Duncan and Flockhart's. No examination of the body could be procured.—*Edin. Monthly Jour.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 1, 1852.

### THE LONDON MEDICAL WEEKLIES.

THE following is much too good to be allowed to repose in the niche allotted to "Medical Monthlies" in the Temple of Fame; and therefore do we give it the benefit of our means of circulation, notwithstanding the antipathy of our northern contemporary to "hebdomadals" in general, as well as to those of London in particular. We copy it, too, because we conclude our brethren in the great metropolis have never stumbled on it in the course of their editorial labours, or we should have seen something in the way of rejoinder. There is no use, however, in attempting to ignore the thing, for there it is as fair a challenge as ever was penned; and if the parties assailed sit quietly down under such chastisement, all their bravado must henceforth be taken as so much vapouring after Pistorian fashion; in fact, "blue bonnets o'er the border" floats on the breeze, and there is nothing for it but a speedy retreat or a resolute resistance.

Then we thought of the London hebdomadaries; what good they had done in their generation; and how much evil. How one had thrust itself into notoriety and success by stabbing and throat-cutting; that another, after struggling many years for lingering existence in a virtuous way, had sunk at last into the embraces of a third, the meanest of all; that a fourth had just begun to lower upon the horizon of medicine on an humble scale; that the coming of a fifth had been portended; how they have gradually swallowed up the honest old English Monthlies, left only one languishing Quarterly, and succeeded in so lowering the public taste down to their own level, that in periodical literature there is no longer any profitable investment for capital, whether in brains or gold, except the fleeting leaves of a weekly print; and, most of all, how long it will be before the medical profession of England shall be so imbued with the dignity and purity of true learning, as to starve into surrender those who win their weekly bread by devouring men's characters, and pandering to the insatiable human appetite for scandal, strife, and spoliation. The power now possessed by the weekly medical press has really become a very serious matter, considering by whom it is exercised. Their depressing effect on medical literature and medical ethics raises grave doubts whether the good they have done is not outweighed by the concomitant evil. They claim to be the redressers of medical grievances, the prop and stay of professional independence, reformers in medical legislation, and a great encouragement to medical literature. What is to be said to these pretensions? The profession in England are undoubtedly indebted to them for undertaking a deal of disagreeable and dirty work for the redress of professional grievances. They deserve credit for their promptitude and vigour in assailing—though not always, indeed, in the

best taste—arrogant navy boards, miserly poor-law guardians, selfish assurance companies, greedy medical partners in druggists' profits, impudent quacks of all kinds, obscene advertisers, and the like. Students in London, too, have enjoyed singular facilities for denouncing the poorness of the dinners at St. Bartholomew's College, the opacity of the dressers' heads that encircle the operating-table at Guy's, the slothful progress of Todd and Bowman's Physiological Anatomy, and other annoyances of similar magnitude. At the same time, it may be feared that they have often got very bad advice as to their behaviour at school, from such arbiters of manners and morals. As to the mightier grievances of the profession, such as the miserable state of medical legislation, the close system of medical appointments in the great London hospitals, the patronage of quackery by the public and the legislature, the discouragement of medical science, and of science in general, by our government, the weekly journals may have done their best; but as yet they have effected nothing. And they have done some mischief, too, inasmuch as the insolence of tone and personal abuse, essential to their system of tactics, have steered against conviction men of weight whose minds might have been open to argument and persuasion. In the department of medical legislation it is to be feared that they have obstructed the course of justice by the impracticable nature of the measures they have pertinaciously advocated, and the influence they have brought to bear against every rational scheme of adjustment. We may dispose easily enough of the boast of their partizans that they have been a great support to professional independence. It cannot positively be stated, that any man in our profession has been found destitute of his own share of independence; and it may be safely said that, on the contrary, we see many who, were they to think and act less for themselves, and more by the advice of their betters in judgment and information, would do themselves much good and the world no harm. And if the facility of publication has taught the members of our profession more promptly to resist evil influence and injustice, it cannot be denied that they have been too often led by the same cause to commit themselves both to unnecessary defence and wanton attack. That these contributors to weekly literature have been too often betrayed into a low level of controversy by editorial example, so that the personal and the insolent have become the fashion in controversial medicine; and that the tone of medical ethics has consequently been lowered, thus grievously endangering the favourable position which our profession has hitherto occupied in society in Britain, comparatively with other countries. Those who perpetually sneer at the combativeness of medical men, have no idea of the force of temptation in the ready opportunities of indulgence presented by the weekly medical press. We take it that as human nature now stands, the several professions are all much alike in regard to the natural gift of pugnacity, and the tendency to gratify it. But the varying circumstances of their lives yield various modes of gratification. The soldier alone is trained by a course of severe discipline to store his for use on legitimate occasions. Lawyers expend theirs in sham-fight; exhorting their bile on the clients, or sometimes on one another in shape of their clients, and with the singular privilege of having an umpire on the bench to look on, and stop the combat when it becomes unsafe. Divines have periodical opportunities of exhausting their animosity legally, usefully, and uncontradicted, upon sin and sinners in general. But medical men have no artificial outlet for their share of combativeness. Their professional relations supply frequent cause of quarrel, but they have nobody to assail except one another; they have no other way of doing so but in downright earnest; they have no authoritative umpire to regulate the lists for the duello; and instead of this, they have three or four hebdomadaries sitting like so many "succubi" at their elbows, tempting them to commit the sin of wrath, recording its first overboilings, and thus binding them down to the consequences for ever. It may be asked—Why do the editors of the weekly journals admit into their pages so



much personal contention, which in their hearts they must condemn. Listen to the answer of one of them who puts to himself the question why he does not reject what he disapproves of. "If such were to be the rule of our policy, the *Lancet* would soon become an insipid, worthless production—the mere vehicle of puffing and vapid twaddle." In short, by the contrary course, the sheet is enlivened, and pays. Of all the pretensions put forth on behalf of the weekly medical journals, the most groundless is, that they encourage medical literature. On the contrary, they have degraded it. Their main peculiarity, besides the promotion of strife, scandal, and personality, is the countenance they have given to a third class literature, composed of cases, lectures, and hospital reports.

The mania they have created for this description of authorship is inconceivable. In the *Lancet* for March 22, 1851, a list is given of communications, which want of space compelled the editor to postpone; and it amounts to the appalling multitude of 118. The list consists of 7 lectures, 34 hospital reports, 30 cases, and 44 dissertations. It is very plain, however, that all England could not supply authors able and willing to furnish the fourth part of that amount of materials worthy of being rescued from oblivion. There is, in the first place, no greater load on medical literature than the undigested heaps of solitary cases, to which these periodicals have given birth. No one can over-rate the value of well-described cases, when they present any novelty, or illustrate any point in practice not yet sufficiently established and elucidated. But the great majority of the detached cases in the weekly press are without any point to illustrate; most of them exhibit an utter ignorance or disregard of similar facts which had appeared again and again before; and not a few have no other merit than that they superfluously illustrate well-established generalisations which may be found in any good systematic work. If the authors of such trivialities would read before they write, they might save their pen and ink. The so-called Hospital Reports of the weeklies are even worse. There is not perhaps a more difficult branch of medical authorship, or one requiring greater opportunities of study and more varied qualifications, than a well-digested hospital report. But forsooth, the editor of the *Lancet*, on the 22nd of March, 1851, had no fewer than four-and-thirty more than he knew what to do with! Were hospital physicians and surgeons to make it a habit themselves to study, methodise, and comment upon the cases of a season, and favour the world with reports framed on such a basis, their disinterested exertions would be everywhere acknowledged with gratitude, and would doubtless raise the standard of medical literature and learning. But it is a farce to entitle as hospital reports the productions which appear under that name in the weekly periodicals, and which are seldom anything else than solitary cases, often too without point, without novelty, and even without any better authority than that of the young penny-a-liner who composed them. As for Lectures, we had occasion to digest the Clinical ones to some purpose not long ago, and nothing more need be said of them. The lectures of a systematic kind have been now pretty well exhausted; and, looking back to them, it is not easy to see how they differ either in nature or utility from well-known pre-existing independent works on the same subjects, or how they have any pretensions in point of quality to equal consideration.

The department of original dissertations, the most important branch of journalism for the literature of medicine, must, of course, present inequalities in all periodical works. But it is very plain that a great proportion of those in the weekly journals exhibit signs of hasty publication; and few will stand as works of reference after the lapse of two or three years. They seem in general intended for temporary, and not for permanent monuments of the industry of their authors; and it is greatly to be feared that their object has been not so much to advance medical learning and practice, as to serve for an advertisement to bring the authors' names before the public. It is a remarkable coincidence that, contemporaneously with

the spread of weekly journalism, there has been in this country a great decrease in standard works of original research. We fear that matters have reached this point in London—that a man can scarcely now advance into professional practice, unless he advertise himself by entering into competition with the crowd who scribble for the weeklies,—that, when he does so succeed in attaining a respectable position in his profession, it is not until he has thus naturally enough acquired a distaste for the toil of medical authorship; and that consequently he ceases to write when most competent to instruct by his writings. We may trace more than one biography through these successive phases.

Add to all this the intolerance of the weekly tyrants for everything better than themselves and their partizans, their base usage of the heads of the profession for at least a quarter of a century, their furious and unreasonable antipathies, their uncompromising advocacy of their own favourites for the time being; and no wonder can arise that in the higher walks of our profession there shall now exist a disinclination to take the same active share as formerly in contributing to the literature of medicine. In the days of buccaneering, when some band of pirates had boarded a vessel down on the Spanish main, they either made the crew walk the plank, or clapped them in irons under the hatches, and then, dressing themselves in the cocked hats and laced coats of the officers, they strutted on the deck with all the air of legitimate possession. Just so have our brethren of the southern metropolis been treated by the weekly periodicals, which, during the last thirty years, have gradually acquired an ascendancy no less complete, than despotic and injurious. They have silenced the good men of standing and reputation, knocked down and abused any man who ventured to question their authority, and thrown a shield over the folly and presumption of their own creatures. Do we see no chance of escape from such miserable thralldom? Yes, we do. And what is more, we believe it is from us the poor sufferers are most likely to get assistance for their emancipation. The piratical crew constantly endeavour to keep their prisoners in the dark as to what is going on in the world around them, and to make them believe that the power of their master is proof against all attack. But if we can manage to let a little light shine down into the gloom of their dungeon, we may awake some spark of hope in their disconsolate breasts; and, reminding them that where there is a will there is a way, we may perhaps rouse them to make the effort requisite for setting themselves free. They will then make a rush to the arm-chest, shoot the man at the wheel, hoist the old standard of independence, and, giving three cheers for the good old cause of truth all over the world, again pursue the course which has been so long and disgracefully interrupted.

"Thus said the captain to his gallant crew:  
Down with the black flag, up with the blue!  
Fire on the maintop; fire on the bow!  
Fire on the gun-deck; fire down below!"

—*Edinburgh Monthly Journal*.

## THE DISPENSARY ACT.

### A STARTLING RESULT.

THE following letter and that which it has elicited, announces a fact which at this hour of the day will scarcely be credited. Whether in any other union such a confession of insolvency has been made we know not; but that in even one the Surgeon of a Dispensary should receive no payment for a year is monstrous; and in a union, too, in which a noble Lord talks so lightly of "the doctors":—

GENTLEMEN,—I beg most respectfully to state to you that the Athlone Board of Guardians have never as yet paid any portions of their salaries to the medical officers of the Athlone Dispensary District; and I believe the medical officers in other parts of the union are similarly circumstanced. I am now performing the duties of this dispensary for upwards of a year without receiving a single shilling during that period for my services to it. Of course this communication has re-



ference only to the period I have acted under the new act. Now, in the third quarter, I would not even now stir in the matter, but that it has to-day come to my knowledge that the board within the last few days passed a resolution that they would pay nothing till certain debts were liquidated; so that the period at which we may be paid our miserable stipend would appear to be quite indefinite. Under these circumstances, I respectfully ask of the Commissioners to request of the board that our salaries be forthwith paid.—I remain, &c.,

GEORGE HETHERINGTON.

Popr-law Commission Office, Dublin, Nov. 13, 1852.

SIR,—I am directed by the Commissioners for administering the Laws for the Relief of the Poor in Ireland, to forward to you, to be laid before the Board of Guardians of Athlone Union, the enclosed copy of a letter which the Commissioners have received from Dr. Hetherington, one of the medical officers of the Athlone Dispensary District, Athlone Union; and, in reference thereto, I am to call the guardians' attention to article 19 of the General Rules for the Government of Dispensary Districts under the Medical Charities Act, which declares that the salary of each medical officer of a dispensary district shall be payable by the board of guardians quarterly (that is to say, to the 25th March, 24th June, 29th September, and 25th December, respectively), and I am to request that the guardians will take steps for the immediate payment of the salaries of the medical officers of the several dispensaries in the union, in accordance with the above article, if they have not already done so.—By order of the Commissioners,

W. STANLEY, Secretary.

To the Clerk, Athlone Union.

Mr. Murtagh said that at present there were no funds to pay the medical men. The bank had refused to cash any more cheques until the balance of their advance was paid up. There was still £500 due to the bank, which would be cleared off this week.

From this, as well as from much more that we see and hear, we come to the conclusion that little hope remains of a voluntary compliance by the Guardians with the requirements of the act; and that sooner or later the Commissioners must resort to compulsory measures, however embarrassing such a course may prove. Here is a Board of Guardians repudiating their obligations altogether, while elsewhere the same is done in degree by assigning salaries little more than nominal. In truth, there is little difference between a refusal to pay anything for an article and a refusal to pay what will purchase it. To tender a Surgeon fifty or sixty pounds a year for attendance on the poor of an extensive dispensary district, where as much more, or even half as much, cannot be realized by practice, differs little from tendering a promise to pay with no intention of keeping it. In our last, we hinted at the possibility of such a state of the law being in operation as may disable the Commissioners from coercing the Guardians; but if any such prevails, the sooner an amendment of the statute is obtained the better. Neither time nor exertion should be wasted on any attempt to extort relief from the Commissioners, if it appears that they are unable to afford it; every effort should be devoted to such a test of the determination of the Guardians in every union in Ireland as will prove that nothing but compulsory legislative provisions will secure proper medical relief for the poor.

### THE CASE OF BOURNE v. COX.

We copy the following announcement to inform our readers as to the result of these proceedings which involve many considerations to which we may have to refer hereafter:—

Although we have not received the official Report of the Council of the Bath and Bristol Branch of the Association, we understand that Mr. Cox has withdrawn from the Association, and has thus, of course, stopped all further investigation into his conduct. We have already expressed our sentiments upon this painful subject so fully, that there is no necessity to do more than express the hope, that by a rigid course of upright professional conduct, he may regain that

status which he has now (we hope for a time only) lost. Whilst on this subject, we beg to draw attention to the letter of Mr. Cole, which certainly, if attended to, would obviate much of the odium which the public now sprinkle on us with no unsparing hand. If the profession could only agree upon a scale of charges suited to the varying aspects of medical life, this might, though not easily, be avoided.—*Prov. Jour.*

Just so. All the virtuous indignation indulged in against Mr. Cox should be vented on the system and not on the man. We give the pharasaical gentlemen who so feelingly deplore these peccadillos of their sinning brother very little credit for sincerity, and we thank the writer of the following for his honest expression of opinion on the subject:—

The appearance of the "Amended Draft of the proposed Medical Bill" in the pages of your journal, and your invitation for communications respecting it, reminds me of having hitherto neglected to direct your attention to a monstrous abuse peculiar to the medical profession, for which it does not in my estimation provide a sufficient remedy. I allude to the practice of charging high prices for medicines as a remuneration for professional services. Clause 23, indeed, empowers registered persons to recover reasonable charges for advice, visits, and medicines, and clause 24 prohibits any other person from doing so; and this is all very proper and desirable, and would seem necessarily to lead to a discontinuance of the old system. But why leave to chance that which might so readily be reduced to certainty—why not prohibit a practice that is in every respect so objectionable? If medical men will, or must, supply medicines to their patients, being empowered by law to recover for professional services, it surely can be no hardship to require them to supply those medicines at the druggist's price; there need not be two prices for the same thing, and if the druggist's price is to be regarded as the fair market price, I would have such to be the only price recognized by law. And suppose it should result that medical men, when properly paid for their professional services as a separate item, should be able to supply medicines for less than the druggist's present charge, it may be no loss to the public to discover that their friends the druggists have hitherto made more free with their pockets than fair dealing could in all cases justify. There is no doubt that medicines may be supplied for less than the generality of chemists and druggists now charge for them, and that medical men may be able to supply them at a very low price, without any disadvantage to themselves, when properly paid for their professional services. I would not advocate the supply of medicines gratuitously, but in common honesty they should be supplied at a reasonable profit, and not, as heretofore, at double, treble, five, or ten times as much as they are worth. A few additional words in clause 23 would accomplish my purpose, and at once effectually annihilate one of the greatest evils the profession has hitherto had to deal with. You may possibly argue that the clause as it stands is calculated ultimately to do this. I admit that such ought to be its effect, but am unwilling that so important a result should be left to chance. Besides there would be this advantage likely to arise from the prohibition—it would clearly demonstrate to the public the necessity for the change of system, and by placing our professional services in their proper and legitimate position, tend much to enhance the status of the profession in public estimation. And if it be objected that the profession will soon cease, after the passing of this bill, to supply medicines to their patients altogether, I meet the objection by the assurance, that in small country towns and rural districts this will be found for the most part impracticable.—*Mr. Cole in Prov. Jr.*

But it seems that this view of the case, as adopted by us, is held to be a libel on the General Practitioners of England, and we are denounced for it by a journal which would fain be considered their champion. The *Lancet* tells its readers that we "never lose an opportunity of propagating slanders upon the gentlemen in general practice in England," and that we "display our ignorance and malignity in reference to the case under discussion." Well, if denouncing the practice of drugging and drenching patients to trump up a bill be a slander on the General Practitioners, then are we guilty; but when we see, as we here do, the very organ of the respectable portion of these



practitioners doing the very same thing, we tremble not for the consequences. Then as to the offence of Mr. Cox in the case before us, we cannot see anything so very wonderfully heinous in it. His crime, in fact, is not that he charged the patient twenty guineas for the job, but that he did not do so *selon les regles*. If an Irish Surgeon took a guinea a day for twenty days from a young gentleman labouring under gonorrhœa, who would say wrong he did? Mr. Cox acted very imprudently, and, as it appears, illegally, in meeting the emergency as he did, but those who denounce him do something of the same kind every day of their lives; and the *Lancet* will discharge its duty much better by telling them so than by treating them to a chapter of its blarney. Then as to any society erecting itself into a court for the trial of any of its members under such charges, we doubt very much the propriety or prudence of such a step. We can tell them a judge and jury might take a view very different from theirs, and very little to their consolation. After all, it appears that Mr. Cox attended this person from the 16th of June to the 20th of July, and paid thirty visits, supplying forty bottles of mixtures, and fifteen powders; for which he had to seek payment on the deck of an emigrant ship. He made the most of the case, and that's all.

## CORRESPONDENCE.

## THE MEDICAL CHARITIES ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Expecting to have seen since my last to you something from “One of the late County Secretaries” to sustain his “highly honourable men” in the inconsistent manner they have acted, I did not notice the observations of “Medicus,” who came to the rescue of the other two correspondents, “The Secretary” and “Subscriber,” sooner. I thought it might be better at first not to notice him at all, as it would appear he desired the subject of the appointment of two dispensaries ought to be left to the ratepayers and the medical attendant, and that the notice of it should be moved from the Press altogether. In this I disagree with him, and believe it to be a subject for the profession to consider, that there ought to be one uniform principle to guide the Poor-law Commissioners in their appointments, and if not the sooner the legislature should interfere the better. Does not “Medicus” well know if such matters were left to the ratepayers, how they would act, as committees often force appointments on them contrary to their wishes.

If “Medicus” would for one moment reflect, he would not compare infirmaries, jails, fever hospitals, &c. &c., to dispensaries, as in the former all the duties of the medical attendant are in one place, while those of the latter are extended over a large tract of country.

As “Medicus” seems to know the particulars of the case, and the large districts to be attended to, he will please recollect, if convenient to do so, that the visits paid under the old system were confined to an area of some two or three late Irish miles around each dispensary, and never beyond that boundary, except receiving some small fee, or under pressing private influence; but under the Medical Charities Act, the medical officer must visit every part of his district, no matter how extensive. He might plead as an excuse under the old being out of his circle, but dare he refuse under the new on pain of dismissal.

I am a little surprised when “Medicus” was enumerating all the recommendations of the “appointed,” he did not put in that he was a first-rate bookkeeper, and wanted a sleeping partner; for you know, Mr. Editor, these qualifications are indispensable for a dispensary medical officer, one for keeping correctly the intricate books, and the other for a successful midwifery practice.

There may be an occasion for noticing the other remarks that are in the letter of “Medicus,” when the “non-elected” or the “disappointed” may show he acted in the most honourable way, and in concert with the appointed, regardless of the insinuations of “Medicus.”

There is one remark more before I am done, and that is, “Medicus” has extended the districts to more than 260 square miles to be attended to by his “young and active” friend. As he asserted that the “disappointed” lived fully fourteen miles from parts of the district alluded to, then deducting one from fourteen would leave thirteen, one mile being the distance of the residence of the non-elected from the district.

In conclusion, I again reiterate, let there be no pluralities of dispensaries.—amply remunerate the medical officer for each, but impose on him no duties which he cannot efficiently discharge, and let one uniform principle guide the “highly honourable men,” the Poor-law Commissioners, in their appointments; for if they had not acted inconsistently, I would have been saved much trouble, and your space perhaps more profitably filled. Thanking you for your courtesy, I am yours,  
A CONSTANT READER.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Under the above heading have appeared in your journal from time to time for the last twelve months, various editorial and epistolary articles treating, each after its own fashion, on the merits and demerits of the act in question, as well as on the liberal and illiberal spirit adopted in different parts of Ireland in its administration.

You, Mr. Editor, began by declaring that “the labourer was worthy of his hire,” and that after considering the question calmly and dispassionately, you came to the conclusion that “£100 per annum ought to be the *minimum* that a dispensary surgeon should accept, or be offered in ordinary sized districts;” and, again, that “if the districts were excessive, and the salaries inadequate, a remedy for such injustice should be formed.” Then follow your correspondents, conveying to you, and all concerned, the intelligence that, so far from your *minimum* being the fixed standard in ordinary sized districts, not more than half the sum was given in districts of excessive dimensions, and that the said demi-allowance had been sanctioned by the Commissioners, the grand expectations of the profession from their construction of the 8th section of the act to the contrary notwithstanding. Again, the correspondence varies. At one time it is complaining of the number of books and statistics to be kept (which, however, in my mind, are neither difficult to be filled nor in the least troublesome to any man who may be properly paid for keeping them); at another time we find defeated candidates for office (low as the salaries are), complaining of their successful opponents, and charging them with being pluralists.—a term which (we may calculate) was equally applicable to those gentlemen before the present act ever became law, as it has become now (as I suppose) by their reflection to the appointments in question. And here let me ask, Mr. Editor, by way of parenthesis, how many of us, worth a groat, that are not pluralists in some sense or other of the word? The infirmary surgeon with his jail; the workhouse medical officer with his workhouse or dispensary, or mayhap both; the Dublin professor with his university or college chair, and his hospital also—*inter alia*—are surely pluralists as much as the country practitioner with his two dispensaries, whose position and long services have entitled him to these appointments; and yet no man ever dreams of saying that any of the former should give up one of his appointments to meet the wishes of his supernumerary and expectant neighbour, who may be anxious to get it. Away, then, with those murmurings against our more successful brethren, unless indeed that success may be attended with such a glaring departure from all rule and practice as hinted at in the case alluded to



by "A Fellow of the College" in your last impression; which case, if the particulars connected with it be as stated by him, he is bound by his obligations as a Fellow to lay bare and expose before the public.

But to return from this well or ill-timed digression, and to sum up. From all I have heard and seen of the various grievances the profession is labouring under from the operation of the Medical Charities Act, it strikes me that the all-important and the most intolerable, because the most unjust, is the grievance of excessive districts and the inadequate remuneration given for the performance of the duties connected with such districts; and that in any movement to be made by the profession for the redress of those grievances that are supposed to exist in the working of the act, the removal of this—or, I should say, of these two—should be paramount with them beyond all other consideration. The removal of these two grievances! But how is that to be done? "That is the question."

The members of the Medical Charities Committee, who carefully scanned each clause of the act, and who, no matter what may be said to the contrary by parties who never contributed in the slightest degree to forward the cause themselves, spared neither time nor trouble in their endeavours to make the act a useful and fair one; and who invariably consulted the first lawyers in Ireland on those doubtful points in which the interests of the profession were at stake, relying on the professional integrity of the Commissioner that was to be taken from our own ranks, and the powers that he would be enabled to *justly* wield in behalf of the profession and the sick poor, fancied that the interests of both were accordingly secured. When they came to consider the 6th and 8th sections of the act, by which the reader may perceive the Commissioners are empowered, "if to them it appears necessary," or "if they see occasion," to abolish the two grievances aforesaid—viz., excessive districts and inadequate salaries.

The Medical Charities Committee were, however, disappointed in their expectations, and the profession now plainly see that, however apparently clear the words of an act of parliament are, they are liable to two versions; one as diametrically opposed to the other as black is to white. As, for example, the medical profession all over Ireland say that the Commissioners have the power by the aforesaid recited sections of the act, to do them and the sick poor justice (if they so desire); the Commissioners, on the other hand, say "No." But I very much fear that they want the will to find out the way; and I but too well know that poor-law boards of guardians (generally speaking), so far from having it in contemplation to better the condition of their medical officers, are in a great many instances seriously thinking of making it worse (see report of the proceedings of the Ennis Board of Guardians, always foremost in the work of destruction).

We have, therefore, nothing to hope from "the powers that be," as the law at present stands; and that being the case, it is our duty to consider a feasible remedy for the grievances we are labouring under. I, for my part, have been for a long time of opinion that as long as the salaries of the medical officers of the poor are made payable out of the poor-rate, so long will they be limited in amount, and disproportionate to the duties exacted; and entertaining that opinion, I have been during the late agitation of this subject the persistent advocate for payment to the dispensary surgeon out of the Consolidated Fund; and I am as firmly convinced as that I live, that until that consummation is brought about, the poor-law guardians of the country will not (generally speaking) give fair or adequate salaries to these officers. I say "generally speaking," because there are a few honourable exceptions in the country, where the medical officer receives a fair and reasonable remuneration for his services. In my own neighbourhood, one man is allowed £80 per annum in a district with an area of 23,000 acres, and a popu-

lation of only 5432 inhabitants; while in the adjoining union there is only £50 given in a district with an area of 52,000 acres and a population of 14,000 souls; and, to make bad worse, there is more destitution and *more* sickness in one electoral division of the latter districts than could be found in the entire union in which the former district is situated; exhibiting a disparity intolerable in the relative positions of the respective officers.

You, Mr. Editor, express a hope that if the surgeon satisfies both rich and poor by the successful discharge of his duties, he cannot fail to be enabled to exercise such an influence as will secure to him his rights. That may be, in some instances; as in the few honourable exceptions already alluded to, but as a general rule it denies its applicability. In the very district alluded to above, and in which £50 per annum is only given, the first act of the committee of management at their very first meeting was to pass a unanimous vote of thanks to the medical officer for the efficient and successful manner he had discharged his duties under the old system for the last fifteen years, and expressing their confidence in his skill and knowledge for future operations. And yet, although every one at that meeting knew that this gentleman received £80 per annum under the old system for a district about half the dimensions of the present one, there was not one amongst them to raise his voice against the inadequacy of the salary allowed by the guardians and sanctioned by the Poor-law Commissioners! I, therefore, repeat that until we are paid out of the Consolidated Fund (to which we, as officers of the public, have every right), that portion of the 8th section of the act which empowers the Poor-law Commissioners to do us justice will be allowed to remain a dead letter.

But it may be said, as it has been before said to me (particularly by such as expected appointments under the act, and who did not in consequence wish to ruffle the temper of the dispensers of patronage), that the thing was impracticable, unattainable, and, consequently, that we should not be looking for what would not be given, or would not be listened to, &c. This I deny altogether. I deny that it is a subject to which any, and especially the present Government, ought, or would, turn a deaf ear. The readers of the Press, at all events such of them as are politicians (and who are not), cannot but remember that some two or three years ago, the present Chancellor of the Exchequer declared in his place in parliament, that all salaries then payable out of the poor-rate, ought to be made payable out of the Consolidated Fund; as a relief to the landed interest from the pressure of taxation, and are we to be told that now, when in office, he would refuse to take the matter into consideration if called upon by the medical profession all over Ireland to carry out the principles laid down by himself when out of office as fair and just, particularly now that he must eschew protection and make some amends to that party for his unavoidable I ask, could he confer on them than to relieve them from the abandonment of their causes and what greater boon, might payment of the fixed charges of the poor-law establishment.

To shew those who may even yet differ with me on this subject that I do not stand alone in the views I have formed in reference to it, I will, with your permission, give the following extract from a communication which I received on the eve of the last general election from one of the candidates of my county, in reply to certain queries put to him by me as to his political creed. "First of all," he says, "with regard to the poor-law, I entirely agree with you and those who hold similar opinions, that the fixed charges on the establishment should be defrayed from the Consolidated Fund; for the burdens, unfairly and partially weighing upon us, an equivalent should be conferred arising out of the general wealth of the country, and not merely assessed on the landed interest. I really am much obliged to you for reminding me of this omission. The fact is, that my ad-



dress was written in great haste, or I would have enlarged very considerably on the subject of the poor-laws generally."

"When I add that these views and opinions have been given expression to by one of the ablest and most talented representatives that Ireland ever had, and that with him originated some very important amendments of the poor-law as it at present stands, I hope the subject will no longer be considered impracticable by my professional brethren, but that they will take it up as the most feasible method whereby they can obviate the difficulties they are labouring under at present, and remove or remedy the grievances which they are suffering from the operation of the Medical Charities Act."

"Should there be a general meeting of the profession, as I understand has been suggested by that sterling and purely disinterested champion of the rights of the profession—Dr. Kingsley, of Roscrea—I shall make it my business (D.V.) to attend such meeting, and there explain my views more fully as to the manner in which they can be carried out fairly and justly towards all by adopting a *maximum* and *minimum* salary in proportion to the extent and population of the districts and the duties to be performed, &c."

"Should such meeting not take place, I will, on a future occasion, take the liberty of trespassing on the columns of the Press, and of conveying therein those views to my professional brethren for their adoption or rejection, as to them may appear fit.—Mean time, I have the honour to be, your obedient servant,

A MEMBER OF THE LATE MEDICAL CHARITIES COM-

MITTEE, AND COUNTY SECRETARY.

Nov. 24, 1852.

P.S.—Since the above was written, the Press of the 24th came to hand, and I rejoice to find by it that the subject of payment to the poor-law medical officers, out of the Consolidated Fund, has been alluded to, both by yourself and your London Correspondent, corroborating thereby the views I have formed on the subject. There are other points of importance also introduced into your leader which I may take an opportunity of advertizing to hereafter. For the present, I will content myself with expressing my regret that the Poor-law Commissioners (if they are really disposed to act fairly or justly by the profession, of which disposition I have serious doubts) did not run the gauntlet with the Limerick Board of Guardians advertized to by you. The result would either affirm or negative the powers supposed to be conferred on them by the act; and if the latter, they would then be in a position to call for more definite and less doubtful powers. Let every county in Ireland follow the example set them by Tipperary and Limerick, and it would answer the purpose as well as a suit at law with the board of guardians of the latter county.

November 26, 1852.

#### ABUSE OF CHEMICAL CERTIFICATES—THE BEER PUFF.

A LADY who had been for years in the habit of taking Guinness's stout, recently informed the agent that she was under the necessity of discontinuing it. On his inquiring whether she had any fault to find with the stout, she replied, "Yes, it is adulterated—if it were not adulterated, you would have it analyzed, and publish the certificates; as the makers of bitter beer have done; but you dare not have it analyzed, because you know it is adulterated." Assertions and protestations were in vain, the lady closed her account. The disreputable advantage which has been taken of the strychnia panic as a means of puffing the beer of one brewery in particular, has had a temporary effect on the public mind which is neither creditable to the parties concerned, nor likely in the end to place them in an enviable position in the trade. All the brewers of bitter beer were under an imputation resulting from an unfounded rumour. It was necessary that this should be contradicted, which was done by the publication of the result of a full investigation of the facts of the case, and the quality of the beer from several breweries. Here the matter might have ended. The panic had ceased; the breweries

were in full work, and some of them could not make their beer fast enough to meet the demand. One of these firms, however, conceiving this to be a golden opportunity for a puff, has given the public such a dose of advertisements, and certificates, and correspondence respecting the beer of that brewery, that some innocent persons have been led to suspect that the strychnia rumour was, after all, not so ridiculous and unfounded as it had been represented to be. The question is a natural one—"If all this noise and trumpeting be necessary to clear the character of one brewery, what must be the state of the case with other breweries, the proprietors of which are satisfied with a simple contradiction of the rumour, and then leave their beer to trumpet for itself?" The lady above referred to appears to have come to the conclusion that all beer is either puffed or poisoned, and as Messrs. Guinness and Co. will not condescend to puff their stout, she declines to drink it. Others might draw a different inference, founded on the old maxim, that "good wine needs no bush." Leaving the rival breweries to find their level, we cannot pass unnoticed the injustice perpetrated on the distinguished chemical professors whose names are associated with this system of advertisement. On pumps and posts, dead walls and watering screens, where quacks and impostors plant their puffs, in railway stations, public-houses, and newspapers, hand-bills and circulars, the names of Liebig, Graham, and Hofmann are displayed in large type, in conjunction with the name of the firm which employed them professionally to examine and report upon their beer. If scientific men, in the performance of their ordinary duties as analytical chemists, are to be liable to this annoyance and degradation, it will become necessary for them to be extremely careful to whom they give reports or certificates of this nature. The abuse of chemical certificates is not an unfrequent occurrence, and some chemists habitually refuse on this account to furnish reports in writing, except under particular circumstances or conditions; but we do not remember a more flagrant case than the one before us. The evil will in some degree cure itself; the beer puff has already produced an effect in checking the facility with which such documents can be obtained. In several instances of recent occurrence they have been refused, and it is not likely after what has occurred that men of the highest eminence, whose opinions are most in request, will furnish written reports without some guarantee or understanding that such reports will not be used in a disreputable manner.—*Phar. Jour.*

Some five-and-twenty Physicians and Surgeons, besides four or five "Professors," have lent their names for the purpose here noticed. We cannot blame people in business for seeking such aid, for they do not know that there is anything wrong in it; but professional men who are fully aware of the impropriety cannot be so easily pardoned. The periodical gibbeting of some Dublin Surgeons by the rival Solomons, the spectacle hawkers, has done good service here by deterring others from indulging in such left-handed advertising.

#### TO CORRESPONDENTS.

Dr. H. McC.'s paper arrived too late for this Number (noon-day); it shall appear in our next. So also J. F. K.'s addition. Such matter is always the first set up and arranged. We are at a loss for some hints from London correspondents on the present tactics, objects, and prospects of their medical periodicals. There is a rustling under the straw here, and a fidgety manner there which requires some "private and confidential" explanation.

FELT AND CHAMOIS LEATHER PLASTERS.—The Messrs. Wright and Ewing have introduced a material which is likely to be valuable to patients requiring plasters for bed-sores. It may also be useful for other purposes. It consists of a kind of felt, more soft in its texture than that which is used for hats, and is covered on one or both sides with chamois leather. The plaster is either spread on the leather or on the felt. In either case, it appears to be an application likely to prove serviceable. It may be used for removing pressure from any particular spot, by cutting a hole in the plaster at the part affected.—*Phar. Jour.*



## SUBSTITUTE FOR MERCURY IN SYPHILIS.

M. ROBIN lately brought before the Academy of Medicine of Paris ten cases treated by M. Vicenti which would prove the efficacy of bichromate of potash as an anti-syphilitic agent. From the facts, of which M. Robin gave a detailed account, he draws the following conclusions:—1. Bichromate of potash is now ascertained to be an anti-syphilitic agent. 2. The salt being very soluble, acts without loss in extremely small doses, the treatment being therefore shorter than when mercury is used. 3. Bichromate of potash does not in general produce salivation. 4. The only disadvantages hitherto noticed are nausea and vomiting when the salt is taken fasting; but these unpleasant effects do not take place when the medicine is administered a little time after the digestion of a meal, and especially when it is associated with opium. 5. It is of much use in neuralgia, and though it may produce asthenic effects, it is by no means deleterious. 6. Its exciting properties may render it useful in indolent ulcers, in more or less strong solutions; as also in syphilitic sore throat, in the form of gargle. 7. As the ten patients who have taken the bichromate have not experienced the least unpleasant symptom, even by using very large doses for a protracted period, the new anti-syphilitic agent is now proved to be of greater value than the salts of mercury, which latter may become reduced in the economy, whilst the bichromate is irreducible under the same circumstances, and is so soluble as to be easily eliminated. Two of the above-mentioned cases were treated in 1850 and 1851, and no kind of relapse has been noticed.—*Lancet*.

## METEOROLOGICAL TABLE

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 21st,	46.5	42.5	29.300	.004
Monday,	22nd,	47	36	29.200	
Tuesday,	23rd,	44	34	29.250	
Wednesday,	24th,	43	38.5	29.700	.310
Thursday,	25th,	44	38	29.750	
Friday,	26th,	54	39.5	29.180	.280
Saturday,	27th,	48	38	29.680	.006

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet Dew T.	Point	Rain.	Wind.
Nov. 21st,	46	39.5	29.072	45.8	43.9	41.8	.012	ENE
22nd,	47	32.5	28.965	44.1	41.2	37.5	.002	ENE
23rd,	44	30.5	29.055	39.9	39.2	38.6	.004	N
24th,	44	36	29.460	44	42.6	41	.572	WNW
25th,	46	35	29.570	40.7	40.1	39.4	.032	Calm
26th,	54	37.5	28.960	44.5	42.6	40.3	.478	W
27th,	48.5	35	29.432	41.8	40	37.7	.004	WNW

M. W. HANLON, M.B.

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## SURGICAL SOCIETY OF IRELAND.

THE Meetings of the Society, for the Session 1852-53, will take place at the Royal College of Surgeons on the under-mentioned Evenings, at Half-past Eight o'clock precisely:—

1852—Saturday, 20th November.

Saturday, 4th December.

Saturday, 18th December.

1853—Saturday, 15th January.

Saturday, 29th January.

Saturday, 12th February.

Saturday, 26th February.

Saturday, 12th March.

Saturday, 26th March.

Saturday, 9th April.

Saturday, 23rd April.

Members who intend to read papers before the Society are requested to inform the Secretaries of their intention a few days previously.

When the Contributor of a paper wishes that the Secretaries should read it to the Society, he will please to forward it to them some days before the Meeting.

CHARLES BENSON, M.D.

O'BRYEN BELLINGHAM, M.D. } Secretaries.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

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## METEOROLOGICAL TABLES.

## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—Nov. 20.

The first meeting of the Society for the Session 1852-3, was held at the Royal College of Surgeons on Saturday evening, the 20th of November, and was most numerously attended.

Dr. HUTTON, President of the College, in the chair.

The PRESIDENT, on taking the chair, called the attention of the meeting to a circular issued by the Council of the Society, through its Secretaries, explanatory of the nature and objects of the Society, and calling upon the physicians and surgeons of Ireland, whether resident in Dublin or in the provinces, to contribute papers, showing or giving the results of their observation and experience. The President made a few observations on the liberal constitution of the Society and on the extent and importance of its objects, and expressed a hope that the members of the medical profession would fully avail themselves of the opportunities offered, or that the call made upon the members of the profession would be well responded to.

The following is the circular referred to by the President :

Royal College of Surgeons, Dublin.

SIR,—We are directed by the Council of the Surgical Society of Ireland to request your attention to the objects of this institution, and the privileges of its members. It is believed that if these were better known, practitioners throughout the country would more frequently avail themselves of this Society as a medium for communicating to the profession the results of their observation and experience.

The Surgical Society of Ireland was established in 1831 for the advancement of medicine and surgery and the collateral sciences. Its meetings are held once a fortnight during the winter, in the Royal College of Surgeons, on Saturday evenings; the chair being taken at half-past eight o'clock by the President of the College, or in his absence by the Vice-President, or the senior member present.

Communications are then read by the author, if present, or by the Secretaries or any other member to whom he may entrust them; after which the subject of the paper generally,

or any particular point, at the discretion of the chairman, is discussed. But no discussion of any paper is permitted unless desired by the gentleman who contributes it.

A short-hand writer attends to take a report of the proceedings, which is afterwards submitted for correction to a sub-committee of the Council, and then published in the DUBLIN MEDICAL PRESS.

The entire expenses of management are borne by the College, so that no subscription or fee of any kind is required from its members.

Fellows of the College are ex-officio members of the Society, and can have the certificate of membership on application to the Secretaries. Licentiates of the College are elected on being proposed by one member of Council, and seconded by another. Physicians and surgeons of other colleges are eligible by ballot.

We beg leave to enclose a card, showing the nights of meeting for the ensuing session, and will be happy to take charge of any communication you may be disposed to make.

We have the honour to be, sir, your obedient servants,

CHARLES BENSON, M.D.,  
O'BRYEN BELLINGHAM, M.D., } Secretaries.

### CASE OF ANEURISM OF THE DESCENDING PORTION OF THE THORACIC AORTA: WITH REMARKS.

By R. MURNEY, M.D.

Dr. MURNEY said, the pathological specimen which he had the honour of laying before the Surgical Society, was taken by him from the body of a patient on the 8th of the present month. The gentleman consulted him on the 1st of last June. He stated that his illness commenced six weeks previously by a pain and sense of tightness across his chest, which became worse at night, and each night progressively increased. When he went to bed he slept rather comfortably for two or three hours, but after that period was usually awakened by this severe pain and a horror of impending suffocation, so that the remainder of the night was spent in the erect position and in great agony. He told me that he had spent an active life, fond of gymnastic exercise, and that his habits were temperate, age 61. He invariably enjoyed good health, with the exception of an acute inflammation of the right eye, for which



he was attended by the late Mr. Colles. The eye was saved, but with permanently dilated pupil, and double vision when the left eye was closed. On examination, I found him in the following state: Pulse 70; heart's action normal, both as to impulse and sounds; no other sound or impulse to be heard in the chest, either anteriorly or posteriorly, or tenderness on pressure; the chest on percussion gave rather a dull sound under the clavicles; there was also feebleness of respiration, but no râle of any kind. Here I was divided between two opinions—viz., that it was either a gouty rheumatic attack of the heart, or inflammation of the lining membrane of the aorta, and perhaps an incipient aneurism. I abandoned the former opinion, in consequence of his having told me that there was no gout in his family, his habits of life being active and temperate, the character of the pain being such as I have described it, progressively increasing and recurring every night. I adopted the latter opinion, and treated him accordingly. I prescribed for him a mixture composed of sedatives and anodynes, which relieved him considerably. He was enabled to spend the entire night comparatively free from pain. He recovered his former spirits in a day or two, and expressed himself quite happy. I then determined on giving him a chance of mercury, and bringing his system under its influence as quickly as possible, as I considered the disease still to be confined to the lining membrane of the aorta, and as there were not sufficient physical signs to lead me to the conclusion that an aneurism had as yet formed. The mercury acted for a time very beneficially. I also kept a blister open over the sternum for a fortnight, at the end of which time he expressed himself quite recovered, and determined on going to his house of business in Liverpool, where he remained a month, with complete immunity from the pain. At this period the former symptoms again returned. He put himself under the care of some medical men in Liverpool, who took a different view of his case: they considered his disease to be connected with derangement of his stomach and liver. Remaining under their treatment for about three weeks without benefit, he returned to Dublin. He sent for me. I found him much changed in appearance, his countenance expressive of anxiety and pain, much emaciated, and like one suffering from disease of a malignant character. He told me that his manner of life, notwithstanding my cautions to the contrary, had been, while in Liverpool, as active as usual, regularly attending to his business and regimen as when in health. I examined him. The former symptoms, so far as the heart and pulse were concerned, little altered; but at the upper part of the sternum there was a strong, well-marked single impulse after the second sound of the heart. No other sound to be heard in any other part of the chest. This impulse was perceptible both to the hand and to the stethoscope. The jugular veins were also distended. On applying the stethoscope over the upper part of the sternum, there was well-marked stridulous breathing, quite indicative of pressure on either bronchi. He also complained of dysphagia, which he referred as commencing at the upper part of the larynx. At this period the difficulty of swallowing was equal, either of fluids or solids. There was a pulsation to be observed in the carotid and also in the radial arteries, resembling in appearance regurgitation through the aortic valves; but those valves were able to discharge their functions, as indicated by the second sound. At this period Dr. Stokes saw him in consultation with me. He suggested an addition to the anodyne remedies, and the application of a few leeches to the fourchette of the sternum. About two hours after the application of the leeches, after slight exertion, and exposing himself to a draught of cold air, he got a violent spasmodic attack, with difficulty of breathing and great stridor. I was sent for, and I found him walking from room to room, with the windows raised and the doors opened. He was gasping for breath, and presented a frightful appearance, eyes glistening and prominent, lips blue, face livid, and covered with a cold clammy perspira-

tion. The longer he was exposed to the draught of cold air, the stridor and difficulty of breathing became worse, and the anxious efforts by which he endeavoured to overcome these were most distressing to behold. I immediately conducted him to a warm room, excluded the cold air, applied hot sponges to the larynx and trachea, and took about two ounces of blood from his arm, all of which gave him instantaneous relief. Several paroxysms occurred before his death, and it was only by the frequent application of hot sponges and the use of antispasmodics and anodyne medicines, that he was enabled to avert their more frequent occurrence. He suffered extremely about the third or fourth of these attacks, and became quite faintish; the extremities cold; heart's action very feeble; the impulse already described at the upper end of the sternum not to be discovered: the pulse at the wrist not to be felt. After each of those attacks, the impulse diminished, and gradually disappeared, the stridor and difficulty of breathing became greatly relieved, thereby showing that the cause of the pressure was diminished, and after several repeated attacks, similar to those I have described, on the 6th of this month, he sank, exhausted and completely worn out.

Eighteen hours after death, I made a post-mortem examination of the body. On raising the sternum, the lungs appeared not at all capable of filling the cavity of the thorax, but free from any appreciable disease. On opening the pericardium, I found two or three ounces of serum in it. The heart enlarged, soft, and flabby. The aorta dilated, and had a thick rough feel, both in its ascending and transverse portions. Behind the root of the lungs, corresponding to the fifth and sixth dorsal vertebrae, I found a large oval tumour, as large as a goose egg, situated in the posterior mediastinum, its long axis transversely. In front of it lay the aorta to the left side, the right bronchus to the right, and the œsophagus in the middle intimately adhering to the tumour. This tumour was firmly confined down to the vertebrae by the contracted adhesions with the surrounding parts. In the left pleura there was a considerable quantity of coagulated and fluid blood. I removed the parts by cutting across the aorta and œsophagus below the tumour, and dissecting the tumour from the vertebrae. The bodies of the vertebrae were eroded. I found atheromatous deposits on the free surface on its lining membrane on the posterior wall of the descending portion of the aorta. Corresponding to the tumour there was a well-defined circular opening, about the size of a half-crown. I then slit up the œsophagus. I found on the posterior wall of it also another opening, about the size of a shilling, communicating with the tumour. The right bronchus was flattened. The tumour was composed of fibrine and coagulated blood. The position of the tumour mechanically obstructed the vena azygos and thoracic duct, which, I think, sufficiently accounts for the great wasting and emaciation. In detailing the symptoms, I forgot to mention that the voice was natural. It is easily accounted for by the recurrent laryngeal nerves not being interfered with.

Now, sir, on reviewing this case, I think it is more or less instructive, when you consider how long a time intervened from the commencement of his illness until the unequivocal signs of a tumour manifested themselves. This period extended over a space of three months. It is true you had the characteristics, pain and burning sensation and paroxysms, returning at night, but certainly no evidence of eccentric pressure, no stridor, or dysphagia. Could an aneurism have existed when I saw him, and have lain dormant, without giving any physical signs of a tumour, or was it owing to its situation, concealed as it was by the heart, pericardium, and roots of the lungs, and firmly confined to the vertebrae by contracted adhesions? But you might have observed those signs posteriorly. Perhaps it is more probable that the tumour was made up of fibrine and coagulated blood, its cavity being small; consequently, the quantity of blood entering proportionally small, thereby rendering it impossible for the tumour to give either impulse or sound; and that it was only when the patient made some imprudent exertion, the sac suddenly became



enlarged, and thereby admitted a greater quantity of blood, which produced a sufficient impulse, to be communicated along the aorta up to the sternum, which I heard at the period I have already mentioned. I confess doubts frequently arose in my mind as to the accuracy of my diagnosis, because similar pains might have been produced by a cancerous deposit on the posterior mediastinum, implicating the nerves of that region. I wish to have this paper as practical as possible. I shall select a few of the symptoms that are to my mind quite pathognomonic of the existence of an aneurism—the burning character of the pain radiating from a centre, the paroxysms recurring at night, disappearing during the day, and occasionally the complete immunity from pain. This peculiarity attends no other disease that I am acquainted with.

I thought that this case was unique in the absence of the double impulse and the double sound in thoracic aneurism. But I find a paper in the *Dublin Quarterly Journal* of August, 1846, by the late Dr. Greene, very able and practical indeed, in which he gives twelve cases of thoracic aneurism presenting different characters as to impulse and sounds. In the seventh case there was neither impulse nor sound, but this was a case of true aneurism occurring at the junction of the ascending with the transverse portion. This case which I have related resembles an aneurism of the abdominal aorta, as far as position and physical signs are concerned. Dr. Bellingham, in a very able series of papers, published in the 19th Volume of the *DUBLIN MEDICAL PRESS*, satisfactorily explains the different phenomena of sounds and impulses in thoracic aneurism. At some future period, perhaps, I may have an opportunity of returning to this case, as I have a suspected case of aneurism at present under my observation.

Dr. HENRY KENNEDY thought the Society was much indebted to Dr. Murney for the very interesting case he had just brought under their notice, and he begged to offer one or two remarks with reference to the connexion between the symptoms during life and the appearances found after the death of the patient. Dr. Murney seemed to think that the symptoms were all attributable to the aneurism; but his own impression, looking at the history of the case, was, that they were in a great measure due to the state of the heart. It was a fatty heart, with a dilated ventricle; and this was a state of parts that often produced symptoms similar to those which were observed in Dr. Murney's case, in the first instance. With respect to the sounds and impulse, he thought it might be questioned whether they were not attributable in this case to the dilatation of the aorta; for the aneurism itself was placed too low down (as far, he believed, as the fifth or sixth dorsal vertebra), and was too closely adherent to the latter to be able to communicate any perceptible impulse to the top of the sternum. In his opinion, therefore, the symptoms in question were referrible to the state of the heart in the first instance, and to the dilatation of the aorta in the second.

Dr. MURNEY said he could not agree in the opinion advanced by Dr. Henry Kennedy, that it was a fatty heart. There was, to be sure, some fat upon it, but not enough to entitle it to be termed a fatty heart, although it might possibly be one in the transition stage. No doubt, the aorta was considerably dilated, and to this circumstance he attributed the character of the pulse. The opinion he gave in his paper was a mere conjecture of his own, and perhaps Dr. Kennedy's explanation was the more correct of the two.

PRESIDENT—May I ask Dr. Murney whether the respiration was impeded in any part of the lung?

Dr. MURNEY—Yes; there was considerable stridor, and the respiration was very feeble all over both lungs.

Dr. BANON observed that the question put by the President was one of much importance as regarded the diagnosis of these aneurisms. Their obscurity of character at the period of their commencement, was acknowledged by every one who had been in the habit of treating them. In the early stage it was exceedingly difficult to diagnose

them with any degree of accuracy, but there were two symptoms very commonly met with by which the diagnosis might be greatly assisted—namely, the dyspnoea, which always occurred when the bronchi were interfered with, and the deep-seated dysphagia which usually accompanied aneurisms arising from the aorta, or from the origin of the innominate. He remembered a case which he laid before the Society on a former occasion, where a small aneurism pressed partly on the œsophagus and partly on the right bronchus; the symptoms being somewhat similar to those described by Dr. Murney in his present communication. The patient, who was a lady, suffered much from dyspnoea and dysphagia. A small space, corresponding to the position of the second rib, on the right side of the sternum, was dull on percussion, but everywhere else the sound on percussion was equally good as at the left side of the chest. On applying the stethoscope, the respiration was observed to be very feeble, and after some days it could not be heard at all at the right side of the chest, except over the point corresponding to the aneurism. The lady ultimately died, and on opening the thorax, the aneurism was found pressing partly on the œsophagus and partly on the right bronchus. The obscurity which attended these cases was well known, and it was not at all improbable that the aneurism existed in Dr. Murney's case before he was able to diagnose it.

Dr. BENSON drew Dr. Murney's attention to a sign particularly mentioned by Dr. Hope—namely, that when an aneurism was situated behind the heart, the latter was thrown forward with a kind of “jogging motion,” which was often mistaken for an evidence of hypertrophy of the organ. He would be glad to know whether this jogging motion was noticed by Dr. Murney?

Dr. MURNEY—No; there was nothing of the kind. I repeatedly examined the heart, and the sounds, though rather weak, were always natural. Nor was the heart thrown forward in the slightest degree.

Dr. POWER inquired to what part the patient referred the peculiar sensation connected with the dysphagia?

Dr. MURNEY—To a point corresponding to the cricoid cartilage; for which reason the man imagined the disease to be located in that region.

Dr. POWER said he had asked the question because at this moment he had under his care a patient affected with a symptom of a similar kind; and it is worthy of remark, that he attributes all his suffering to the region of the cricoid and thyroid cartilages. He was much inclined to think that an aneurism will, ultimately, be diagnosed in this instance.

Dr. HENRY KENNEDY said it was a curious fact that aneurism, very low in the chest, sometimes gave rise to dysphagia, which the patient referred to the cricoid or thyroid cartilages.

Dr. HARGRAVE said, with reference to the fact of pain of a burning character being felt by Dr. Murney's patient in the centre of the chest, and radiating from this point outwards, that cases were upon record, and that one had come under his own observation, in which there was but one symptom present during a period of nine months—namely, intense pain, which was referred to the inferior angle of the scapula, and which never ceased, either by day or by night. The lungs were healthy, the respiration was unimpeded, nothing abnormal could be detected within the heart. He examined the body after death, and found a thoracic aneurism extending from the third as far down as the fifth or sixth dorsal vertebra. The bodies of the dorsal vertebrae and the intervertebral cartilages were eroded, and yet the only symptom which the man complained of was the pain to which he had alluded, and which could not be alleviated either by the administration of opium internally or by the external application of moxas, blisters, or any other remedies that could be thought of at the time. The more frequently cases of this kind were brought under the notice of the profession, and discussion elicited upon them, the better it would be, not only for the public but for themselves, and for their reputation as practitioners.



## MEDICAL SOCIETY OF LONDON.

## DIPHTHERITIC EXUDATION IN SCARLET FEVER, ETC.

Dr. WILLSHIRE inquired if any member practising on the Surrey-side of the river had noticed any peculiarity in the present epidemic of scarlatina. It had never been his lot to observe scarlet fever so fatal. It was not, however, peculiar only for its fatality, but for the strong tendency which prevailed to a diphtheritic exudation in the throat. This tendency to diphtheritic exudation also existed in other diseases now prevalent. It took place on a blistered surface, on sores on the nates, &c., and in some cases on the mucous membrane of the vagina. He had seen two cases of the latter, occurring in young women at the Surrey Dispensary. Did this peculiarity occur in the higher situated parts of the metropolis? He might mention that in many cases of scarlatina the patient succumbed early in the attack; in others from the sequelæ; but he had seen no case in which the ulceration of the throat had extended to the internal carotid or jugular vein. In most of the cases, ammonia and bark were required from the first, with the application of the nitrate of silver to the throat.

Mr. BROWN had had no experience of the disease on the Surrey-side of the water, but he had noticed in his practice that in cases of scarlet and low fever there was a great tendency to diphtheritic deposit on the mouth, tongue, and throat. He had seen some cases of the disease affecting the mucous membrane of the vulva. No doubt the cause was atmospheric. These patients required support with wine and tonics from the commencement.

## CASE OF NIGRITIES.

Mr. CANTON drew the attention of the Society to a preparation of a portion of skin which he had removed after death from the lumbar region of a girl, aged 16, and which presented the peculiarity of being deeply coloured by a deposit of black pigment in its cuticular layer. This colouration was found in large and small patches, separate or associated, in various parts of the trunk, one shoulder, and the gluteal regions. All these dark patches were connected with an eruption on the skin of a rupial character, and they for the most part surrounded the incrustations; the colouration of them was most pronounced in those situations from the neighbourhood of which the crusts had disappeared, and where the skin on which the latter had formed was left whiter than usual. The patient had been removed, a short space of time before she died, from the "dark arches," as they are called, in the Adelphi, and was received into St. Martin's Workhouse, in a state of filth, poverty, and disease. She had led a very depraved life, and stated that she had sometimes cohabited during one day with as many as twelve or fourteen persons. The cause of death appeared to be a slowly-increasing decline of the vital powers, which was accompanied by œdema of the extremities, and a collection of a small quantity of fluid in the abdomen. At a post-mortem inspection, the contents of the large trunk-cavities were found generally healthy. The fimbriated ends of the Fallopian tubes were spread over the ovaries, and firmly adherent to them through the medium of dense, short, fibrous bands. The recto-uterine cul-de-sac was filled up by similar, but longer bands, intersecting one another in all directions, and tying the back of the uterus to the forepart of the rectum: these appearances being altogether very significant of the habits of life of the patient. No internal structures exhibited marks similar to those on the skin. Mr. Canton remarked, that a close examination of the coloured portions of the skin showed the pigmental deposit to be present in the deeper set of cells of the cuticle more especially—as in the negro race; and referred to in a case mentioned by Professor Quekett, in his lectures on Histology (p. 210), where the superficial cells on the skin below the right eye of a young woman contained granules of pigment; and this epithelium "was capable of being brushed off with a camel's hair pencil." A remarkable instance of this abnormal occurrence is described and figured by Mr. Teevan, in the *Medico-Chirurgical Transactions* for 1844. A case is recorded by Le Cat (and quoted in Mayo's "Pathology," p. 233), in which a lady at the seventh month of pregnancy

had her countenance by degrees become so disfigured, that being "naturally of a fair complexion, she presented the appearance of an alabaster figure with a black marble head." This colour disappeared two days after her confinement, with a profuse perspiration, whereby the sheets were stained black. The child was of the natural colour. In the following pregnancy, and even in a third, the same phenomenon appeared in the course of the seventh month; in the eighth it disappeared: but during this month the lady became subject to convulsions, of which she had an attack each day. A curious instance was related to Mr. Erasmus Wilson by Dr. Sarti, wherein an Italian peasant, aged 50, having unluckily been concerned in a fray, was fired upon and put in danger of his life. The shock caused a severe illness, and three months afterwards his skin gradually darkened, until it became quite black. The change was first perceived on his cheeks, and thence extended over the entire body, being greatest on the inner sides of his breast, the inner sides of his legs, and the hands. In his "Portraits of Diseases of the Skin," Mr. Wilson has recorded an instance of partial blackening of the skin, producing a mottled appearance. The seat of the change was the legs, and the cause, constitutional disease.

Some discussion took place on the nature of the discoloration, and on the question whether it was congenital or not.

Mr. HUNT could not throw any light upon its pathology. He had seen cases of the *lepra nigricans* of Willan, in which, after the scabs had fallen off, dark brown, but not black spots, had been present, which lasted for life. He (Mr. Hunt) thought, in these cases the carbon of the blood had been deposited, but why or wherefore he would not attempt to explain.

It was now suggested by Dr. CAMPS, that the case of Mr. Teevan, reported in the *Medico-Chirurgical Transactions*, was, an imposture; but this suggestion was shown not be correct, as the case had been observed and watched by several medical practitioners.

Dr. CHOWNE inquired if, in Mr. Canton's case, there was any reason to suspect that the discoloration was congenital; and he referred to a case which had occurred to the late Dr. Well, in St. Thomas's Hospital, of a young woman, the daughter of white parents, who had congenital black spots over her body.

Mr. CANTON did not know if the discoloration in this case was congenital; he had given the history of it as far as he was acquainted with it.

Dr. ROUTH alluded to the cases of two young ladies in Edinburgh, who, during an epidemic, had become affected with black spots over the face. He had seen a case in which black spots presented themselves over the entire body of an old gentleman who was affected with disease of the liver. The spots diminished whilst he was taking the iodide of potash, but he died worn out by the internal disease.

## BELLADONNA AS A PROPHYLACTIC OR CURATIVE AGENT IN SCARLATINA.

A long and somewhat desultory discussion then took place on this subject, having had its origin in a question asked by Mr. White. Mr. Brown had found belladonna to invariably arrest the poison of scarlatina. Mr. Dendy had no doubt that its administration as a prophylactic mitigated the throat symptoms very materially; but Dr. Rogers had abandoned its use after a fair trial, from observing that many persons had the disease after the administration of the medicine. Dr. Radcliffe had used it extensively; but the very worst cases of scarlet fever which had fallen under his notice were those in which belladonna had been given as a prophylactic. Mr. Roberts had tried it in a great number of cases, but had abandoned it, from his complete disappointment in its effects. Dr. R. M. Glover remarked, that the trial of belladonna on a great number of cases, in the hands of some of the most careful observers, had ended in its failure; and Dr. Snow, Mr. Clarke, and Dr. Chowne contended that the negative evidence brought forward in support of the efficacy of the "remedy" weighed as nothing in the balance against the positive facts which had been adduced against it.



## ORIGINAL COMMUNICATIONS.

## A WORD ON PHTHISIS.

By HENRY McCORMAC, M.D., of Belfast.

THE excessive attention paid to the morbid anatomy and treatment of phthisis, with the comparative neglect of the Etiology, even in the immortal works of Louis and Laennec, has long afforded me matter for surprise and reflection. From one-fourth, to upwards of a third, is the common ratio, as contrasted with the entire mortality, of the mortality in phthisis. Surely this appalling destructiveness calls for further comment, and further effort, on the part of the profession, than it has ever received. How trifling are the ravages of cholera, compared with those of tubercle, yet the bare announcement of some epidemic outbreak evokes, and justly evokes, the flashing of a thousand pens. I do not desire that epidemics should be minded less, but that phthisis should be minded more. In spite of the ignorance of the public, the occasional apathy of members of the profession, medicine, as a science, an art, has deserved well of the world. Medical science has greatly stayed, if it have not entirely checked, the ravages of small-pox. A similar task, and, I am persuaded, an equal triumph, awaits it, in respect of phthisis. This monster scourge must be abated, if not entirely put down.

The people, "the public," as we are wont to style them, know, in general, about as much of the nature and causes of phthisis, as they do of the inhabitants of the planets or the denizens of the invisible world. And *inter nos*, be it said, the "faculty" do not think so much of the sources of phthisis, as, if so inclined, they might do. Can any one pretend to say that the treatment of this ruthless malady, on curative indications be it understood, is not to the last degree, nugatory and unsuccessful? Will but one physician, or surgeon, or surgeon-apothecary, among the prodigious host who profess and practise the healing art, seriously undertake to affirm that he has, in a single instance only, removed, by art, the more or less complete tuberculous infarction of one lung, more rarely both lungs, which, in the very great majority of instances, subsists in phthisis? And if he cannot do so, will any one state the *cui bono* of the tons upon tons of fish-oil, to say nothing of respirators and other nostrums, which oppress the stomachs, but lighten the pockets, of myriads of unhappy sufferers? The fact is, we must look to the etiology!

"But, sir, how am I to live? What will etiology do for me?" quoth the general practitioner? We cannot, in a matter of such moment, look merely to the interests, however important, of general practitioners, any more than to those of fish-oil and respirator manufacturers. The interests of wailing, quailing, distressed humanity, must here take precedence. Medicine, before anything else, is a science, an art, not merely a trade. It were better we should all of us go to the wall, were such the alternative, than that phthisis should continue its ravages, disgraceful to us, as they are disastrous to the world. But to the point! To the point then.

The whole etiology of phthisis, at least such is my humble, but most intense conviction, resides in the respiration of air befouled, and thereby rendered unfitted for healthy respiration. Of course, there are hosts of accessories, foul feeding, foul clothing, damp, physical inertia, the respiration of vegetable, more especially mineral, dusts, and despondency. But even these, short of the continued operation of foul air, would not, to any considerable extent, entail phthisis. The momentous, the deathly experiment goes on, continually, on every hand. We have only to open our eyes, to collate the experience of a thousand observers, to be aware of the stupendous fact, that foul air, and foul air only, not climate, else, not position, not habit, not even hereditary influence, practically speaking, is the one, only source of a scourge, as I must again repeat, disgraceful indeed to art, but most disastrous to our kind!

I would call upon the profession, then, upon colleges of medicine and surgery, as upon the humblest, since the hum-

blest (for Jenner, let us recollect, was but a general practitioner) can here do good service, to investigate this matter, and if they can coincide with me, as I feel assured that upon inquiry all of us may do, to stir heaven and earth to free their species from the most terrible, because most ceaseless, most insatiate, and at the same time most unnecessary and uncalled-for, of all inflictions.

Belfast, November 22, 1852.

## ELEPHANTIASIS ARABUM OF THE RIGHT INFERIOR EXTREMITY.

## SUCCESSFULLY TREATED BY LIGATURE OF THE FEMORAL ARTERY.

By J. M. CARNOCHAN, M.D.,  
Professor of the Principles and Operations of Surgery in the  
New York Medical College.

CHARLES ROLLER, of lymphatic temperament, and short stature, *ætat.* 27, born in Aix-la-Chapelle, merchant, left his home in December, 1849, and landed in New York in February, 1851, went thence to Connecticut, where for eight months he worked in a factory, standing during his hours of labour, thence to Virginia, where he worked on a farm for about six months, at the expiration of which period he was taken with fever of an intermittent character. Up to that time he had always been in good health.

During the fever the inguinal glands became swollen and painful, the swelling and pain extending in the course of the femoral vessels as far as the knee. The pain was followed by swelling and redness of the thigh down to the knee. From the knee, the pain and swelling continued to extend downwards as far as the toes, being at this time confined chiefly to the portions of the limb along the course of the saphena vein, and also of the posterior tibial vessels. The redness and tumefaction here, in the thigh, was preceded by deep-seated pain. The tumefaction of the limb continued to increase; while at the same time febrile exacerbations occurred at intervals, varying from two to six days. After a period of about six weeks from the commencement of the disease, the fever entirely disappeared, and by this time also the pain and redness had entirely ceased; the limb, however, remaining hard, swollen, and rough, and presenting in a marked degree the peculiar characteristics of elephantiasis arabum in the chronic period of the disease. From this time forward, the hardness and intumescence gradually increased, and the limb became so cumbersome that the patient was obliged to give up all business, and confine himself chiefly to a recumbent posture. In this condition, the patient left Virginia for the purpose of seeking medical relief at the New York Emigrants' Hospital, into which he was admitted on the 15th of January, 1851. The appearance of the patient upon entering the hospital was somewhat emaciated. He had no febrile symptoms, and the chief difficulty under which he laboured, arose from the enlarged and hypertrophied condition of the right inferior extremity.

The limb was enlarged from the toes to within a short distance below Poupart's ligament. The thigh, although enlarged, was not much indurated; while from a short distance above the patella, downwards, the limb presented a dense, hypertrophied, hard, scaly, shapeless mass.

The morbid condition of the tissues pervaded the foot and toes, there presenting groups of tuberculated growths. The circumference of the limb around the ankle was nearly as large as that of the calf, measuring fifteen inches and a half, while the circumference of the calf measured nineteen inches and a half. The patient was put under treatment upon entering the hospital. The recumbent posture was enjoined, and for some time various discutient lotions were used. Bandaging was resorted to, with frictions of ung. potass. iodid.; the iodide of potassium being also prescribed internally. At times also the limb was painted with strong tincture of iodine, local and general baths were used, regular bandaging of the limb, from the toes upward, being the while carefully observed.

This plan of treatment was perseveringly adhered to from the 15th of January to the 22nd of March, a period



of a little over two months, without any amelioration. Having thus tried, without success, the method of treatment most approved of, I proposed to place a ligature upon the femoral artery, with a view of changing the morbid condition of the structures supplied by the branches of this arterial trunk. A consultation was held, and my proposition was acceded to as preferable to amputation, the usual alternative resorted to in this stage and extent of the disease. Accordingly, on the 22nd of March, 1851, I secured the femoral artery a short distance below the origin of the *arteria profunda*. Upon exposing the femoral artery, this arterial tube was found to be changed, so as to present an appearance somewhat like the colour of the aorta of the ox, and to be larger than the common iliac of the human subject. In consequence of this appearance of the artery, after some hesitation, I applied the ligature, preferring to do this rather than to expose the external iliac, of the soundness of which I could not be certain.

The ligature came away from the femoral artery on the eleventh day, accompanied by secondary hæmorrhage, the occurrence of which I had expected as probable. For the purpose of arresting the hæmorrhage, the external iliac artery was secured by ligature by Dr. Hosack, who happened to be on duty at the time in the hospital. The external iliac was found to be about the size of the brachial artery. This for a time apparently had some influence upon the hæmorrhage; but on the following day, bleeding was again renewed from the orifice in the femoral artery with as much profusion as ever. The hæmorrhage was now restrained by the prompt application of a tourniquet on the cardiac side of the bleeding orifice by the house-surgeons, Drs. Thompson and Smith. This even failed to stop permanently the hæmorrhage, and the blood recommenced oozing copiously at intervals. The patient was now sinking fast, and the ligature of the common iliac or amputation at the hip-joint, appeared to be the only resources left. But the hæmorrhage now being evidently reflux, it was suggested to apply the tourniquet, so as to produce compression on the distal side of the bleeding orifice; this was done, and was followed by a complete cessation of the bleeding.

From this time (April 4, 1851), the house-surgeon kept an instructive record of the case, which record I have now before me. For several days, the pulse ranged from 115 to 108; the dressings were carefully attended to, and light diet prescribed. On the 12th, the leg was found to be considerably reduced in size, and the ligature of the external iliac came away. On the 17th, brandy and quinine, with good nourishment, were ordered. On the 1st of May, finding the leg more reduced, and the lower wound healed, I ordered tincture of iodine to be painted on the leg, and the bandage to be continued. I also ordered a solution of chloride of soda to be used as a wash on the upper wound, which continued to discharge freely.

The patient now went on gradually improving in strength and appearance, and left the hospital in the latter part of June, completely cured of his malady. At this date, sixteen months after the ligature of the femoral artery, the patient is in robust health, and presents no indications that the disease will return.—*New York Journal of Medicine*.

This man had a narrow escape indeed, but the result is highly instructive. Is there any such thing to be found in New York as a proper apparatus for compressing arteries, or is such a contrivance as unknown there as in London and Edinburgh? We put it fairly to Dr. Carnochan, whether his patient should not have had a trial at least of compression before he was subjected to "deligation"?

THE Marquis of Argenteuil, once a great sufferer from stricture, left at his death sufficient money to found a prize, to be given every six years by the Academy of Medicine of Paris, to the author of the most practically useful improvements in the treatment of urinary diseases. M. Reybard of Lyons has obtained the prize, which this year reaches the sum of £480.

## SECONDARY HÆMORRHAGE TREATED BY COMPRESSION OF THE BRACHIAL ARTERY ON BELLINGHAM'S PRINCIPLE.

By ROBERT L. MACDONNELL, M.D.,  
Surgeon to St. Patrick's Hospital, Lecturer on Surgery,  
St. Lawrence School of Medicine, &c. &c.

THE following case which occurred in my hospital practice some years ago, is not totally devoid of interest, and the principle upon which it was treated may not prove useless, nor do I believe the result was different from what might have been attained in many similar accidents, had the same method of treatment been pursued.

If, by the avoidance of an operation, the safety of a patient and the cure of his disease can be equally as well accomplished as by its performance, it is considered a great improvement in modern surgery, and he who has discovered a plan by which recourse to the knife is avoided, is justly esteemed a more accomplished surgeon, and a more successful cultivator of our science, than he who, however skillfully he may perform an operation, does not perhaps do it with more adroitness than hundreds of others; and in most cases is but a servile follower of some master-mind who first originated the operation. Hence it is, that the modern system of treating aneurisms by compression, has placed the names of its authors in the foremost ranks of surgical pathologists, and as I believe that the plan may be advantageously employed in many instances for the arrest of hæmorrhage from wounded arteries, I bring forward the following example, as the most striking I have met with, to illustrate this point of practice.

It has been very much the fashion in some quarters to depreciate any attempts at the simplifying of surgery, and one distinguished practitioner, for whom no one entertains a higher opinion than I do, whilst he himself has shown the most striking instances of this very improvement inconsiderately, as I believe, has thrown a slur upon the attempts of others, in furtherance of that object. I allude to Professor Syme's depreciation of Dr. Bellingham's discovery—in expressing which, upon one occasion, he declared, that such a procedure as the cure of aneurism by compression, should only be adopted by surgeons who "*were not capable of practising the higher departments of their art*." In justice to Mr. Syme, it must be stated, that he considers deligation of the femoral artery for the cure of popliteal aneurism, a much more simple procedure than the treatment by compression—an opinion in which few surgeons, either on this or the old continent, will coincide. Even then at the expense of being charged with having missed an excellent opportunity for tying the brachial artery, I have great pleasure in laying the following case before my readers, for I doubt not, many a brother practitioner, called to severe injuries, so common in our rural districts, will be better pleased to learn how to arrest secondary hæmorrhage from the upper extremities, by a simple and easily applied apparatus, than if he were given some new landmark for finding the brachial artery itself: so, without further comment, I shall proceed to the detail of the case.

Thomas Foley, aged 28, a ship carpenter, was admitted into the Montreal General Hospital, September 7, 1847, under my care. It appeared that a few minutes before admission, he had a quarrel with another man, who made an attempt to stab him in the chest with a bowie knife, and in his effort to ward off the stroke of the knife it entered and completely transixed the left forearm, and reached the chest, inflicting in this latter situation but a trifling incision. The knife was held in dagger fashion, and the stroke was a back-handed one, so that in completing the sweep of the weapon, the muscles on the anterior part of the forearm were divided from the radius and ulna, as far as from the head of the ulna, where the knife entered, down to the wrist. Before admission into the hospital, the arm had been bound up by the bystanders with handkerchiefs and other cloths to staunch the bleeding, which had reduced the patient to a state of extreme collapse. The dressings were carefully removed, a tourniquet



having been previously applied over the brachial ■ a precautionary measure. On examining the wound, the ulnar nerve was found to be *sliced* in a couple of places but not divided, and a similar injury had been sustained by the ulnar artery, *flute-hole* apertures occurring in three places, from which blood spouted out. Ligatures were placed upon the vessel, both above and below these openings, and it was remarked, that though the most superior incisions of the artery were first attended to, and the bleeding from them was effectually stopped, deligation of the vessel at these points did not seem to arrest, to any extent, the bleeding from those at the distal end of the wound. We were obliged to put on a ligature wherever a bleeding point showed itself. The edges of the wound were brought together, a bandage carried round the arm from the fingers up to the shoulder, and the usual general treatment prescribed, directions being given to have the hand and forearm supported upon a pillow, and a tourniquet to be kept applied over the brachial, and to be tightened on the first appearance of bleeding. *The radial artery did not appear to be divided*, and its pulsations were perceptible when examined in the usual situation.

September 10th: Until last night, everything proceeded favourably, but about eleven o'clock the house-surgeon, Dr. R. P. Howard, was called to the patient's bed side, in consequence of a sudden burst of hæmorrhage; the tourniquet was tightened and I was sent for. On my arrival I opened the wound, and found a couple of small arteries from which blood escaped, but it did not appear that all the bleeding proceeded from these vessels, for it continued after they were tied, and seemed to ooze from the general surface of the wound. It now occurred to me to apply *two tourniquets over the brachial, and to regulate the amount of pressure in such a way as to diminish, without completely arresting, the stream of blood, for the radial being untouched, and (as proved by the occurrence of the hæmorrhage), the inosculation being free and numerous, we had little to fear from cutting off a portion of the arterial supply.* Accordingly one tourniquet was tightened until a perceptible change was detected in the volume of the radial's pulse, and this was found quite sufficient to control the bleeding from the wound, which was then dressed with lint dipped in turpentine, and the arm was as before bandaged up. The patient was desired to alternate the pressure of the tourniquets, so that when one became painful, the other was tightened and the first one relaxed. The instruments were kept applied for nine days, and he left the hospital fourteen days from that of his admission with the perfect use of his arm. Owing to his dread of bleeding, he allowed the upper tourniquet to remain tightened so long upon one occasion, that slight ulceration ensued.

This patient presented himself before the Clinical Class of St. Patrick's Hospital last winter, and gave the following account of his subsequent state. For some months the arm remained weak, though he was able to follow his employment; he suffered from pain along the course of the ulnar nerve, and from contraction of the ring and little fingers, which gradually disappeared on his keeping them extended upon a small splint. The cicatrix of the wound is now *thirteen* inches long, from which circumstance, the reader may form a correct idea of its original dimensions. He now states (what he kept a secret whilst in the hospital), that on one occasion, becoming tired of the pressure of the tourniquet he relaxed it, but hæmorrhage came on in a few hours, and he was obliged to resume the pressure, which he carefully kept up, till the wound had nearly healed.

The reader will perceive, that the principle upon which the foregoing case was treated, is precisely the same as guides the surgeon in the employment of compression in aneurisms, *the flow of blood was diminished, but not interrupted, and enough for maintaining the nutrition of the arm was carried on by the radial and its branches, and by the interosseal, for I rather think the secondary hæmorrhage proceeded from the twigs of this latter vessel.* Be that as it may, the result of the treatment shows that in many cases secondary hæmorrhage may be arrested without cutting down upon the primitive trunk, and though the

practice may have been adopted by others, I am not aware that any one has preceded me in the application of the Dublin mode of compression in cases of secondary hæmorrhage, and I cannot but conceive it as one, perhaps not the least important or valuable, of the applications to which that inestimable principle is capable of being adapted.—*Canada Med. Jour.*

#### ICE AS A LOCAL ANÆSTHETIC.

By W. A. BERRY, M.D., Washington, U.S.

I PROPOSE to make known to the many readers of your valuable journal the application of a new local anæsthetic agent, which probably is not familiar to a large majority of them. This agent is applicable to but a very limited part of the frame, but its efficiency is such as to cause its use in all like cases. I refer to the local anæsthetic effect of ice in the removal of the nails of the toes or fingers. This most painful operation is disarmed of all its terrors by this simple means, and the patient witnesses it with as much composure as his operator. The agent was first made use of in the wards of M. Velpeau, during the past summer, in Paris, by one of his internes, and afterwards successfully applied by himself in a number of cases. The ice is powdered finely and mixed with a sufficient quantity of salt; next enveloped in a thin cloth, and the two phalanges of the great toe or thumb enveloped in it; the application should not be continued over five or six minutes, this time being sufficient to produce the most perfect anæsthesia. M. Velpeau proceeds with the operation in the following manner: Immediately upon removing the ice, the nail is divided in its length with a common sized bistoury from its free extremity to the root, then seizing each half successively with a strong forceps, it is removed with a moderate jerk. The frequent necessity for the performance of this operation, and the great pain attending it when removed under other circumstances, is sufficient to cause its universal application by the profession. M. Velpeau directs the application of compresses of cold water to the part during the first twenty-four hours; and the simple cerate dressing for a few days is all that is required. It may be objected that the reaction under the application is such as to prevent its use; I will simply say that of the six patients that I saw operated upon by M. Velpeau, no such accident occurred to any one of them; and to the one case in which we applied it but a few days since (and which has suggested this communication), we have reason to believe that the agent is free from any unhappy results. The simplicity and efficacy of this piece of minor surgery, and the so frequent necessity of some surgical interference in these cases, has induced me to send you this communication.—*Phil. Med. Examiner.*

#### EARLY OPERATION FOR HARE-LIP.

DR. A. L. PIERSON, of Salem, in common with the best surgeons of the day, advocates the early performance of the operation for hare-lip, and in a late number of the *Boston Medical and Surgical Journal*, furnishes some observations in favour of that practice:—"On the 2nd of February, 1851," he says, "I was called to operate on a child in Marblehead, born with a hare-lip. The late Dr. Briggs, who knew my preference in favour of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures, one far up in the nostril, one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established. On the 22nd of May, 1852, a healthy male child, with a hare-lip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage



from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days. For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to the period of birth. In the earliest infancy the recuperative powers seem to be strongest. I have also remarked that the sensibility to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of hare-lip operation, the child actually slept while the lip was being dissected from the maxillary bone. It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient."

### EUROPEAN SURGERY.

(Extracts from a Lecture by Dr. Mütter, Professor of Surgery in Jefferson Medical College, Philadelphia.)

*Anæsthesia.*—My attention, naturally enough, was first directed to the subject of anæsthesia. I need not, on this occasion, enter upon the history of this purely American discovery. I repeat, "purely American discovery;" for, notwithstanding the attempts made by some to give the credit of this most valuable of all modern improvements in surgery to Europeans, we have yet positive evidence of its being in truth an offspring of the New World. I do not pretend that efforts to mitigate the suffering attendant upon surgical operations were not made long before the introduction of the new process by the inhalation of some sedative agent. In fact, in all ages, surgeons have endeavoured to attain by various measures this truly important end. Thus we read in Middleton's tragedy of "Woman, Beware Woman," published in 1657,

"I'll imitate the pities of old surgeons  
To the lost limb; who, ere they show their art,  
Cast one asleep, then cut the diseased part."

But I contend that we have no authority for supposing that prior to the introduction of ethereal inhalations in this country, any agent of the same class had ever been elsewhere practically employed. It is true that Beddoes and Davy had suggested, and even used, the nitrous oxide gas with the view of producing anæsthesia, but the experiment attracted little notice, and was soon forgotten; and to the American really belongs the honour of having brought to light the immense value of anæsthetic agents in the treatment of painful disorders or the performance of surgical operations. Having said this much in defence of our rights, I may proceed to state in what estimation the measure is held abroad, and a few words will suffice to do this. In England, Scotland, and Ireland, and on every portion of the continent of Europe, it would appear that no surgeon of any grade, high or low, pretends to practise his profession without the constant use of some anæsthetic agent. When I asked my distinguished friends in London and Paris, if they employed the measure with the same degree of confidence as at first, they seemed surprised at the question, and unhesitatingly declared that no surgeon would presume to perform a serious operation without first bringing his patient into a state of anæsthesia, provided always, there was nothing present to contraindicate the production of this condition. While there exists some difference of opinion as to the best agent to be used, there is none upon the great point of the value of the measure in the practice of surgery. The agent usually employed is chloroform—a fluid, first used to any extent by Dr. Simpson of Edinburgh; and it would appear that very few cases of serious consequences resulting from its employment have been met with either in public or private

practice. With us, however, the reports are not so satisfactory; and hence, some, myself among the number, still prefer the original preparation of sulphuric ether, or else a mixture of the two, forming a new fluid called "chloric ether." Attempts have been made to substitute other fluids, but up to the present time ether and chloroform are considered by far the safest and most to be relied upon.

The bromohydric ether, discovered by M. Robin of Paris, has recently attracted some attention, but is not at all in general use.

But general anæsthesia is not alone resorted to. An attempt to obtain a similar condition locally is also a favourite measure. Up to the present moment, however, the experiments with this view have not been as satisfactory as could be desired. The famous "Eau Hollandaise," or "Ether Chlorohydrique Chloré," from which so much was anticipated, seems to have proven a total failure; while the "Frigorific Mixture" of Mr. Arnett has likewise been found wanting in many of the cases to which it has been applied.

I cannot attempt in this place to indicate the method of using anæsthetic agents, nor can I point out the cases most proper for their application. These matters must be left to the general lectures and to the clinic, in which an ample field for observing the practical working of the measure will be afforded you. Before leaving the subject, I may remark, that in France, at least, the use of chloroform or ether is chiefly confined to surgical practice, very few using anæsthetic influence in obstetrics. In Great Britain, on the other hand, it is much employed in both departments of the profession.

*The Microscope.*—The next point of interest to which my attention was directed, was the influence of microscopic observations in surgery. In anatomy and physiology, so much has been gained by the use of the microscope, that I was led to hope that our department had also been enriched through the agency of this most wonderful instrument; nor was I disappointed. In the study of malignant growths, much has been discovered both novel and practically useful. Again, in the examination of secretions, the microscope has proved of great value. For example, we are able to decide in cases of deep ulcer over a bone, by examining the pus, whether or not the bone is diseased. The presence of pus in the sputa can only be detected by the microscope. It is also of great value in the diagnosis of certain diseases of the kidney and bladder. Without it Mr. Quekett could never have made the wonderful discovery that a urinary calculus—a solid stone—is in reality organized; and by its use alone can we ever arrive at a correct classification of tumours. The application of the microscope in surgical pathology, however, is still almost an untrodden field; and he who now determines to enter upon its cultivation, will most assuredly reap a rich harvest of renown for himself, and confer lasting benefits upon humanity and science.

*Wounds.*—The next subject of interest, to which I shall direct your attention, is the manner in which extensive wounds are dressed at the present time in Europe, and you will naturally enough be surprised to learn that in a matter of such vital importance there should exist any diversity of opinion among surgeons as to the proper method of treatment; and yet there is scarcely a point in practical surgery that has elicited more controversy and discussion. The French, with but very few exceptions, still adhere to the original views of some of their older authorities, and unite all extensive wounds by the second intention of Hunter; while the British surgeons, like most of us, adopt a plan directly the reverse, and endeavour to obtain, as far as possible, union by the first intention of Hunter, or simple adhesion. It afforded me no slight gratification to find that the principles I have so often inculcated here, in reference to this subject, should be those upon which the practice of such men as Brodie, Lawrence, Stanley, Guthrie, Travers, Fergusson, Phillips, and others of high reputation, have for many years been based, and I was thus fully convinced of the propriety of attempting, when the case justifies such an attempt, the immediate



union of a wound. I cannot, at this time, present you with the arguments advanced by the French for adhering to the reverse of this treatment, but on a proper occasion they will all be fully explained. From what I could learn, the continental surgeons, out of France, are gradually adopting the modern English and American method; and instead of covering up their wounds with great bundles of charpie, or that filthy abomination, a poultice, apply the lightest dressing, and frequently employ nothing but cold water, as recommended especially by many of the older surgeons, and more recently by Larrey, McCartney, and Liston.

**Traumatic Hæmorrhage.**—In the management of traumatic hæmorrhage, there has been little or no improvement. In fact, surgeons have long since settled down upon the great indications to be observed in such cases, and hence there is but little room for improvement. Forced flexion in wounds of the extremities, however, deserves notice, and may in many cases prove eminently serviceable. This new measure appears first in the "Anatomie Chirurgicale" of Malgaigne, and has been successful in some few cases, especially in one reported by M. Durwell, in the *London Medical Gazette*.

**Syphilis.**—While in Paris my attention was especially directed to the subject of syphilitic diseases, from the circumstance that the highest authority upon this class of affections still exercises his functions as professor in the Hôpital du Midi. Ricord, by birth a Baltimorean, but for many years a resident of Paris, has long since rendered himself famous in the management of the class of diseases just referred to, and I found that his views, promulgated, some of them, many years since, have undergone very little modification. He still uses mercury in primary syphilis, and considers it the only true and safe remedy. The preparation employed is the proto-ioduret, and my own observations agree with his, in establishing this as the best of all the mercurials in the treatment of indurated chancre or bubo. Mercurial fumigation he also recommends in the strongest terms, as a safe and speedy method of bringing a patient under the influence of the specific. In phagedenic chancre, iron is beyond all question the remedy to be employed internally, while mercury here is almost sure to act as a poison. Tertiary syphilis he still treats with iodide of potassium as his sheet anchor, and contends, that to be of permanent benefit, it must be administered in large doses.

**Cancer**, in all its phases, has recently been closely investigated by Muller, Langenbeck, Carmichael, Bennet, Quekett, Walshe, Simon, Rokitsansky, Libert, and others; but I fear much remains to be done ere we arrive at its true origin and proper treatment. No question seems to exist as to our power of communicating the disease by inoculation. If, for example, we mix a little cancerous matter with water, and inject the mixture into the venous circulation of any animal, we to a certainty induce cancerous deposits in different parts of the body, and especially in the pulmonary veins. The truth of this statement has recently been verified by my friend Dr. Leidy of this city, who has succeeded in establishing the disease by inoculation even in cold-blooded animals—for instance, a frog. With respect to some of the various attempts recently made to cure the disease radically, the plans of Jobert, Lisfranc, Dieffenbach, Phillips, and Arnott appear to have attracted most attention. The method of Jobert, which consists in the application of a ligature to all the principal arteries supplying the tumour, and the division of its nervous filaments, seems to have acquired no great reputation, and I scarcely heard it alluded to by the surgeons of London and Paris. The same may be said of the process of Lisfranc, which proposes in cases of superficial cancer in any organ, the removal of the diseased tissue, either with the ligature or knife, leaving the organs upon which it happens to be located untouched. The method of Dieffenbach, Phillips, or Martinet de la Cruse—for all claim the merit of the invention—differs from the ordinary operation in this: instead of allowing the wound made during the removal of the tumour to heal by granulation, which is usually permitted to a certain extent in all cases of exten-

sive dissection, a flap of sound skin is taken from the adjacent parts and brought over the raw surface, so that union takes place, and thus prevents the granulating process. It is supposed by the authors of this plan, that the application of the healthy skin to the surface from which the cancerous mass has been removed, will so change the vital action in the part, that health will take the place of disease, and hence a return of the complaint be effectually prevented. But, unfortunately, experience is against the operation, and if cancer is a constitutional affection, as it often is, it is difficult to imagine that it could prove so useful as we have been led to suppose. I have myself tried the experiment in several cases, but the disease has invariably returned; and I find such to have been the result in the practice of others. The operation will, in all probability, be speedily forgotten, along with a host of other novelties that are fast wending their way to the "tomb of all the Capulets." Mr. Arnott of London has recently revived the method of Recamier, which consists in the methodic and continued application of pressure to the diseased mass. Experience, so far at least, is against this measure; but in hopeless cases—those, for instance, in which the knife promises nothing—it may be employed, as it will serve to satisfy the patient in part, and prevent to a certain degree that terrible sickness of heart that overwhelms a poor sufferer when utterly abandoned by the surgeon. Recently, Dr. James Arnott of Brighton has published some interesting facts which go to prove the value, as a palliative measure at least, of the application to cancerous tumours, of a very low degree of temperature, the parts being in fact frozen, or nearly so. If his statements are to be relied upon, this is certainly a measure deserving the notice of surgeons.

**Pleurisy.**—An operation altogether novel in the disease for which it was practised, has been introduced by Professor Trousseau of Paris, one of the most distinguished practitioners of that city of eminent medical men. Professor Trousseau told me that he has succeeded in relieving several patients who were almost in articulo mortis; and I have myself known it to accomplish the same end. The operation is nothing more than the evacuation of the fluid in cases of acute pleurisy. You are aware that the secretion is here often exceedingly rapid, and unless the lung be relieved, the patient must die of suffocation. When, therefore, you find a patient thus situated, recollect that paracentesis thoracis, promptly performed, will probably afford immediate relief.

**Injection of Joints.**—Some of you are, doubtless, aware of the tedious nature of certain chronic inflammatory affections of the joints, especially of the larger ones. Now, it has been proposed, and the experiment repeatedly tried, to inject the cavity of the joint diseased, just as we would the tunica vaginalis in hydrocele, with some stimulating fluid, with the view of causing a new action in the secreting surface, by which either adhesion would be accomplished, or a check put to the excessive secretion of the fluid. In England I found the surgeons generally opposed to the operation, as one fraught with great danger, but in Paris it seemed to be quite a popular measure. Velpeau and Jobert both advise it, but I must confess that I saw nothing to induce me to join in this opinion. It is beyond question a most serious operation, and has caused the death of more than one unfortunate patient. The fluid used by the French surgeons is the tincture of iodine, and certainly this is much the least hazardous agent.

**Ascites.**—Attempts to cure ascites on the same principle have recently been made by Drs. Dieulafoy, Leriche of Lyons, and Bonnet. Five cases of cure resulting from iodine injections, are reported by the first-named gentleman; and the last gives a history of fifteen treated by the injection of gases, water, iodine, and other fluids, fourteen of which recovered, only one dying. This is certainly most astonishing success, but the practice of others has proved by no means so devoid of risk. In fact, just before I reached Paris, a patient upon whom the operation had been performed perished most miserably.

**Excision of the Joints.**—In diseases of the joints, com-



plicated with serious lesion of the bones, the operation of excision is becoming quite a favourite measure, particularly in England. The head of the femur, the elbow joint, and even the knee, had been removed just before I reached London, and I was told that success followed each operation. This measure is not, however, a novelty, as it was recommended long since by White and Moreau, and has been performed by surgeons both at home and abroad.—*Philadelphia Med. Examiner.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 8, 1852.

### THE MEDICAL CHARITIES.

At the risk of being considered "very tiresome" at the other side of the Channel, or it may be, what is still worse, "very Hiraish," we must again dwell on the subject of our Medical Charities. We are not, however, going to inflict on our readers this day another "leader" respecting the matter, of our own concoction, but one from a provincial paper, which has been forwarded to us by a person anxious to promote discussion to the grievance of inadequate salaries. The article which we copy does not, perhaps, contain any novel view or original argument, but it places on record the prevalent opinion in a particular locality, and displays a laudable anxiety to serve the cause we advocate. We copy it, too, because we are willing to encourage this method of agitation by local agency and the non-medical press. A correspondent suggested to us some time ago the cultivation of this branch of resource; but, except in this way, what can we do? It is for others to work in that direction. If a good article be even now and then inserted in a provincial paper, we will copy it, and in return perhaps our provincial contemporary may copy some of ours. But, then, such articles must be brief, and to the purpose; for we can assure our readers that the author of "Hudibras" was right when he said that "Brevity is very good, if we be or be not understood;" and equally certain that to produce effect the matter should be rigorously restricted *ad rem*. The great Irish agitator of the age never ceased to ding into the ears of his followers his favourite "Who would be free himself must strike the blow;" and we would follow his example, for to say the truth, prospects are not so encouraging as to lead us to hope that we can dispense with any means of relief. Once for all, let us adjure our provincial brethren to cultivate self-reliance, and to put no faith in metropolitan promises. The pensive Dr. STOKES, "sighing like furnace," may tell them, as the man in the song says, "how genteely they died;" and Dr. CORRIEAN may prophesy of "famine and fever, cause and effect," but there it will end. We tell the Surgeons of Ireland they are a host, and that they can wield a weapon if they will, which those who neglect them may little dream of. We are not thinking of small wars with poor-law authorities, much less of any such thing as an assault on any Commissioner, which would be very unjust and very impolitic, but of a systematic resistance to every measure which is unjust or oppressive:—

The position of physicians in many localities under the new Medical Charities Act, involves considerations, which not merely concern the maintenance of the respectability and character of an honourable profession, but also affect even

the most selfish interests of the public at large. According as matters stand, the absolute extinction of the medical body, or its degradation to a state which would be pregnant with the most serious mischiefs, seems certain. The Commissioners of Poor-laws have provided a splendid stimulus to intellectual ambition, in the prospect which an educated man has after a long period of study of receiving £60 a year for the support not only of himself, but of a horse also, such is necessary in country districts for visiting patients. By the time the horse is supplied, it will perhaps be admitted that a very slight margin of income remains for the superior animal. At the goal of an arduous struggle, and as the reward of victory over rivals, the medical man sees this magnificent prize. Who would not be tempted to encounter the continual contact with wretchedness and distress, to brave the fever bed, and to submit to the most loathsome and painful labour, when animated by the idea of this noble recompense? Nay, who would not even endure to be badgered by ignorance, to have his professional judgment subjected to the criticism of presumption, and to be the object of teasing and degrading scrutiny with regard to every instance in which his humane feelings may exceed the limits of a general order, for the sake of such glorious pay? It is not necessary to compare the real and ill-paid humanity of the physician with the highly-remunerated though imaginary services of sinecure parsons, in order to exhibit the relative injustice of the position which the former occupies under the law. A medical man is actually reduced at present to a level with even the humblest pursuits in point of remuneration. Some chance exists of the members of the profession eking out an existence in cities and towns. But in wide rural districts, where almost the whole sick population takes refuge in public relief, and where at the same time vast distances have constantly to be traversed, we can fancy nothing so unjust and unreasonable as their situation. This condition of affairs we consider to be deeply injurious, as well to the interests of the poor as the rich. As regards the former, the physician but too frequently stands alone between them and official hardness; and we have known repeated cases in which the firmness and humanity of that officer, backed by his professional authority, flung a shield over the wretched victims of destitution. A medical man ought not to be denuded of all relation to a gentleman in the scale of salary. The person whose duty is to save life ought not to be placed on a grossly unequal footing to those who are appointed to save rates, but whose labours really tend less to that end than his. It is utterly impossible to secure zeal on such terms as those to which the conduct of the Commissioners has led to the adoption of for medical attendance in many cases. Mere compliance with formal rules and evasion of censure will in the end take the place of real efficiency. So far from admitting that such a system leads to a saving of expense, we are convinced that the ultimate effect must be a great increase of it. With respect to the rich, even if the consequences of neglected disease among the poor do not reach them, they are certain to feel the effect of a deterioration of character and talent in the medical profession. The bait of a false and mischievous economy may delude persons for a time. But when the profession is degraded—when men can find it no encouragement for honour and ability—when the worst elements in it rise to the top, and human life is laid at the mercy of those base arts of quackery and puffing, to which necessity will require a resort for success, and for which the medical profession above all others afford peculiar facilities and temptations, they may lament their short-sighted views, and may begin to see the fundamental error in their opinions, which consists in applying the rule of cheapness to what necessarily is above ordinary judgment, and what may be cheap at the highest sum, and mischievously clear at the lowest. "Unrestricted competition," as the sole standard of remuneration for the medical profession, is literally that "free trade in poisons," by which the excess of a just principle is sometimes figuratively illustrated. We have been drawn into these remarks from perceiving that the physicians of a neighbouring county have, under the compulsion of the gross injustice to which they are subject, formed themselves into a kind of ribbon association, through means of which they hope to be able to regulate the relations of members of their body and boards of guardians. But though the exact form of this defensive combination may not be the best adapted to the end in view, the grievance strongly demands redress. In the resolutions adopted we find it stated that in some divisions two horses are necessary to the physician, who is still paid but £60 a year. Such a state of things is absolutely monstrous.—*Cork Examiner.*



WHOLESOME ADVICE TO APOTHECARIES.

THE following is from a Report of a joint committee of the Philadelphia County Medical Society and the Philadelphia College of Pharmacy, relative to physicians' prescriptions:

1. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful, especially if it involves agents of a poisonous or irritating character, unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case, he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid committing the latter, by agreeing to send the medicine when it is ready.

2. The apothecary is justified in the same means of delay if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3. In his demeanour and language, the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression through an ignorant messenger to the patient, excepting it be done in a case where he has doubts in regard to the prescription, and wishes to satisfy himself, and here he should act with great discreetness.

5. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore that confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription, and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and also the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must inevitably detect mistakes if any have been made.

7. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental preoccupation, and give his attention fully to his task. He should acquire the habit of always examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also a useful precaution to have bottles containing mineral or vegetable poisons distinguished by some prominent mark.

9. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pains should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulae recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10. The apothecary should always label and number correctly all medicines dispensed by him on the prescription of a physician; he should also, invariably, transcribe on the label, in a plain legible handwriting, the name of the patient,

the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11. The original prescription should always be retained by the apothecary, whose warrantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants, or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13. In justice to his sense of the proper limits of his vocation to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases excepting in those emergencies, which occasionally occur, demanding immediate action, or in those every-day unimportant cases, where to refuse counsel would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14. The sale of quack or secret medicines properly so called, constitutes a considerable item in the business of many apothecaries. Many of the people are favourably impressed towards that class of medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers would create. At present, all that the best disposed apothecary can be expected to do, is to refrain from the manufacture himself of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show-bills, announcing them for sale, in his shop or windows, and to discourage their use when appealed to.

15. Having in view the welfare of the community and the advancement of pharmaceutical science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct in this city and surrounding districts. All connexion with, or moneyed interest in, apothecary stores on the part of physicians, should therefore be discountenanced. With respect to the pecuniary understanding said to exist in some instances between apothecaries and physicians, we hold that no well-disposed apothecary or physician would be a party to such a contract, and consider the Code of Ethics of the College of Pharmacy and the Constitution of the Philadelphia County Medical Society as sufficiently explicit on this subject.

16. In reference to the patronage on the part of physicians of particular apothecaries, we are of the opinion, as a general rule, that graduates in pharmacy should be encouraged in preference to others of the same date of business; and whilst admitting the abstract right of the physician to send his prescription where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of the patient.

This code of Pharmaceutical Ethics is very good, and we commend it to the candid and patient consideration of our Dublin practitioners in this line. The 4th clause conveys a gentle hint, which some who keep Consulting Doctors may obey with advantage. To pump one man's patient, with a view to elicit information tending to his transfer to another, is neither fair nor prudent. The 5th clause is suggestive also; and to it may be added a caution against exhibiting the prescriptions of one man to another, his rival in business. The 12th clause may not be palatable to gentlemen who are seldom at home, but then it may be good for the patient and practitioner, provided always that "the boy" is not a better compounder than the man. But there is little use in our dwelling on these precepts, for when those of our town, to whom they are addressed, come to read the 13th clause, they will fling them to the wind. To advise an apothecary here in Dublin not to prescribe is to advise him not to eat: yet nevertheless some do eat who do not prescribe. Bantering, however, apart, this is really a document worth perusing. The more we consider it, the more do we believe that matters medical on the other side of the Atlantic are in a sounder state than on this.



## PROFESSIONAL PROSPECTS IN "THE STATES."

We gather from this cutting that "Doctors" are as plenty at the other as this side of the Atlantic:—

Epidemic jaundice has been for three weeks past and is at present very prevalent in Selma, Alabama. We have in this pleasant little town, situated on the Alabama river, three hundred miles above Mobile, a population of about fifteen hundred inhabitants, white and black, young and old (a New England village), and we are able to number fifteen regular practitioners of medicine.—*Phil. Med. Examiner.*

Fifteen doctors for fifteen hundred people! But they will not remain long there if they are Yankees, and we hope that they will "move on" if they are from Ireland. Be that, however, as it may, "no one starves in America." Conversing with a Surgeon from the "far west," some time ago, we asked him how an Irishman was to "get on" there, and his answer was, "Why, sir, he has only to hang out his sign in the first town he comes to; the people keep moving so, that in a year or two no one will know but that he is an old practitioner."

## COST OF MEDICAL DEGREES.

THE DOCTORATE IN PARIS.—The *Union Médicale* makes the following estimate of the cost of the Degree of Doctor of Medicine in Paris:—The collegiate education requires seven years, and to obtain the two baccalaureate degrees, two years more are necessary; then the medical studies, properly speaking, will average six years; making a total of fifteen years. The seven years at college cost 1000 francs per annum, making 7000 francs; the two baccalaureates, 320 francs; the six years at medical college, 1200 francs a year, or 7200 francs. Private courses of study, 1000 francs; matriculations, examinations, and diploma fee, 1100 francs; instruments and books, 2000 francs. Making a grand total of 18,620 francs.

If we read the handbills rightly, the Bachelor's Degree in our University costs about £170; and that of Doctor, about £200, in fees alone; a considerable portion being for fees to Lecturers, not contemplated by the statutes. We are not, however, for cheap medical education. It inevitably leads to cheap doctoring and its miseries both to patient and practitioner. Cheap John's progeny, we suspect, contribute little to the comfort or respectability of our profession in Ireland.

## POOR-LAW INTELLIGENCE.

THE following will afford insight as to the actual practical working of the measure; and we beg our readers to send us local journals containing such. But let us not be mistaken, we are not for obstructing the operation of the act, or holding up to odium those charged with its execution, but for promoting its merciful objects, and strengthening the hands of those willing to carry it honestly into effect:—

Poor-law Commission Office, Dublin, Nov. 10, 1852.

SIR,—I am directed by the Commissioners for administering the Laws for Relief of the Poor in Ireland, to state for the information of the Board of Guardians of Athlone Union, that the Commissioners have received a Report from Dr. Dillon, Medical Inspector, in reference to a recent inspection made by him of the Kiltoom and Brideswell Dispensary Districts, from which it appears that no prescription sheets have been furnished for either of those districts; and in reference thereto, I am to request the guardians to furnish a supply of the form of prescription papers for the use of the medical officer of each district, with as little delay as possible.

I am also to forward herewith for the information of the guardians, a copy of a letter which the Commissioners have addressed to the Committee of Management of the Kiltoom Dispensary District.—By order of the Commissioners,

W. STANLEY, Secretary.

The Clerk, Athlone Union.

Poor-law Commission Office, Dublin, Nov. 10, 1852.

SIR,—I am directed by the Commissioners for administering

the Laws for Relief of the Poor in Ireland, to state for the information of the Committee of Management of the Kiltoom Dispensary District in Athlone Union, that the Commissioners have received a Report from Dr. Dillon, Medical Inspector, in reference to a recent inspection made by him of the Kiltoom Dispensary, from which it appears that in that district there has been but four cases of vaccination in six months, from the 20th April last; and in reference thereto, I am to call the attention of the committee to the enclosed circular of the 7th July (No. 688), a copy of which has already been forwarded to the committee; and I am to request to be informed whether printed notices have been posted in accordance therewith, and if not, to request that the proper steps may be taken for procuring and posting the notices throughout the district without delay.

Dr. Dillon also states in his report, that he found the following observations made by the medical officer in the report book on the 23rd of October:—"I am sorry to say that fever is much on the increase. I am completely out of medicine, and request your immediate attention to it. It is so distressing to be taking poor people so far to the dispensary, and no supply for them, owing entirely to the non-attendance of the managing committee."

It further implies that the committee have held but nine meetings during nine months; the first bearing date the 15th day of March, the last on the 2nd of October, when only one member was present.

In reference to this subject, I am to request the attention of the committee to the duties to be performed by them under section 9 of the Medical Charities Act, and articles 4 and 12 of the general rules. The Commissioners trust, that the members of the committee will make arrangements for holding regular meetings in accordance with the regulations for the due transaction of the business of the committee, and especially for the performance of the important duty of examining and revising the medical relief register and other books from time to time, and the procuring the necessary supplies when required.

Dr. Dillon further states, that the dispensary of this district is situated in the village of Curnaseer, townland of Cappallisheen, and fully seven miles from the village of Knoekcroghery, the residence of Dr. O'Connell, the medical officer. From this statement, the Commissioners perceive that Dr. O'Connell is residing without his dispensary district at a distance of seven miles from his dispensary, and ten miles from the extremity of his district.

Dr. O'Connell, in his replies to queries, dated 23rd Feb., in reference to his appointment as medical officer of the district, informed the Commissioners that he was living at "Hawthorn Lodge, near Lecarrow," and the Commissioners in a letter to him of the 10th April, stated that "it is desirable that the medical officer of a dispensary district should reside within the district, and in as central a part thereof in reference to the population as practicable."

It appears, however, that Dr. O'Connell has removed further from his dispensary, and out of his district altogether, and as the Commissioners cannot approve of such an arrangement, they request the committee will urge upon Dr. O'Connell the necessity of making immediate arrangements for residing within the district, and in as central a locality with regard to population as practicable. The Commissioners request to be informed as soon as Dr. O'Connell shall have taken up his residence within the district.

It further appears from Dr. Dillon's report, that on the 4th September, the managing committee passed the following resolution:—"That the members of this medical relief committee be requested to be more careful in future in giving tickets for medical relief, as in their opinion no ticket should be given to holders of stock, one cow excepted; and that in cases where tickets are cancelled by the relief committee, notice of such cancel shall be sent per relieving officer to the party giving such notice, and that Mr. Cunniffe be requested to send a copy of this resolution to each resident member of the committee."

In reference to this resolution, I am to state that although the committee of management is empowered to cancel tickets for medical relief which may have been issued to persons who may not be in their opinion proper objects for relief, they are not authorized by law to limit the discretion of individual members by regulations such as they have agreed to at their meeting of the 4th of September.

I am to call attention to the provisions of the 9th section of the Medical Charities Act, under which it is the duty of the medical officer of a dispensary district to attend or afford medical advice and medicine to any poor person resident in



the district to whom a ticket may be given as therein provided, and the Commissioners are not able to give any more precise definition of the persons who will be fit objects for receiving medical relief under the Medical Charities Act, than that afforded by the act itself. The legislature appears to have relied on the exercise of a proper discrimination on the part of those individuals who are authorized to afford medical relief by the issue of tickets, specified in section 9 of the act, and subject only to the power of the dispensary committee collectively to cancel orders or tickets given to persons who may be improper objects for such relief.

Dr. Dillon also observes that the suggestion given at his visit in June last for some necessary improvements in the dispensary, have not as yet been carried out; and in reference to this subject, I am to request, the attention of the committee to the propriety of making the improvements required in the dispensary, for which purpose application should be made to the board of guardians for the requisite authority, if they have not already done so. — By order.

W. STANLEY, Secretary.  
Thomas H. Stevens, Esq., Hon. Secretary.

### HOSPITAL SULPHATE OF QUININE.

MR. EDWARD HERRING has introduced a preparation under this name, consisting of disulphate of quinine only partially purified. In its medicinal properties it is said to differ but little from the ordinary disulphate. It has a brownish colour, and is of course not admissible as a substitute for disulphate of quinine in general dispensing, but it has been tried in hospitals and dispensaries, and by some medical men who dispense their own medicines. The preparation is recommended on account of its economy. The final purification and decolorization of the salt being attended with some expense, the manufacturer is enabled to offer it in a partially purified state at a considerable reduction from the price at which it can be sold when purified in the usual way. The amount of impurity must be ascertained before its real value can be estimated. It may be a question whether the recognition of a preparation so imperfectly purified might not open the door to some abuse. — *Phar. Jour.*

This "purification" of medicines appears to us to be carried much too far for practical purposes, and has not led to such protection against adulteration as might be supposed; for the active principle extracted may be adulterated as well as the raw material; nay, it is often decomposed and rendered inert in compounding. If experience shall prove that this less expensive preparation is as effectual as the other, a very great object will be attained, for such is much wanted in hospital and dispensary practice.

### MEDICAL REFORM.

We print this day some fragments of one of the abortions in the shape of "A Bill" which annually come to birth at this season. If we see any prospect of it surviving, we may notice it hereafter, but at present no comments on it are demanded.

### CORRESPONDENCE.

#### OPERATION OF THE DISPENSARY ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR.—Adverting to my letter of the 24th ult., published in your last impression, and the intention therein conveyed, on the part of the Ennis Board of Guardians, made manifest by a notice of motion to the effect by one of their body, to reduce the salaries of the dispensary medical officers of the union. And adverting also to a former letter of mine, bearing date July 12, 1852, published in the Press of that date, and having reference to the like intention by the same board, I feel the sincerest pleasure (although by no means personally concerned) in being enabled to convey the gratifying intelligence to the profession, that the said guardians not only did not succeed in the first instance, but that on the latter occasion (last week), the Commissioners would not even allow them to entertain the question at all, telling them by a letter (anticipating the day fixed for discussing the subject), "that it did not come within their province to consider

that question without previous notice from the Commissioners to that effect." I need hardly add, that said previous notice was not received, and that, therefore, the motion fell to the ground.

Now this is as it should be, and, inasmuch as I am always ready to quarrel with the Commissioners when I fancy they do not stand by our rights, I think it is but fair to give them credit for defending those rights; when, as in the present instance, they do it, and do it effectually too, especially as the Ennis Board pique themselves (since their successful quarrel with the Board of Health, in 1848) on being enabled to legislate on matters medical as they pleased. And I must confess, that hitherto they have been so successful as to have their acts quoted as precedents by the guardians of other unions, where views of economy tended to a like direction. This veto of the Commissioners, therefore, becomes doubly valuable, in not only curbing a very supercilious board in their works of destruction, but in placing on record a precedent which may prevent other boards from adopting, as was their wont, the acts of the Ennis Board, in medical affairs, as their guide. I could only wish that the Commissioners had tried, with equal success, the powers (supposed to be) vested in them by the words, "And they are hereby empowered, when they may see occasion, from time to time, to regulate the amount of salaries and allowances, payable to such officers respectively, and the time and mode of payment thereof;" the resolution of the Limerick Board of Guardians to dispute those powers to the contrary notwithstanding. But hoping "there is a good time coming," I remain, &c.

A MEMBER OF THE LATE MEDICAL CHARITIES COMMITTEE, AND COUNTY SECRETARY.

We cannot find the letter to which "A Fellow of the College" alludes in his note of Saturday. Could he have made any mistake as to its transmission?

### DRAFT BILL.

TO PRODUCE UNIFORMITY OF MEDICAL EDUCATION AND QUALIFICATION, AND FOR THE REGISTRATION OF THOSE LICENSED TO PRACTISE IN MEDICINE.

*Preamble.*—Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: And whereas the laws now in force concerning the profession of physic and surgery require to be amended: be it enacted:

That a council shall be established, which shall be styled—"The Medical Council for England;" and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, such one person shall be from time to time designated by the Senate of the University of London, the President of the Royal College of Physicians of England, and the President of the Royal College of Surgeons of England, shall be members of the said council in right of their several offices and appointments; and that the other members of the said council shall be five physicians to be chosen by the Royal College of Physicians of England, five surgeons to be chosen by the Royal College of Surgeons of England, and six medical practitioners, to be appointed by one of Her Majesty's principal Secretaries of State; each of the said appointments to be made within three months after the passing of this act; and the powers and duties vested in the said council by this act, may be exercised and executed by any six members thereof.

That there shall be paid to the members of the said several councils, such reasonable expenses incurred by the said members in performance of their duties under this act, not exceeding three guineas for each attendance, and also such reasonable allowance for mileage, as shall from time to time be allowed by the said several councils.

The said councils shall, as soon as may be after they shall have been appointed as hereinbefore provided,



meet at the following places: That is to say, the council for England at the building of the Royal College of Physicians in London, the council for Scotland at the building of the Royal College of Physicians at Edinburgh, and the council for Ireland at the building of the King's and Queen's College of Physicians in Ireland.

That each of the said councils shall, within three months after their first meeting, appoint such fit and proper persons, not being members of the said councils, as the said councils may severally choose to form an examining board for the purpose of carrying into effect the provisions of this act; and every member of such examining board shall be paid such yearly salary as the council by whom he shall have been appointed shall think fit, and shall hold office for such period as the said council shall determine.

The registrar of each of the said councils shall, within thirty days after his appointment, and shall from time to time, till the first day of February, one thousand eight hundred and fifty-four, proceed to register, in books to be kept for that purpose, on payment of a fee of five shillings, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary who shall apply to be registered, and who, prior to the first day of November, one thousand eight hundred and fifty-three, shall have taken a degree in medicine in any English, Irish, or Scotch university, or who shall state his place of abode and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said registrar, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the said first day of November, one thousand eight hundred and fifty-three, and granted by any English, Irish, or Scotch college or hall, or any corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the passing of this act: and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in Schedule A, to this act annexed, and also to every surgeon and assistant-surgeon of the army and navy who shall apply for the same, and whose warrant of appointment bears date prior to the said first day of August, one thousand eight hundred and fifteen, and to every person who shall have been registered as aforesaid, the said registrar shall give a certificate according to the form in Schedule C, to this act annexed, and which certificate shall be in force till the first day of February, one thousand eight hundred and fifty-four, and no longer.

Each of the said councils shall meet at least once in every three months for the despatch of business; and every person not being registered under the provisions of the next preceding section of this act, or not being a graduate in medicine, or a licentiate in medicine, of one of the Universities of Oxford and Cambridge, who intends to practise medicine after the first day of February, one thousand eight hundred and fifty-four, shall present himself before the council for the country in which he intends to practise; and if such council shall consider the person so presenting himself to be properly qualified as herein after is mentioned, they shall direct their registrar to grant to such person a licence according to the form in Schedule B, to this act annexed, on payment of a fee of five pounds; and every person to whom such licence shall have been granted as aforesaid, shall be entitled to assume the name and title of a Licentiate in Medicine.

Every person who may present himself before any of the said councils for the purpose of obtaining a licence in medicine, shall produce proofs to the said council that he has attained the age of twenty-one years, and shall also produce such testimonials as shall be satisfactory to the said council, that he has passed at least four years in some university or medical school approved of by the said council, unless he shall have been a pupil to a registered medical practitioner for at least two years, in which case he shall

have passed at least three years in such university or medical school; and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice, and has passed such several examinations before the examining board appointed by the said council, as the said council shall from time to time appoint.

Once in every three years each of the said councils shall depute three of their members to form a medical congress, for the purpose of fixing an uniform curriculum of study, in accordance with the next preceding section of this act, to be gone through by all candidates for licences to be granted by the said councils respectively; and such medical congress shall meet in London at such place and time as the council for England shall determine; the first medical congress to be held as soon as may be after the election of the said several councils.

Every person who shall be registered and shall possess a certificate in force, according to the provisions of this act, shall be entitled to practise medicine throughout that part of the united kingdom for which his certificate was issued; and every person who shall be registered in one part of the united kingdom may transfer his name to the registrar of any other part of the united kingdom in which he may be about to practise, on production to the registrar of the last-named part of the united kingdom of his licence and certificate for the current year; and the registrar shall thereupon grant to such person transferring his name a certificate, which shall remain in force till the first day of February then next ensuing.

All persons who shall be registered and possess certificates according to the provisions of this act, shall be entitled to demand and recover in any court of law, with full costs of suit, reasonable charges for medical aid, advice, visits, and medicine, rendered or supplied by them to their patients, without any other licence than such registry and certificates.

No person shall be entitled to recover any charge in any court of law for any medical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial either that he is in possession of a certificate in force, according to the provisions of this act, or that he was legally practising in the capacity in which he claims such charge at the time when the debt was incurred.

After the first day of February, one thousand eight hundred and fifty-four, no person who does not possess a certificate in force, according to the provisions of this act, shall be capable of holding any appointment in any part of the united kingdom, in the capacity of a physician, surgeon, apothecary, or other medical officer, in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse, or poorhouse, parish union, or other public establishment, body, or institution; or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

If any person shall, after the first day of February, one thousand eight hundred and fifty-four, act or practise as a physician, surgeon, apothecary, or licentiate in medicine in any part of the united kingdom, without being duly registered according to the provisions of this act, and without having a certificate as aforesaid in force at the time of his so practising or acting as a physician, surgeon, apothecary, or licentiate in medicine, he shall, on conviction before any magistrate having jurisdiction in the county, city, or place where the offence was committed, forfeit and pay a sum not exceeding five pounds, nor less than forty shillings, for every such offence, to be recoverable within six months next after the commission of the said offence.

If three registered practitioners shall at any time, complain to the council of any college, or other governing body, that a person, who had obtained his licence, diploma, or qualification from such college or body, had been conducting himself in a manner calculated to bring scandal and odium on the profession, by publishing indecent advertisements or pamphlets, or immoral or obscene prints or books, or had been guilty of any other disgraceful and unprofes-



sional behaviour, or of any irregular practice, the said council, or other governing body aforesaid, are hereby empowered to cite the person accused before them, first giving him due notice, and a full statement of the charges against him; whereupon the said council, or other body, having heard the defendant, and on being satisfied that the charges have been proved, or, in default of his appearance, having decided that the charges have been proved, they are hereby required to erase the name of such person from the books or rolls of the said college, or other institution as the case may be, and shall transmit forthwith to the registrar of that part of the kingdom to which such college or other institution belongs, an official report of their decision, authenticated by the seal of such college; and the said registrar shall thereupon strike out the name of the offending party from the register in his custody, and it shall ever afterwards be excluded from every register to be kept under the provisions of this act, unless the council or other governing body by whom the name was first erased, shall readmit it into the books or rolls of such college or other institution. Provided always that the name of no person who may be possessed of a licence granted by a medical council according to the provisions of this act, shall be erased from the register, unless the registrar receive from such medical council an official decision to that effect, authenticated by their seal.

Every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor, bachelor of medicine, surgeon, or apothecary, or any name, title, addition, or description, implying that he is registered under this act, or that he is recognized by law as a physician, or surgeon, or apothecary, or a practitioner in medicine, shall, on being convicted of every such offence, before any magistrate having jurisdiction therein, pay a sum not exceeding twenty pounds, nor less than five.

Each of the said examining boards, or any members or member thereof, shall be empowered to attend with the candidates for licences in the public hospitals, or other public institutions, containing sick and diseased persons, and also in any workhouse, with the view of ascertaining the practical knowledge of such candidates in the science of medicine.

If any registered medical practitioner shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation, or if it shall be found by the judgment of any competent court, that any such medical practitioner shall have procured a certificate under this act by any fraud or false pretence, or that any such medical practitioner has wilfully and knowingly given any false statement, evidence, or certificate in any case in which by law the evidence or certificate of a physician, surgeon, or apothecary is required, the registrar of each of the councils, on the production before him of an office copy or extract of the conviction or judgment of the court, duly certified under the hand of the proper officer of the court, or other proof thereof, shall cause the name of such medical practitioner to be erased from the register; and every person who shall have been so erased after such conviction, or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner provided by this act.

#### STRENGTH OF BATTLE'S LIQUOR OPII SEDATIVUS.

The question in the Journal for this month, "What is the true strength of Battle's solution of opium?" induced me to institute some experiments with a view of ascertaining its actual strength, and also of furnishing a means whereby the strength of other secret preparations of opium (not professing to be solutions of its salts) might be estimated. The results show the real strength of Battle's solution of opium to be the same, or very nearly the same, as that of tinctura opii, P.L., and further, that in estimating the strength of liquid preparations of opium in comparison with powdered opium, it is necessary to take into account the insoluble portion of the latter, which amounts to about one-third of its weight.—*Mr. Wilkinson of Manchester in Phar. Jour.*

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 28th,	45	36.5	29.316	.140
Monday,	29th,	39	33.5	29.850	.070
Tuesday,	30th,	37	27	29.962	
Wednesday,	Dec. 1st,	49	32	29.800	.070
Thursday,	2nd,	49	40	29.862	
Friday,	3rd,	45	36.5	30.000	
Saturday,	4th,	55	40	29.728	.006

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barom.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Nov. 28th,	45	34	29.090	37.8	37.1	36.1	.175	WSW
29th,	39	32	29.625	37.1	35.2	32.3	.076	NNW
30th,	40	26	29.775	32.8	32.1	31		NW
Dec. 1st,	46.5	36	29.640	46.1	45	43.8	.360	NW
2nd,	49.5	39	29.634	46	44.5	42.8	.004	NW
3rd,	47.1	34.5	29.654	41.2	40.4	39.4	.001	WNW
4th,	50.5	38	29.479	50.4	50.2	50	.065	W

M. W. HANLON, M.B.

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The Meetings of the Society, for the Session 1852-53, will take place at the Royal College of Surgeons on the under-mentioned Evenings, at Half-past Eight o'clock precisely:—

1852—Saturday, 20th November.

Saturday, 4th December.

Saturday, 18th December.

1853—Saturday, 15th January.

Saturday, 29th January.

Saturday, 12th February.

Saturday, 26th February.

Saturday, 12th March.

Saturday, 26th March.

Saturday, 9th April.

Saturday, 23rd April.

Members who intend to read papers before the Society are requested to inform the Secretaries of their intention a few days previously.

When the Contributor of a paper wishes that the Secretaries should read it to the Society, he will please to forward it to them some days before the Meeting.

CHARLES BENSON, M.D. } Secretaries.  
O'BRYEN BELLINGHAM, M.D. }

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CONTENTS:—The New By-Laws and Regulations of the Pharmaceutical Society relating to the Admission of Members and Associates—The Lectures at the School of Pharmacy—Competition for Prizes—Forms of Certificate and Application of Candidates—Regulations of the Board of Examiners—Hospital Sulphate of Quinine—Notes on Drugs at Aden—Extract of Colocynth and Compound Colocynth Pill—Crystalline Body in Helleborus Niger—Pharmaceutical Meeting, Edinburgh: Disinfectants, Syrupus Papaveris—Liverpool Chemists' Association—The Oil of Argemone Mexicana—Cantharidin—The Manufacture of Vinegar—The Chemical Composition of Quinidin—The Camphor Tree of Borneo and Sumatra—Elastic Collodion—Lithographic Ink—Chemical Patents—The Sale of Dandelion Coffee—Convention of Pharmacutists in Philadelphia: Report—Pharmaceutical Education, &c. &c. With an extra Quarter-sheet. Price 1s.

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Wednesday, December 8, 1852.



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By J. KIRBY, LL.D.,  
Ex-Professor of the Practice of Physic in the Royal College of Surgeons, &c. &c.

#### RAPID CURE OF A VERY SEVERE FORM OF SCIATICA.

THE Rev. Mr. F. called on me a fortnight since, having come from Liverpool to consult me about a sciatic affection which he suffered from for three months, and by which he was nearly crippled. His attack was at the left side, and it was particularly keen at that part, to which he was stooped down. The pain was very great in the fold of the groin, the anterior part of the thigh, around the tuber ischii, but especially behind it, whence it followed the course of the nerve to the ankle and foot. There was also much uneasiness all over the left hip and loin. He was quite lame. The limb was wasted, and it seemed shorter than the other.

In the day time he was tolerably free from distress, so that he could go limpingly about; but when evening came, nothing could exceed his agony, which continued all night, not much mitigated by seventy drops of laudanum, which was his evening dose. His bowels were right, he ate sparingly, and took next to no stimulant.

Having had my advice while a resident in Ireland, and always successfully, in many anomalous illnesses, which I, however, believed to be of a gouty nature, he resolved he would consult me in the present instance. I prescribed as follows:—

℞ Tinct. aconiti, ʒi.  
Vini colchici, ʒiv.  
Mist. camph. unc. decem.  
Syrup. croci unc. Ft. mistura.

He was to take thirty drops of Battley's solution each night, and two tablespoonfuls of the mixture three times a night, to dine sparingly, and to have one glass of wine afterwards.

In six days his son called to say he was much better, but that the medicine made him giddy and confused his mind in the day time. I now desired he should have half

the quantity of the mixture, and continue to take it at that rate until he would see me, which would be in five days.

Mr. F. now came to town, and visited me. He had very little uneasiness, and I make no doubt it disappeared under the use of a stimulant liniment.

℞ Liniment. camph. co. ʒiv.  
" saponis, ʒiv.  
Sp. terebinth. ʒiv.  
Tinct. aconiti, ʒii. M. ft. liniment.  
℞ Ung. antim. tart. ʒi.  
Ol. palma unc. ft. ung.

Mr. F. at his second visit complained that his urine was a little painful on being passed. I ordered him pills of sed. opii and soap, with the following draught, to be taken only if he was restless:—

℞ Liq. opii sed. ʒi.  
Syrup. rheados, ʒi.  
Aquæ unc. M. ft. haustus.

About eight days from the last visit, the Rev. Mr. F. called on me to report himself a new and recovered man. He had no occasion for the night draught, and he put aside all other medicine, with the exception of the last pills I prescribed, which, for the benefit they yielded, he begged I would allow him to continue for a fortnight longer, when he hoped to see me and take leave.

#### TUMOUR OF THE BREAST.

Miss G., aged 19, whose sister has a strumous tumour of her neck, and whose other sister I attended for a very large cerycal gland, which was of strumous character, and yielded to iodine treatment, consulted me for a swelling, the size of a large almond, in the mammary lymphatic gland at the axillary side of the nipple. It was smooth, moveable, but a little hard, and not at all painful. It originated in a blow given to her a year since, and of late it has not increased in bulk.

Observations.—This tumour requires attention, and it will perhaps disappear by appropriate treatment, which will regulate the catamenia, by alteratives, by exercise in the open air, a regulated diet, and sea-bathing, and the sea-side, whither she immediately retired. In four months she was well.



## GENERAL IRRITABILITY OF THE BREAST.

Mrs. A., who is married, and has many children, and who always enjoyed excellent health, and has menstruated regularly, consulted me on account of fulness, heat, and soreness of the breast generally, but without any trace of a topical tumour. She was much alarmed, and thought of nothing but a cancer.

She has had of late much cause for anxiety of mind, and considers herself very bilious in consequence. She is also very dyspeptic, as I know by a long experience of her manner of living and thoughtful and sedentary habits.

I merely ordered her small doses of blue pill at night and a mild bitter aperient to be continued for a week, at the expiration of which time she has lost the heat, uneasiness, and soreness of her bosom.

## A PIECE OF BONE IN THE TRACHEA.

Mr. D. called on me on September 16th, in a state of great alarm. For a few days he had some cough, and the sputa were tinged with blood. He feels in good health in every other way. The cough commenced suddenly, awakening him by its great severity and disturbance from his sleep. It appeared to commence about the bifurcation of the trachea, and disappeared again on his coughing up the piece of bone which he showed me.

Questioning him on the subject of diseases of his palate or nose, he answered in the negative; but he added he had two teeth drawn the day before he was seized with the cough. Looking into the mouth, there was the remains of the hæmorrhage in the gum, showing the point from which the piece of bone was detached, and which was a portion of decayed molar process. In fact, the piece escaped in sleep into the trachea, and the irritation then caused the severe cough, which succeeded in getting rid of the bone.

## POST-MORTEM EXAMINATION OF DR. —'S CHILD, ABOUT THREE YEARS OLD, THREE HOURS AFTER DEATH: WITH A HISTORY OF THE CASE, AND SUGGESTIONS.

Abdomen: Peritoneum of parietes healthy. On the small intestines, glutinous to the feel, where a preternatural degree of vascularity existed, which seemed, however, to belong more to the substance of the intestine than to its membrane. Stomach, membranes, and viscera pale. Intestinal canal free from fæces. Small intestines in parts contracted, and fleshy to the feel. Mucous membrane in patches displayed a slight blush. Gall-bladder empty. Liver healthy in structure, but had a marbled appearance on its surface. Thorax; Mediastinum, pericardium, and heart free from every sign which indicates inflammatory action. Heart contracted: the vessels on its surface, however, contained so much blood as to give it the appearance of being injected, but not minutely, with about a dessertspoonful of liquor. Pericardium: Lungs pale anteriorly; a deep livid colour posteriorly, firm, yet crepitated on being handled. Pleura pulmonalis felt unctuous, and as if coated by a layer of lymph, which, scraping with the edge of the knife, could gather into mass. The absorbents: Left lung visible to admiration. The interior structure of the lung was red, and it cut as if its capillary system was overloaded. Heart, disproportionally large, weighty, and pale. Bones felt firm to the saw, but were of nearly an equal thickness throughout. Dura mater easily detached. Arachnoid lining displayed in patches a delicate vermilion blush, which was most remarkable. Spheroidal depressions: Slight serous effusion external to cerebral arachnoid tumour. Serous effusion in parts seemed to separate the arachnoid and pia mater. Anterior and middle lobes healthy. Post lobes displayed considerable vascularity both of membranes and cineritious substance. Right lateral ventricle contained about a dessertspoonful of sanguineous fluid, without any increase of vascularity of its lining membrane. Left

ventricle less fluid. About two tablespoonfuls of reddish serum lay around the pons varoli and medulla oblongata. Brain unusually firm, particularly internally and towards its base.

The subject of this pathological memoir was a healthy child until attacked by measles, which appeared very fully on the extremities on Sunday, the 6th of March, accompanied by considerable fever. Between Sunday and Wednesday, the chest was so much engaged, and the respiration so hurried, as to induce the father, who was a medical man, to apply six leeches below the clavicles. By these and calomel and James's powder, the patient's symptoms were for some time relieved: however, the child raved so much during Wednesday night, as to alarm the father, who, a few days previous, had lost his youngest child, who died with what he called well-marked symptoms of hydrocephalus, which succeeded the eruptive stage of measles. Thursday, the delirium continued, and on Friday I was called to see the child. Mr. — told me he sometimes was furious, and violently tore at those who attempted to move him. These paroxysms recurred only at intervals. Some moments he knew every one about him, at others he seemed to sleep, but frequently started, and sat up screaming, when his repose was thought the soundest. At the period of my first visit he was dozing, lying on his back, with his arms thrown out over the pillow, and motionless. The eyelids were glued together by a copious secretion of mucus, and the effort to separate them without moistening the parts did not for some time disturb him. Even then he did not awaken, but whined, and again relapsed into his former state of somnolency. When fully roused, he could put out his tongue when desired, and appeared attracted by my watch, which he followed with a regular motion of his eyes, even though directed towards the window. The pupils exhibited nothing symptomatic of morbid sensibility or torpor. After being awake a few minutes, he again relapsed into drowsiness; pulse frequent, small, hard; abdomen soft; skin cool; breathing easy.

Twelve leeches were applied to the temples, and a blister to the nucha: the laxatives, as given by Mr. —, to be continued. He seemed easier in the evening and more collected. During the night he grew worse, and from the delirium, the father was induced to apply the leeches again towards morning. On this day I saw him at five p.m. He was then pale, cold in the extremities, breathing with difficulty; there was no stupor, but he raved and was restless; pulse sunk and weak; he seemed greatly sunken by the leeching.

A blister was applied to the chest, both as a stimulant and to relieve the lungs, which seemed greatly engaged. He died next morning, professing his knowledge of the persons about him until within the last twenty minutes.

*Observations.*—The dissection displayed an affection principally of the serous membranes occurring in the third stage of rubeola. The serous membranes of the brain appear, however, chiefly affected. The brain, except the surface of the posterior lobes of the cerebrum, exhibited none of the marks of inflammation.

*Qu.* Does this inflammation of the brain and membranes explain the occasional delirium?

*Qu.* Will the little concern of the brain itself explain the steadiness of the eyes, the absence of strabismus, the want of coma, dilatation of the pupil, and the usual attendants upon the common forms of hydrocephalus?

(To be continued.)

**FELT AND CHAMOIS LEATHER PLASTERS.**—The Messrs. Wright and Ewing have introduced a material which is likely to be valuable to patients requiring plasters for bed-sores. It may also be useful for other purposes. It consists of a kind of felt, more soft in its texture than that which is used for hats, and is covered on one or both sides with chamois leather. The plaster is either spread on the leather or on the felt. In either case, it appears to be an application likely to prove serviceable. It may be used for removing pressure from any particular spot, by cutting a hole in the plaster at the part affected.—*Phar. Jour.*



## TRAUMATIC CATARACT—SPONTANEOUS CURE.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—On looking over some notes, I have happened upon the two following cases of traumatic cataract, which I beg leave to forward you for publication, if you consider them worthy of your space.—Yours, &c.,

HENRY THOMPSON, M.D.,  
Surgeon to the Tyrone Infirmary.

Omagh, December 1, 1852.

Andrew Truelove, aged 25, a stout healthy man, received a blow of a stone in the eye in June, 1848. The force was not sufficient to produce any external appearance of injury, but he became immediately deprived of sight. I saw him next day, and perceived a grayish opacity behind the pupil, accompanied by a trifling degree of superficial vascularity. This was removed by low diet and the application of a rag wet with cold water for a few days, and the opacity remained free from complication. He returned to his work, and I deferred the operation I thought would be required until a more convenient season.

On the fourteenth day I examined the eye again, and thought I could perceive a sensible thinning and breaking up in the centre of the opacity, so I determined to wait a little longer, and found at the end of another week that the progress of the absorption was quite manifest, there being then a clear breach in the centre of the lens, which gradually increased in size, the vision returning, *pari passu*, until nothing but a mere shred remained at the upper and inner side of the pupil, requiring artificial dilatation to render it visible, and not at all interfering with the functions of the organ, which became as perfect as possible under the circumstances, so that he could easily distinguish features and all objects presented to him before he left the gaol, in which he had been confined during the whole period.

The process of cure having commenced in the centre of the opacity, its having been so gradual and progressive, and the last remaining shred of the capsule being situated in the upper side of the pupil, are decisive proofs of this spontaneous cure of cataract having been due to absorption, and not to depression, which I believe occasionally, though very rarely, causes a similar effect.

Case 2. M. Gibbons, æt. 12, a healthy girl, was admitted into the Tyrone Infirmary on the 16th of October, 1848. The conjunctiva of the right eye was intensely vascular, and an opaque film, surrounding a slight abrasion of the surface, covered the upper and inner half of the cornea; the pupil was widely and irregularly dilated, the lens, of a bluish white colour, bulging through it and protruding the iris, which was stretched over it to such an extent that it seemed to touch the posterior surface of the cornea. On the outer side the whole eye appeared enlarged, and the zonal vascularity, denoting deep-seated inflammation, could be clearly distinguished beneath the reticular arrangement of the more superficial vessels. There was considerable tenderness on pressure, supra-orbital pain, and some, though not very marked, constitutional excitement. She could distinguish light from darkness, but had no perception of objects. Five days before she had been struck on the eye by a branch in passing through a hedge; she was immediately deprived of sight, and the eye has since been gradually assuming the above-described appearance.

She was ordered to bed, put on low diet, twelve leeches applied to temple, followed by warm fomentations, and she was ordered calomel. gr. i. ter die.

Salivation ensued on the third day, and the inflammatory appearances were found to have subsided; the opacity of the cornea was reduced to a small white speck, marking the cicatrix of the little wound at its upper and inner side, about two lines from the margin; the iris and lens retained

their former positions; all pain had disappeared, and the vision remained the same.

The calomel was discontinued, and extract of belladonna freely applied round brow and lids, and she was ordered not to open her eyes until I saw her the following day, when I came to her bedside prepared with Jacob's needle.

I had the belladonna washed off, and on raising the lid found the pupil somewhat more dilated. I then passed the needle through the opaque spot in the inner side of the cornea, and by two strokes succeeded in dividing the capsule so freely, that a milky fluid, into which the lens seemed to have been converted, escaped into the anterior chamber, and some of it followed the needle, when withdrawn, through the opening in the cornea. I then closed the eyes, and kept a single fold of old linen wet with cold water over the injured one.

Next day I examined the eye, and found the cornea full, showing that the puncture had united, and the aqueous humour sufficiently clear to admit of my perceiving that the iris had resumed its natural position, the pupil being circular, and the same size as the other. A considerable portion of the torn capsule was lying in the anterior chamber; there was some return of conjunctival vascularity.

She was directed to continue the cold water, and have a dose of senna and salts.

Next day there was some supra-orbital pain; the vascularity had reassumed its zonal arrangement, and the pupil had become slightly contracted.

Belladonna was reapplied, and the calomel repeated.

The former produced extreme dilatation of the pupil, which did not go off for three days, and the calomel was pushed on to slight tenderness of the gums, by which time all traces of inflammatory action had disappeared, and the absorption was so complete that she could distinguish objects with facility. She was then ordered improved diet, and a grain of salicine three times a day, and soon after discharged quite well.

I plead guilty to having been somewhat too curious in opening the eye the first day after the operation; had I been less impatient, the second salivation would probably have been saved. I wish to direct attention to my selection of the cicatrix of the former wound as the site of my puncture. My principal reason for doing so was, that, on the outside, the iris seemed so close to the cornea that I could not have introduced the needle in the usual place without injuring it; and the reason was, that I saved an additional cicatrix, though indeed that left by Jacob's needle can hardly be called one. It is well, too, to know that an opaque part of the cornea will heal as readily as a sound part, as the advantage of operating in such a situation must be very obvious.

These two cases present instructive examples of cataract from injury, upon which subject we find the following observations in Dr. Jacob's "Treatise on Cataract":—

"That cataract is produced by injury, no one will, I believe, deny. Puncture of the capsule by a sharp instrument, as often occurs from the accidental thrust of an awl, a fork, or a needle, or from a thorn by a slap of a bush in crossing a hedge, is immediately followed by opacity or cataract. I think I have seen the lens quite milky in ten minutes after the accident. In fact, the moment the capsule is torn open, the soft fibrous lens begins to imbibe the aqueous humour, and speedily expands, and becomes opened in its texture, at the same time losing its delicate transparency and acquiring a milky appearance. The capsule of the lens is sometimes, although very rarely, burst by a blow, without any penetrating wound of the eye, causing opacity of the lens, and its ultimate absorption. But not only is the lens rendered opaque in this way, but it is a fact, that a blow on the eye sometimes causes opacity without rupturing the capsule at all. How this happens is not very certain, but it may be caused by the detachment of the lens from its connexion within the capsule by the shock of the blow; or it may be, that the cataract in such case is a consequence of inflammation from the injury."



# A COMMENTARY ON MR. KIRBY'S CASE OF FETID ABSCESS OF THE LUNG.

By RICHARD FAUSSETT, M.D., Ballina.

My attention has been directed to a case of Fetid Abscess of the Lung, published by Mr. Kirby, in the *MEDICAL PRESS* of the 24th of November, in connexion with which my name has been introduced. It would appear that Mr. Kirby, in his laudable desire to confer on the profession the benefit of his experience, has been led to cite certain cases, and *this* amongst the rest, to serve, I presume, as beacons to the rising generation, whereby they may regulate their future practice. Now, as medicine is a science which perhaps more than any other in the present age, is sought to be advanced by the inductive philosophy or reasoning from facts, it behoves those who volunteer their aid "in building up the Temple" to take heed to the accuracy of their facts, in order that we may have the foundation sure. Under all those circumstances, it will not be deemed presumptuous, I trust, in one holding my humble position amongst the "hewers of wood and drawers of water," if I venture to glance at certain inaccuracies which by some mistake have crept into Mr. Kirby's graphic description of this interesting case of fetid abscess of the lung, and which lend a colouring to the picture that I fear is scarcely warranted by the original. From certain written records which happen to turn up from my correspondence, as well as from a tolerably distinct and vivid recollection of all the details, I now proceed to do so.

On Wednesday, the 18th of September, 1850, I was first called on to visit Mr. K., a young gentleman, residing about six miles from this town, who had been at the time about nine days ill, and was attended by Mr. Neilson of Killala, whom I met in consultation. Prior to this illness, Mr. K. had found his stomach considerably deranged, owing most probably to a large quantity of mercury which some time previously he had taken for another affection. He also occasionally complained of pain at the lower part of his chest.

While labouring under these symptoms, Mr. K. was in the habit of freely smoking cigars, and was imprudent enough to expose himself to cold (an element in the case Mr. Kirby does not deem worthy of notice) by dining out with a party of pleasure on an adjacent island, where he drank freely of rum punch, and returned home at a late hour in the night air. At the time of my visit he laboured under a severe cough, accompanied by fetid purulent expectoration streaked with blood. He had then no pain in the chest, but there was a distinct dullness on percussion over the anterior inferior portion of the right lung, indicating the seat of an abscess.\* His pulse was 80. The alvine evacuations were bilious, and neither then nor at any subsequent period of his illness did there seem to be the smallest rational grounds for supposing that "THE LIVER" was in the slightest degree affected. The tongue was almost always clean, and there was no fulness nor tenderness or pressure over the hepatic region. Having, in consultation with Mr. Neilson, ascertained some particulars of this gentleman's previous history, amongst the rest that a pseudo-syphilitic or copper-coloured leprous eruption had completely disappeared by the use of some tar pills which were ordered for him by Sir Benjamin Brodie; happening, likewise, to notice on the edges of the tongue those peculiar chaps or fissures so well described by Mathias as often appearing at the approach of winter in persons subjected to lengthened courses of mercury; and having well considered all the general features of the case, I arrived at the

conclusion that there was no evidence of a syphilitic taint existing in the constitution, and certainly no indication whatever for the further use of mercury in any form.

I am the more particular in these details, because I am well aware of the views set forth by Benjamin Bell and other authors on the subject of syphilis affecting the lungs, and it seems not at all improbable that the deterioration of the blood by syphilis should, in the secondary and tertiary forms of the disease, lead to diseases within the pulmonary tissue. Regarding the attack in the present instance, however, as one of simple inflammation terminating in abscess in a subject not otherwise healthy—i.e., delicate from previous indisposition, Mr. Neilson and myself proceeded to treat the case accordingly. A blister was applied over the seat of the abscess, not, as Mr. Kirby states, "over the pit of the stomach;" a liniment, of turpentine and acetic acid was directed to be rubbed to the upper part of the chest; pills of equal parts of ipecacuanha and extract of hyoscyamus, two grains of each (not an "emetic of ipecacuanha," as alleged by Mr. Kirby, nor yet "the decoction" of hyoscyamus—a preparation, by the way, which Mr. Kirby has had the merit of first introducing to the notice of the profession); and above all things, a diet strictly limited to farinaceous substances, fruit, vegetables, and milk, was enjoined.

By a rigid adherence to this plan of treatment for the ensuing three weeks, modified, however, in some particulars as regards the medicines—laying aside the ipecacuanha pills when we found them produce much nausea, exhibiting instead, first moderate doses of the tincture of digitalis, and subsequently prussic acid in almond emulsion, two drops three times a day, blistering over the seat of the disease, and keeping the blistered surface for some time open by means of "Brown's Cantharidine Plaster," we had the gratification, from day to day, of observing a gradual and steady amendment in all Mr. K.'s symptoms. His voice got strong; his cough became less frequent; his respiration not in the least laboured, on the contrary easy and full; his pulse about 70; his tongue clean; appetite pretty good; alvine discharges regular; not losing flesh; occasionally sitting up; taking in addition to his other medicines, cod-liver oil in clove-tea, and which, to the extent of teaspoonful doses, the stomach tolerated pretty well; when on Saturday, 12th October, Mr. Kirby arrived to see him, thought proper to reverse all the treatment without the ceremony of a consultation, and despatched a messenger to the town in which I reside with a prescription for three doses of gallic acid, each containing four grains (not "ten drops," as he himself has stated), with ten drops of tincture of hyoscyamus in mucilage of gum arabic, and pills of five grains of blue pill, and five of the compound rhubarb pill; but not a word about "acetate of lead," which it so happened I subsequently suggested, although Mr. Kirby accredits himself with having done so.

On the following day (Sunday the 13th), I was summoned to meet Mr. Kirby in consultation with Mr. Neilson, when, without noticing the discourtesy he had shown me, and which, though now I believe the oldest physician in this province, I should be sorry to exhibit towards the most junior of my professional brethren, I communicated to him freely my views of the case. Mr. Kirby spoke of giving eggs, beef-tea, and a glass or half a glass of claret, to which, as well as to his astringents and blue pill, I certainly entertained strong objections. I left the case, however, in his hands, and saw no more of Mr. Kirby or of the patient while he remained; but by all accounts during those two days he altered the regimen, and gave medicines of various kinds in tolerably quick succession, which explains somewhat at first unintelligible passage in his report—viz., "This case exhibits the dangerous mischief of heaping a variety of remedies on any patient at short intervals," and which candid admission, I suppose, Mr. Neilson and I should otherwise have appropriated to ourselves.

Mr. Kirby left on Monday evening, and on Tuesday (not "Sunday") the 15th of October, I was summoned to visit Mr. K. in the utmost haste, the messenger requesting I would not delay an instant. On my arrival,

\* Mr. Kirby describes the abscess as having been seated in "front of the lung." *Qu.* Whether in the intercostals, or between the pleura costalis and pleura pulmonalis? or does this ambiguous expression refer to the actual state of the case; viz., an abscess in the lung itself?



I found Mr. K. extremely ill indeed,\* spitting up blood copiously, writhing with most acute and distressing pain in his chest, in the right mammary region near the nipple, and with a quick sharp pulse, at 100. Having met Mr. Neilson, we had him instantly cupped to six ounces, and gave him  $\frac{1}{2}$  draught, with twenty drops of tincture of digitalis, which procured considerable relief, and in about two hours after, the pulse rising again, he was again cupped to three ounces, and the same dose of digitalis was given him at bedtime. He had a couple of motions with scybala, the pulse became soft, and the pain was relieved. I should here notice that the side of the tongue became ulcerated again, probably from the use of the blue pill, although it had previously healed by touching the small ulcers with solution of nitrate of silver. The further details of this case it is unnecessary to pursue. Mr. K. had one or two subsequent attacks of hæmorrhage, which, however, Mr. Neilson and I were able speedily to arrest. Dr. Stokes and Sir Henry Marsh were at my instance consulted about the case, and both these gentlemen gave a favourable prognosis. The latter suggested a trial of salicint† in half-grain doses, which we afterwards increased to a grain, and which, in those small quantities, was continued for some time. Mr. Kirby's much vaunted remedies all got a fair trial, and we found it necessary, in a great measure, to dispense with them all; or as the patient, I believe, himself remarked, "to throw them completely overboard." We then resumed the farinaceous regimen with milk, and fell back on the plan originally prescribed, modified of course to suit the more advanced period of the disease, and to our having done so the gentleman in question owes his recovery.

Taking a dispassionate review of all the circumstances of this case, and aided by a tolerably lengthened experience, I am irresistibly led to the following conclusions:—

In apprehended hæmorrhage from the lungs, opiates and astringents, if not given with caution, may, by confining the bowels, tend to precipitate the very evil we are desirous of guarding against. The muriate of morphia, as Christison justly remarks, is by far the best preparation of opium, and in Mr. K.'s case was substituted with advantage for Battley's sedative liquor. The extracts of cicuta and hyoscyamus, the extract and tincture of Indian hemp, as well as the tincture of digitalis, I have frequently found preferable to opiates in such cases. Gallic acid, though a powerful astringent in passive hæmaturia and menorrhagia is one of rather doubtful efficacy in pulmonary hæmorrhage; and the acetate of lead, with the addition of so much acetic acid as will prevent the formation of an oxide, is a medicine much more to be relied on.

That pulmonary abscess, like that in Mr. K.'s case, is the product of inflammation, I think there can be no question, and as "prevention is better than cure," I am unfashionable enough to believe that such abscesses might often be prevented by timely depletion.

The danger of converting a chronic case into an acute, by adopting prematurely too generous a regimen, is well exemplified in Mr. K.'s case, as seen by contrasting his state on Saturday, the 12th of October, with that in which I found him on the following Tuesday. The necessity, likewise, of adopting a prompt and energetic treatment suited to the emergency, is illustrated by the happy effects produced by cupping, by digitalis, and by relieving the bowels with suitable purgatives, such as the compound colocynt-h pill combined with hyoscyamus, which happened to be the medicine then prescribed.

Regretting exceedingly to have been obliged in the fore-

going remarks to impugn the faithfulness of Mr. Kirby's report, and wishing to pass over many trifling inaccuracies, such as his "ordering *leguminous articles of nourishment*," which, by the way, if garden peas and beans are thereby indicated, he must have found it rather difficult to procure in this country in the middle of the month of October, I cannot close without expressing my astonishment at the following passage:—"Indeed the question (*viz.*, giving mercury on the supposition of the disease being syphilitic) was once entertained by the medical persons who attended him, but both very properly yielded their judgment to Sir B. Brodie and to me who treated Mr. K." Now, Mr. Neilson, if I am not much mistaken, never entertained any such notion, and as for myself, I can only say that Mr. Kirby greatly overrates his own position, if he imagines that "his judgment" could, in the remotest degree, have influenced either my opinions or my practice. With Sir B. Brodie, during my attendance at least, no such question was ever discussed.

In conclusion, it will be seen that Mr. Kirby, in most of his details, has assumed a tone approaching somewhat to the "*Veni, vidi, vici*," of some illustrious achievement, and such as a candid survey of all the circumstances of the case will, I fear, be scarcely found to accord him.

Ballina, 30th November, 1852.

#### DEEP SUPPURATION FOLLOWING THE EXTRACTION OF A TOOTH.

(AUTHOR'S NAME LOST.)

JOHN E. of Barraford, aged 34; habits irregular, married, power-loom weaver. Had good health till Nov. 1851, when he felt pain in the left side of the face. In the latter part of February, 1852, he had the first molar tooth of the left side extracted, on the supposition that he had toothache. His face was swollen at this time. He did not get relief by the operation, but, on the contrary, his pain became much more severe; the swelling of the left side of the face increased, and the morning after he could not open his jaws.

I saw him for the first time on the 9th of March, 1852, about ten or twelve days after the operation.

*Present state.*—March 9, 1852: Face very much disfigured; unable to open his jaws; teeth perfectly locked; the left side of the face very much swollen, and extending down into Burns' triangle; the hollow between the ear and the ramus of the jaw quite obliterated; pus of a most fetid odour discharging from the inside of the mouth. I could not see as far as the position of the extracted tooth. He complains of a dull aching pain, worse at night; the swelling in the neck gives an indistinct feeling of fluctuation; his general health is pretty good, and the secretions are in a good state. I made a deep incision in the sub-maxillary space, extending to Burns' triangle, and fetid pus and sloughs came away. I also made another in the neighbourhood of the articulation of the jaw, as he complained of much pain and tension in this position: *pus alone was discharged*. Besides those incisions, I made another along the level of the jaw, along the gum, as there appeared to be a distinct collection of pus in this position; a small portion of fetid, bad-coloured pus was discharged. From these incisions he got great relief, though the swelling did not subside.

Medical treatment: Good diet; hyd. kali cum decoct. sars. comp. ter in die; with a composing draught at night. I was obliged to support him with broth and other fluids, as he could not open his mouth.

18th: Doing very well; the swellings are not so large; incisions discharging pus of a better character, but still fetid. He can merely move his jaws, but yet I cannot get in a spoon-handle. General health good. As the matter was burrowing lower in the neck, I made an incision lower down.

28th: Discharge from mouth ceased; last molar and wisdom tooth loose, but I cannot get at them; makes an attempt to open his jaws, and partly with success.

\* This state of the patient on the morning after Mr. Kirby's departure contrasts strikingly with the state in which, according to his own showing, he found him—*viz.*, "I found Mr. K. in bed, and tolerably cheerful, he had had a pretty good night, and ate his usual breakfast with appetite, and while we conversed he lay on his back, with his shoulders raised on a second pillow, and his breathing did not appear to be oppressed," &c.

† This alkaloid has since been expunged from the Dublin Pharmacopœia. Pereira recommends it in large doses.



## ON DERMOID CYSTS AND PLASTIC HETEROPTOPY IN GENERAL.

By M. LEBERT.

(Communicated to the Biological Society of Paris, August, 1852.)

In the following pages I would bring under consideration an order of cysts which it is of the greatest importance, in a physiological and pathological point of view, to understand correctly, and which are still so imperfectly known and so little investigated, as to their mode of formation and nature, that the most erroneous doctrines are extant with regard to them. In the description of them it will be necessary to enter into many of their details. I propose to give the name of *Dermoid Cysts* to those which present an internal organization analogous to skin, and which consist of either cuticle, true skin, sebaceous or sudoriparous glands, hair, fat, and occasionally teeth or bone. Under this head I will also class those ovarian cysts containing teeth and hair, which many pathologists still consider as the product of conception, which opinion, however, appears to me altogether erroneous. I may here mention, that the formation of the contents of these cysts comes under a general pathogenic law, which may be called that of plastic heterotopy.

The formula of this law is the following:—Many of the simple or compound tissues, and even the most complex organs, are capable of being generated in parts of the body where normally they do not exist. It is impossible at present to assign the limits of this law; nevertheless, I do not hesitate to apply it to cuticle, colouring matter, adipose, fibrous, fibro-serous tissue, voluntary and involuntary muscular fibre, cartilaginous and osseous structure; and amongst the more complex organs, I have found the heterotopic formation of hair, glands, and teeth. I will now enter into the consideration of their production in superficial cysts.

### First part.—Dermoid Cysts non-Ovarian.

1st. Subcutaneous dermoid cysts. I will first give the result of my investigations as to encysted subcutaneous tumours containing hair, glands, fat, cuticle, &c. The following two cases have come under my own observation:—While at Berlin in the commencement of the year 1846, M. Dieffenbach requested me one day, at his hospital visit, to remove an encysted tumour from the superior eyelid of a healthy young man, aged 24, where it had existed since birth. It had only given him inconvenience for a short time, was situated above the upper edge of the orbit, and had attained the size of a pigeon's egg; the movements of the eyelid were comparatively but little incommoded, the skin over it was moveable, while the tumour itself was but partially so, on the bone underneath.

I commenced the operation by making a semilunar incision the whole length of the tumour. Having dissected off the skin on both sides, I had the edges held apart, and then separated the cyst with a bistoury and scissors, but I found such intimate adhesions between it and the frontal periosteum, that I was obliged to leave a very little part of its base, which afterwards separated by suppuration, and did not retard the cicatrization of the wound.

The tumour was composed of a yellow fat, of the consistence of tallow, showing under the microscope granular fat without true adipose cells or fat granules. The internal surface of the cyst (complete on all sides before the operation) presented altogether a cutaneous organization; although difficult to raise the cuticle distinctly, yet it was easy to prove its existence by vertical sections, which, treated with acetic acid, showed the layers and nuclei of the epidermic cells. The covering itself was composed of a fibro-areolar tissue like the skin. All the inner surface of the cyst was covered with little fine, short, downy hairs, deeply implanted in it, whose bulbs and sheaths were very plainly visible: by the side of each hair were found two sebaceous follicles like grapes, whose excretory ducts ran into the hair. They were full of a secretion identical with the fat contained in the cyst.

Case 2. A young man, aged 24, who at the same time

also came under my observation at the clinique of M. Dieffenbach, had a little tumour, the size of a lentil, situated over the left upper eyelid, which, according to his parents account, had existed since he was six months old. It is probable it was congenital. It had increased by degrees, and at the age of 19 had attained the size of a plum, and caused a good deal of inconvenience to the patient, so that he requested an operation for its removal, which was done by making an incision along its whole length, and turning out the contents. Suppuration of the interior was kept up for five or six weeks. The wound healed, but the tumour quickly reappeared, and increased more rapidly than before, so much so that at the time of the patient's admission it was the size of a small apple. During some weeks, the tumour had become painful, and after some time inflamed, which much ran down the patient. Lancing and burning pains were felt, and had become more and more severe and permanent, the skin red, and the tumour had so rapidly increased that the eye was completely covered, and the lid could not be raised; the eye itself, however, not at all affected. The eyebrow was situated across the middle of the tumour. On the 17th February, 1846, the operation was performed in the following way:—An elliptical piece of integument was raised over the upper eyelid transversely, and the cyst dissected out. It was opened during the operation, and gave exit to a grumous substance mixed with a good deal of pus; everything went on favourably, and at the end of a month the wound healed, and the patient left cured. On examining the tumour it presented the following character:—The grumous substance was composed of a sebaceous fatty matter in little granules; the pus was healthy; the internal surface of the cyst presented all the characteristics of skin; the surface next the cavity was covered with an epithelial layer, whose superficial laminae were somewhat tough, but immediately beneath were more lately formed epithelial cells with distinct nuclei; these showed all the characters of recent epithelial cells. Beneath this layer there existed very vascular dermis. All the surface of this adventitious skin was scattered over with hairs and follicles, the former of a lightish colour, with large and well-nourished bulbs, surrounded by their sheath; two sebaceous follicles were generally accompanying them, also here and there were hairs without follicles, and follicles without hairs. The latter could be recognized with the naked eye by their pale dull colour and round lobulated form; in size they varied from that of the head of a small pin to a millet seed. When the portions of this internal membrane were rendered transparent by the action of acetic acid, it was easy to study the structure of these glands with the microscope. Their proper capsule, excretory duct, and lobulated exterior, were all manifest; they contained a yellowish fat, granular, or in little cells. I have never found hairs detached and mixed up with the fat which filled the cyst. Cases of this kind are not rare, although our surgical works say little on the subject.

Baillly mentions in the 16th volume of the "Philosophical Transactions," 1789, that Hunter removed an encysted tumour of the eyelid enclosing hairs.

Cruveilhier ("Traité d'Anatomie Pathologique," 1816,) mentions some similar cases, one by Maurice Hoffman who found in a tumour on the head and temple both attached and detached hairs. In 1810, Zetherman remarked the presence of hairs in a cyst which he removed from the superior eyelid. Dupuytren removed from a child, three years old, a tumour of the upper eyelid enclosing a substance like melted butter, and a large quantity of hairs growing from the inner surface some lines long. Petit read before the Anatomical Society a similar case.

Sir Astley Cooper has also mentioned this sort of tumour, and the French translation of his work contains the following passage:—"Sometimes these cysts enclose hair when they grow over the temple near the eyelid, or in other parts of the body covered with hair. These hairs have neither bulb nor canal, and thus of course differ from those which normally exist on the surface of the body." This opinion appears to me not quite correct, and is dis-



proved by the two cases related above, yet it is interesting to observe that Sir A. Cooper was well acquainted with the existence of subcutaneous cysts containing hair.

In the *Gazette Médicale* of 1837, there is a case by Verrot, of a hair-bearing cyst situated in the leg of a young man, *æt.* 36.

In 1838, Mr. Lawrence of London, published in the *Medical Gazette* an interesting epitome on these affections, and I am astonished that so little attention has been paid to his observations. It contains the following cases:—A young child had a small tumour near the external angle of the eye, the size of a bean, colourless, and having the skin over it moveable, and had been congenital. While extirpating it the operator found that it was situated under the orbicular muscle, and by its base was intimately adherent to the surface of the bone at the external angular process of the frontal. This cyst enclosed fat and hair of a dark colour. The author remarks that tumours of this kind are not of rare occurrence in this situation in children, that they are congenital generally, and sometimes remain stationary during life, and relates the case of a man who always had one at the external angle of the eye without being incommoded. This author then relates a singular fact, that if a portion of the cyst be left the wound will not heal. In support of this observation, he adduces the two following cases:—A young person had a tumour near the root of the nose, situated between the eyelids. It was extirpated, but never healed. Mr. Lawrence then enlarged the fistula, and found at the bottom a portion of the cyst from which some hairs were growing. It was excised, and the wound rapidly healed. The second case is similar. Here there was also a tumour near the root of the nose, but not being completely removed, a fistulous orifice remained. An incision was made, and exposed at the bottom of the fistula a portion of cyst covered with hair, which was removed, and the part healed in a short time, so that here we have three well-authenticated cases of subcutaneous hair-bearing cysts.

In the *Annales de Médecine de Prague*, a similar case is related by Dr. Ryba, and published in the *Journal de Chirurgie et d'Ophthalmologie de Walther et Ammon*. M. Ryba extirpated from the left eyelid, near the temple, of a woman, *æt.* 38, a tumour, the size of a large nut, which was deeply situated under the skin, and attached by fibro-cellular adhesions to the periosteum. The cyst when completely removed contained, besides a yellowish serum with white flakes, a quantity of detached, short hairs, like those of the eyebrow. One portion of the sac was thicker and more prominent inwards, and the hairs there were more firmly attached. The same journal relates in the 8th volume of its annals, a short account of the removal of one of these piliferous cysts, by Dr. Cramer, from the left eyelid of a countryman, *æt.* 21, where it had existed since birth.

In general, ophthalmic, more than other surgeons, have met with these cases, and there is a good description of the affection in Beer's excellent "Ophthalmological Treatise." I would have quoted above the passage from his work if he had entered into more details in support of his general description.

Beer having described the pathology of encysted tumours of eyelids and around the eye, observes that they contain a yellow pulaceous substance, mixed with many short, agglutinated, soft hairs about a line long, and that the inner surface of the cyst is all scattered over with these hairs, but they can be easily plucked out as they have no bulb.

In Cruveilhier's "Anatomie Pathologique," there is mention made of the case of a girl, *æt.* 9, who had on the middle of the nose a scab, the size of a pin's head, which, when raised, allowed the passage of a probe to the frontal sinus. By pressure, black hairs, about six lines long, could be forced out, which previously had often been discharged. Cruveilhier recommended a stimulating injection, but it is not probable (as he supposed) that it would have cured the patient. At one of the meetings of the Anatomical Society, Cruveilhier mentioned, in connexion with a communication from M. Giralde, the case of a cyst containing

hair, which he observed near the pubis. The case brought before the Anatomical Society by M. Giralde is the following:—This surgeon extirpated a tumour situated on the neck of a man, aged about 20, which was placed midway between the thyroid cartilage and the upper edge of the sternum. The patient could not recollect its first appearance. This tumour, about the size of a large nut, moveable under the skin, and fluctuating, might have been mistaken for an affection of the thyroid body, if an attentive examination had not shown that it did not follow the movements of the larynx in deglutition. An exploratory puncture gave exit to some creamy pus mixed with some white hairs, in which oil-globules were seen under the microscope. After an unsuccessful injection with tincture of iodine, M. Giralde extirpated the tumour, whose cavity contained still a little of the creamy fluid above mentioned. The interior was of a pearly white colour, smooth, except some little elevations caused by the attachment of the hairs. Two of the latter, white and much longer than the others, were attached to the deepest portion of the tumour.

To the preceding cases, I may add one of the same kind which was kindly communicated to me by Dr. Pauum of Copenhagen. A young man, aged 20, had for a long time on the outer part of the eyebrow a tumour about the size of a filbert. It was removed in autumn, 1849, by Professor Carsen, surgeon to the hospital of that city. The interior of the cyst was filled with a fatty substance and a number of fine hairs the length of those of the eyebrow; but except covering the inner surface of the cyst, these hairs were not attached; they had one extremity a little thickened, forming a bulb, and the other end terminating in a point. The fatty matter was composed of cells 1-1250th of an inch in diameter, some of which were pointed at their extremities without a distinct nucleus, and were not acted on by acetic acid. The fat presented some chemical peculiarities, of which M. Pauum did not give me the particulars. These cells were probably of an epidermoid nature, and had become of that horny consistence which renders them unaffected by acetic acid, and by enclosing the fat, their hard surface probably prevented their solution in alcohol.

One of the most remarkable circumstances in the subcutaneous production of hair is that mentioned by Lobstein, who once found hair in the black substance of a melanosis which was situated under the scalp. Unfortunately the author does not enter into any of the details of this curious fact, nor do I find any further mention of it in the description of melanosis.

Ruysh twice found cysts containing hair amongst the muscles of the neck of a cow, and not of man, the passage from Meckel (who refers to the sixth plate in place of the third) would lead one to suppose. The author compares the cyst to a humming bird's nest, and he shows in fig. 5 the circular arrangement of the hairs and the sebaceous matter in the interior. In fig. 6, he represents another cyst found in the same region, having hair arranged vertically in the interior.

The sixth plate of the same section represents a dermoid hairy mass, with a pedicle, which was expelled from the uterus of a cow.

Hunter, according to Bailly, observed subcutaneous cysts in sheep and cows, containing hair in the latter, and wool in the former. He remarks they are of frequent formation, and adds that a cutaneous structure on the interior of these cysts gives origin to these hairs.

Paget also speaks of the frequency of these productions in cattle, and it is probable that many of the preparations to which he alludes belonged to Hunter's collection.

M. Lebart, for whose opinion I entertain the greatest respect, in the course of an examination of an intracranial hairy cyst, has collected some general facts with regard to these cysts. He easily demonstrated the cuticular structure of its interior; he classes them into the superficial and deep, the latter containing more hair than the former. Their general seat is the intermuscular cellular tissue of the chest and the superficial layers of the anterior limbs, particularly below the shoulder, the different parts



of the head near the lips, nostrils, and on the back their shape is ovoid, and in size as big as a man's head.

A more elaborate work on this subject, which I regret I could not obtain, has been published by M. Guerit of Berlin. I found in the report of the Medical Society of the "Arrondissement de Gannat," the curious fact of one of these subcutaneous dermoid cysts containing hair, noticed and operated on by M. Pixier, veterinary surgeon at Saint Pourvain. This tumour, the size of the fist, was situated in the cellular tissue of a cow's neck, encysted, and perceptibly increased each year at the time of losing the hair. I hope now to have given a sufficient number of examples of the formation of glands and hair in subcutaneous cysts, and that no sensible anatomist will suppose that these circumorbital hairy cysts are the products of conception, either by inclusion or superfetation.

(To be continued.)

### ON SAVINE.

By EDWARD COPEMAN, M.D.,  
Physician to the Norwich Hospital.

(Read at a late meeting of the Norwich Pathological Society.)

THE late trial of Mr. Pascoe, a member of the medical profession, for the crime of procuring abortion, excited, as you all know, considerable interest, and, for a time, no little sympathy, on the part of his professional brethren. It has been since but too surely proved that, whatever might at first have been the opinion as to the justice of the sentence, his crime was of a deep dye, and deserved the punishment awarded. But the medical evidence on which he seemed to have been condemned is still open to criticism, and it is with the belief that practical good may result from a consideration of the principal point involved in it—viz., the propriety, or otherwise, of employing savine as a legitimate medicinal agent, that I now venture to occupy a few minutes of your time with the subject. I do not remember the exact statements made at the trial by the medical witness; but the purport of his evidence was to impress upon the jury that savine was now never given by medical practitioners for truly medical purposes; that it was a dangerous medicine; and that, when used, it was in all probability employed with some sinister intent. It therefore becomes a proper medico-legal question whether or not savine can and ought to be employed as a medical agent; for the evidence I have referred to was listened to by the judge, and probably believed by most of those who heard it; and it is important that no wrong impression on the matter should rest on the minds of judges and juries in future investigations of the kind.

Savine is an evergreen shrub, belonging to the natural family *coniferae*; and its active qualities appear to reside chiefly in an essential oil of much the same constitution as oil of turpentine. All authorities represent it as a drug possessing considerable power upon the uterine organs; but some describe it as an exceedingly useful and efficient emmenagogue, whilst others speak of it as a dangerous and poisonous medicine. "Savine and its essential oil are emmenagogues; the fresh plant is too frequently employed by the peasantry as an abortifacient, but cannot be employed for this purpose without seriously endangering the life of the mother." (Phillips' Translation, Pharm. Lond., 1851.) "It is, perhaps, the most powerful uterine stimulant of the materia medica, and is occasionally administered of amenorrhœa, though always requiring the utmost caution, lest it induce inflammatory action." (Brande's Manual of Pharmacy.) "Savine is a powerful stimulant to the uterine organs, and is employed as an emmenagogue with much benefit in amenorrhœa and chlorosis depending on torpor or deficient action of the uterine system. In consequence, however, of its poisonous properties it should be used with caution; its employment is contraindicated where there is the least tendency to irritation or inflammations of the uterus or any of the pelvic viscera." (Nelson on Medicines.) Nevin and Pereira recommend it as the most effective of all emmenagogues. I will not, however,

occupy your time by further quotations, but proceed to the relation of my own recent experience of the drug.

**Case 1.**—Amelia Woods, aged about 18, was admitted as an out-patient at the hospital on the 4th of October, 1851, for chlorosis and amenorrhœa, of a pallid unhealthy complexion, weak circulation, and inclined to be fat. I ordered her a course of steel; but as her attendance was irregular, and she seemed to derive no benefit from the treatment, I admitted her into the house on the 13th of December, and gave her for a time steel and aloetic medicines. These failing, on the 20th of January, 1852, I ordered a mixture composed of ol. sabinæ, gtts. iv.; mucil. acac., oz. j. mist. camph., oz. iij.; a fourth part twice a day. On the 24th, six drops of the oil were put into the mixture; on the 25th, eight; and on the 30th, ten; which dose—namely, five drops daily—she continued to take until the 4th of February, on which day menstruation commenced and lasted four days, in natural quantity. No uncomfortable effect from the medicine was ever complained of. She was discharged cured, and has remained well up to the present time.

**Case 2.**—Ann Ragg, a stout, plethoric-looking woman, aged 21, who had never menstruated but once, was admitted by my colleague, Mr. Norgate, March 23, 1852, for an ulcer on the leg of some standing. After a month's treatment the ulcer showed but little disposition to heal, and under the impression that it depended upon disorder of the general health, Mr. Norgate transferred the case to me.

On the 26th of April, after having tried steel and aloetic purgatives ineffectually, I prescribed ol. sabinæ, gtts. viij.; mucil. acac., oz. j.; mist. camph., oz. iij. M. cap. quartam part., bis die. On 3rd May, twelve drops were put into the mixture; on the 8th, sixteen; 10th, twenty; 15th, twenty-four; 19th, twenty-eight; 20th, thirty; 24th, thirty-four; 29th, forty—viz., ten drops twice a day. I began to despair of its doing any good, and thought of discharging her; but as her health had in no way suffered, and her leg was somewhat improved, I ordered, on the 1st of June, forty-four drops; on the 7th, forty-eight; on the 10th, fifty-two—viz., thirteen drops twice a day; and on the 11th the nurse told me the catamenia had appeared that morning. She was unwell, in a natural way, as to duration and quantity, and was soon after discharged cured, the ulcer being, I believe, also healed. This woman had the appearance of full health, cheeks full of colour, and body generally in good plight; but she suffered not the slightest ill effect, or indeed any appreciable effect, save that of the occurrence of menstruation, from the savine even in doses much larger than were stated at Mr. Pascoe's trial to be dangerous to life.

**Case 3.**—Sarah Ann Fisher, aged 15, admitted an out-patient, March 20, 1852, complaining of palpitation and general weakness, with anæmic *bruit*, and amenorrhœa. General appearance that of anæmia, with inclination to fatness, with languid circulation and costive bowels. Ordered aperients and compound steel pills. April 14th: No better. Cap. mist. ferri. c. Omitt. pill. 28th: Has complained of headache since taking the mixture. Mist. ammon. gent. Omitt. mist. ferri.

May 5th: Still no improvement, and I advised her to get an in-door recommendation, giving her, meanwhile, decoct. cinch. instead of other medicine. 22nd: She was this day received into the hospital, and menstruation took place a day or two afterwards. I gave her no medicine until June 1st, and then only some ether and gentian for her stomach, intending to wait to see what would take place when she ought next to be unwell. She suffered less from palpitation, and seemed in better health.

June 7th: She complained of uneasiness in her head and stomach, and of feeling very weak. The bowels were also very costive. R Pil. col. rhei, haust. mag. sulph. Steel pills. 25th: Much the same. R Pil. al. rhei, decoct. cinch. 28th: Pain in the back to-day, but has not yet been unwell. Hip-bath. 30th: Same state. Ordered croton oil, and mist. ferri comp. instead of pills.

July 15th: As menstruation had not yet taken place, I



began the *ol. sabinae*, in doses of a drop, twice a day. On the 17th the dose was increased to two drops, on the 19th to three, on the 20th to four, on the 22nd to five. Complaints of weakness, but less of pain in the head and stomach, and says her general health is much better. On the 25th she took six drops, bis die. On the 28th, she took seven drops. In the night she had pain in the body, and seemed not so well, but I think it was occasioned by some opening medicine taken the day before, which had acted rather powerfully. On the 31st she took eight drops twice a day, on the 2nd of August nine drops; says she feels rather sick after taking it. Not thinking, however, from the absence of pain in the stomach, that her sickness was produced by the *savine*, I continued it, giving her on the 9th twelve drops twice a day, but on the 11th she told me she felt sick after every dose, and looked more out of health, so I thought it right to discontinue the medicine for a time, and made her an out-patient, no effect upon the uterus having been obtained from the use of the *savine* in this instance.

In the hospital I have employed *savine* only in these three cases at present, but they are sufficient to prove two important facts respecting the drug—*first*, that it may be given with perfect safety in larger doses than those given in Mr. Pascoe's case;\* and *secondly*, that, as it succeeded in two out of the three cases, it *ought* to be employed in obstinate cases of amenorrhœa, especially when other more usual methods of treatment have failed.—*Prov. Jour.*

#### A CASE OF PELVIC DISTORTION, IN WHICH PREMATURE LABOUR WAS INDUCED BY THE WATER DOUCHE.

By J. P. LACY, Esq., M.R.C.S.,  
Senior Surgeon to the Newark Hospital.

L. C., aged 37, a woman of middle stature, fair complexion, phlegmatic temperament, and good general health, is the wife of an agricultural labourer; she began to menstruate at 17, and continued to do so regularly till after her marriage, at the age of 32. Has had no miscarriages, and the present is her fourth pregnancy. This woman, on account of congenital deformity of the pelvis, consisting of great projection of the promontory of the sacrum, narrowing of the pubic arch, and consequent lessening of the antero-posterior diameter, was, in her two first labours, which occurred at the full time, obliged to be delivered by means of craniotomy. The first child was a boy, the second a girl.

In her third pregnancy she was admitted into the Newark Hospital, and premature labour induced at seven and a half months, by puncturing the membranes; the presentation was an arm, the labour protracted, considerable difficulty was experienced in turning, and the child, a girl, born dead.

On the occurrence of her fourth pregnancy it was again determined to admit her into the Newark Hospital, and induce premature labour at seven and a half months, with a view of saving the life of the child. She became an in-patient on October 29, 1852, and the novel mode of operation described and advocated by Dr. Tyler Smith was pretty closely followed, except that no syphon was employed, but in its stead the distal end of the India-rubber tube was fastened to a receptacle, placed ten feet above the patient, and the other end of the tube introduced into the vagina without any enema pipe being affixed to it. When the patient was lying in bed the os uteri could with difficulty be felt high up and near the pubes; but on placing her in the bath, the alteration of position caused it to be felt much more readily. A dose of castor oil was given on admission, which operated freely, and on the 30th, at half-past nine a.m., the patient being placed in an open bath, and the uterine end of the India-rubber tube introduced into the vagina, and held opposite the os uteri, two and a half gallons of water, at 110 deg., Fah., were poured into the receptacle. As soon as this

had escaped through the tube, the same quantity of cold water was poured in, and suffered to flow against the os uteri in like manner. The patient complained of some uneasiness when the cold current first began to run. Three p.m.: The douche was repeated in the same manner as last described, but commencing with cold instead of warm water. Since the first douche, micturition has been rather frequent, but little pain has been experienced. Nine p.m.: The douche was repeated, commencing with warm water; the end of the forefinger can be introduced into the os uteri, but no pain of any consequence has occurred. 31st, half-past nine a.m.: Patient has passed a good night, and feels comfortable; the bowels have been again relieved; micturition frequent; slight pain in the back and abdomen; douche repeated, commencing with warm water. Half-past two p.m.: Some slight shivering, nausea, and giddiness have been experienced since last report; douche repeated, commencing with two and a half gallons of cold, followed by five gallons of warm water. Half-past eight p.m.: The symptoms continue pretty much as at last report; douche repeated in the usual manner and quantity, commencing with warm water. Though no perceptible change in the state of the os uteri has occurred, the patient whilst in the bath experienced increased shivering, nausea, giddiness, and pain in the back. Within an hour after the application of the douche, she had some rather severe rigors, and pains continued to increase in regularity and intensity till half-past eleven p.m. On making an examination at this time, the os was found as large as a crown-piece, the bag of membranes protruding, conical in shape, and very tense, even in the absence of pains.

November 1st, half-past one a.m.: The os is fully dilated, and the bag of membranes has almost reached the os externum; the presentation was found to be either hand or foot, but the membranes were too tense to determine which; consequently, the pains continued regular and severe, it was decided to evacuate the liquor amnii, so that in the event of its being necessary, turning might be immediately performed. On rupturing the membranes, an unusual quantity of water was discharged; one foot was found presenting, and being brought down, was secured by a noose. Pains now ceased almost entirely, and the patient obtained some sleep during the remainder of the night. At eleven a.m., she had an enema of warm water, which was repeated at two p.m.; some slight pains succeeded. At half-past two p.m., the vagina was injected with warm water. No progress being made, a scruple of powdered ergot was given at three p.m., and repeated at half-past three and four. Labour pains of considerable intensity commenced soon after the first dose, and continued to increase till half-past four, at which time a still-born male child was expelled. The head was rather large and firmly ossified, but considerably moulded by its passage through the contracted brim. The placenta followed almost immediately. At bedtime the patient took an anodyne draught, followed by a dose of castor oil in the morning. The bowels were comfortably relieved. The after-pains were slight, and the secretion of lochia and milk was natural. The recovery was rapid and uninterrupted.

Labour commenced immediately after the sixth use of the douche, and thirty-six hours after the first use of the douche. Duration of labour, eighteen hours.

The account of the foregoing case has been most correctly drawn up by Mr. Rake, the house-surgeon to the hospital. It is evident that, in this instance, though the child was lost, the chances of its being born alive were considerably greater than if the membrane had been punctured before the commencement of labour. In the present case the membranes were ruptured after the os uteri had been completely dilated by the influence of the douche. Should another case of this description come under my care, I should allow the liquor amnii to be discharged without any interference. The patient returned to her home in the country a fortnight after her delivery, and is passing in the village in which she resides a few days ago, I called and found her quite well, and in the full employment of her domestic duties.—*Lancet*, 1853.

\* Mr. Pascoe gave four drops and a half three times a day.



## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 15, 1852.

Our miscellaneous matter in this day's number, *de omnibus rebus et quibusdam aliis*, saves us the trouble of concocting a special essay on any one particular point. If time and circumstances permitted, we should perhaps be found recording our lucubrations on the subject, which, above all others at the present moment, demands a thorough revision; that is Medical Education; but we must postpone our observations thereon for the present, merely reminding our readers of its vast importance in every point of view. We have never failed, when opportunity offered, to urge upon our readers the necessity for such aid as they can afford towards stemming the influx of uneducated persons into our profession, now so overwhelming. Formerly we had to expose the open and undisguised issue of Medical Degrees and Surgical Diplomas to unworthy candidates for them; but now we have to witness their distribution to the same class more covertly and circumspectly, but not one whit the less dishonestly. Without entering into details on the present occasion, we can with safety state that never in the history of our profession has there been penned such a chapter as might now be written on the subject of educational abuses. The art of manufacturing spurious and incompetent practitioners has been reduced to a system, and so interlaced with legitimate methods, and sanctioned by authority, that it seems absolutely impossible to counteract its influence. It is not now as heretofore with dunces and idlers when Diplomas were to be had without work or evidence of capability; on the contrary, there is work enough, and abundance of that evidence of capability which an examination affords: but then what kind of work, what evidence of fitness? Is it careful observation in the hospital, or attentive attendance in the lecture-room, or the perusal of approved books? Nothing of the kind. The student is invited, not to hear the instruction of men of experience and education, or to see the practice of competent men of character, but to hear the never-ending monotonous drawl of the grinder, *par excellence*, and to repeat the exercises of the anatomical fogleman. We should not perhaps consider it necessary to allude to this matter with a view to future amplification of our views respecting it, were it not that we see what we have never seen before, regarding it. It is not with any mere unscrupulous drudge or his machinery we quarrel; it is with the defects of our educational system which enables him to enlist auxiliaries where they least should be found. Ignorant and vulgar men must always force their way into our ranks, and a back door must always be found for them; but let us have none of the guardians of the portals of the temple consorting with the keepers of the postern, or ostentatious displays of patronizing intimacies at critical moments: and above all things, let us take care that the seeds of corruption be not sown in academic groves or collegiate courts. Income derived from certificate money and hospital dividends legitimately acquired, is like any other income; but when derived from illegitimate compacts and tacit understandings between recipients, it is very different. As we have said, however, we have not at present either time or space in our columns to enlarge upon this topic, but we propose to return to the subject.

## MEDICAL LIFE IN LONDON.

PARIS AND LONDON SURGEONS.

London, December 7, 1852.

For the advanced student or graduate in medicine, after his medical studies in Ireland, we would recommend a comparison of the schools and hospitals of Paris. Here he will find the same zeal in the clinical instruction given in the hospitals, the same good feeling and *esprit de corps* existing among pupils and surgeons that he has left at home. The Celtic mind at both sides of the straits of Dover seems to differ very little. The same appreciation of what is most true and beautiful in the science of medicine, the same fine ideal of what is due to the patient, so completely at your control, the same good intention of following out medicine strictly as a profession; while in London (we speak but the experience of all visitors in saying) medicine is a trade, the students, a general rule, not half-educated. The museums, schools, and hospitals of London are perhaps the finest in the world; anything that money can procure (and you and I know money can procure a great many things), anything that the sale of diplomas and government grants can heap up in bricks and mortar is to be met with in London. Like the ivy, however, strangling in its gnarled and tangled embrace the noble tree round which it twines, our time-honoured and æruginous colleges serve but to twine more eagerly their thick clustering and cumbrous obstructions and prejudices round the noble growth of science; jealousies and detractions in medical societies and journals doing away with that fine grave nobleness of spirit that should ever add dignity to our common calling. We may be accused of detraction ourselves, and make few friends and very many enemies, but standing on neutral ground we will take to us even one friend for the cause of suffering science. We know the Italian proverb—"Have you a hundred friends, it is not enough; have you one enemy, it is too many." Trusting, however, in the all-curative efficacy of Truth, and to the inherent vital force in medicine, at present breaking into new life despite the dead weight of quackery and colleges, we may fairly hope better things in the far skiey vista of the Future.

A comparison of several schools of medicine is of interest. If, in London, we are so multifariously practical as to keep never minding any man with one specific study, be his discoveries never so beautiful, yet the cornucopia of Continental discovery ever finds its way to our shores. At Bartholomew's and college lectures, for instance, we sit reverently at the feet of Rokitansky; our homologies are out of Oken; need we speak of the circumfluous waters of our Thames, in which analytical commissioners find such millions of unearthly things. Every one out of Ehrenberg; then Alibert, Bouchardat, Müller, Köelliker, Wagner, Humboldt, Barreswil, Bernard, Roux, Ricord, Louis, Orfila, and a half hundred others; are they not all identified, yea, one and the same, with certain specific subjects not touched in England?

Goodsir, Sharpey, Kiernan, Owen, Golding Bird, Quekett, are identified with certain discoveries, but there almost the catalogue ends; and even these without Continental discoveries would be nothing. A volume of *Medico-Chirurgical Transactions* (the 35th) has just been published, utterly without interest. And why is all this? Men like Knox, Liston, Grant, Marshall Hall, John Hunter, &c., hunted to death the moment they have an opinion of their own; anything that will interfere with the "stock on hands" of medical rubbish, among certain persons, being placed sedulously out of the market. Writers in Ireland must not be put out of countenance, or writers in Scotland or America (in all and several of which places we have reason to know the *MEDICAL PRESS* finds its way), not to speak of the *Quartier Latin* among the medico's in Paris, if any improvements in surgery or medicine are looked upon with a jealous eye: it is all in the way of trade.

The schools and hospitals of London, in full swing just at



present, are perhaps the finest in the world; the schools of Paris cannot for a moment compare with them. If our altars to the unknown gods of our English science, however, are very great, our sacrifices, we often think, are equally so. Need we speak again of the rugged miserable path trodden by our young men, scores of whom leave the College of Surgeons, its fellows, and diplomas in disgust for the bush in Australia, who look upon the College of Physicians as a great Titanic mountain, flung into the path of the honest medical man—to the quacks, a shield and protection; but under the tall shadow of which, in the weary desert of medical practice, only a few toothless old men take any comfort. Did we say at Bartholomew's our poor noble Harvey starved; or at St. George's does any thoughtful man ever enter its walls without thinking of the direful epitaph of John Hunter written in its regulation-books. Cruel mockery! Yes, is it not written in the books of the chronicles of St. George's, A.D. 1793—after they had killed him—"Resolved: That Mr. Hunter's letter to this board relating to two surgeons' pupils be preserved for future consideration."

We are in the Hotel Dieu in Paris, however, and let us turn to one of the epitaphs of their great men. What a touching theme! It is a young man of 31 years; he has written of old a beautiful essay—"Sur la Vie et la Mort"—the students bring *immortelles* and place them on his grave. It is the monument of Bichât. Desault is beside Bichât. One, says the epitaph, the restorer of surgery; the other, of medicine. "Qu'il a enrichi de plusieurs ouvrages utiles, et don't il eut aggrandie le domaine si l'impitoyable mort, ne l'eut frappe dans sa 31e année." Every French medical man loves Bichât, but such a young man in London would be sweeping the shop of some fellow of the college. Every man esteems the memory of Desault: in London, it would be with the nameless monument of Jenner.

In Aldersgate-street the Duke of Cumberland took one of the first shocks from the newly discovered Leyden-jar with the sword he fought at the Battle of Culloden—who in that part of the world does not go see the field of Culloden? But who remembers poor Mead at this time, starving in a coffee-house adjacent to Aldersgate-street. The friendship of Dryden could not keep Garth from obscurity, and in a little nook at Harrow one finds his unremembered tomb. Linaere was received in the most friendly way by the celebrated Lorenzo de Medicis—a little king in his way and time at Bologna—by Politian, another great man of the day. Linaere's Latin is the best in the profession; Erasmus thought no such scholar as Linaere existed at the period. He was the first at Oxford who read Aristotle and Galen in Greek; yet he found medicine so distracted he changed his profession. Reading the "Sermon on the Mount," he flung away the book, saying this was either not the Gospel, or we in our medical pride and obstinacy in London were not Christians. Linaere now in London would go to the wall for the man of the weekly journals that understood the bitter beer controversy; in Paris, Linaere would be esteemed like Dupuytren, Larrey, Roux, or Louis.

It may be taking a too sombre view of things to turn out their darksome shadows; the writer is perhaps quite as open to the more genial influences of what is honest and winning as the reader. We are told this week, for instance, there is a *coup d'état* at St. Thomas's Hospital, as a great piece of fun, and the appointments are open to all the profession (the fun of which is in its absurdity). There is something somewhere about a camel getting through the eye of a needle; so would it be with Linaere of this chilly income tax December who should venture to canvass for St. Thomas's. A *coup d'état* at St. Thomas's has been long wanting. Would to heaven some such men as your Graves, or Corrigan, or Stokes could be got in the precincts of St. Olaves, and the hospital would be a credit to the London school. There is one good man at the "twin cousin" of Guy's—Mr. Simon—

but he stands on the lowest rung of the ladder of promotion. If we have any particular object in these notes, it is that correct impressions should exist in many things of this kind glossed over and mistaken. Our young men are too fond of forming brilliant notions of medical practice at the English side of the Channel. Pure medicine is far finer in Ireland. Operative surgery is good in London, and specialties of various kinds in Paris. In Ireland and France the medical man ranks with the other professions; in England he rather loses by comparison with the painter and glazier. Scores of men in England get five and eight hundred a year selling silks and ribbons. It is the interest of the College of Surgeons, however, to keep a class of its members satisfied with twenty pounds a year, to act as assistants to its rich fellows. In Paris and Germany hospitals and colleges are all strictly under government *surveillance*: one branch of the profession never interferes with the other, all are useful and well paid. In London nepotism is the law of hospital appointments. Here one man is a millionaire, and another has a millstone placed on his neck in Lincoln's-inn Fields. The so-called surgeon is, in point of fact, an apothecary; the apothecary and chemist is a bone-setter and kind of midwifery or morbid surgeon: every one, even Edmund Balfour, with the motto—"Rem quocumque modo, rem."

In Paris there is much of interest in the general government, half-military management of the hospitals. Though we may not approve of the politics of the new emperor, it is only fair to say, his attention to these institutions is wonderful. The general arrangement of the patients is excellent; the modes of treatment, the peculiar shapes in which medicines are exhibited, strictly scientific. Laennec, Andral, Dupuytren, Bichât have left the imprint of their great ideas to the men who now attend in the wards—Roux, Ricord, Jobert, &c. French surgery is quite as good as English: French medicine far better.

French pantomime and gesture, so characteristic of every body in a Paris hospital, eternal ptisanes and *bouillie*, and the other insignia of the expectant treatment, we have always some lurking pleasure in noticing. One is not borne down by the thoughts of the step-mother attentions of London colleges to that crowd of poor hungry students who traverse the solemn rickety wards of King's College; or, like Dr. Calcott's "poor insect" disport their little merry hour at Guy's, smoke short pipes all the day round at Bartholomew's, or say their prayers in the monastic seclusion of the Paddington Hospital. In Paris the student leaves his school and hospital with the dignity of a professional man, and the *prestige* of the great teachers he has just left attaching to his name; in London, when "least adorned" with diplomas, the man will find himself adorned the most. All the good and wise men of the profession deplore it; none but those having an interest in the matter of diplomas, like the worthy men having a constitutional tendency to church livings, can deny it. The professional acquirements of the Paris student also are far better.

There are merely two schools in Paris, but several splendid hospitals. The *Ecole de Medicine* was founded somewhere back in the 14th century; the Dupuytren Museum, not far off in the same neighbourhood, is situated in the old refectory of some religious order. It impresses one with a tumble-down, dirty appearance, not pleasant to associate with the name of the great French surgeon. Yet this school, and the more modern dissecting-rooms at Clamart, adjoining the *Jardin des Plantes*, the classic ground of the labours of Cuvier, Jussieu, Gay-Lussac, &c., have turned out thousands of first-rate surgeons. Up to 1812 a school existed at the Hotel Dieu, no longer in existence. The effect of the dissecting-rooms, it is a curious fact, was so marked on the inmates of the hospital, that they were shut up by the government. The system of clinical instruction in Paris is most valuable; operations are magnificently performed, and the



classification of cases, especially of skin diseases, most valuable, as one walks through the wards. In Germany, in fine, we have physiology and speculation; in Paris, the expectant, do-nothing system; in London, the higgledy-piggledy do-too-much system; in Ireland, perhaps, the wise and golden mean when not abused.

We might be tempted to say something of the German schools in comparison with the French; but the lively sketch of some of the Rhenish universities in a recent number of the *Edinburgh Monthly Journal* will convey much we might wish to say. The deep science and small fees in Germany are marvellous; but the "division of labour" among the different grades of the profession is most useful, and tends in no insignificant way to the respectability of the profession. In England each man is poaching on the preserves of another. The chemist, with a bit of harlequin knowingness, changes every hour into a doctor; the surgeon is a midwife, the midwife an apothecary; the physician, like the undertaker (not half so jolly, according to *Punch*), is called in when the patient is dying. Medicine, as a science, scoffed at and disregarded. We speak of course of the popular feeling towards the profession generally, compared to the feeling in Ireland. You may have been living on "moonshine" in Ireland, as we are credibly informed, but though poor the professional exchequer may be, the position of medicine as a profession is not for a moment to be compared with the trade it seems to be in England. We seek not in this to put forward anything new, it is generally felt and lamented. In the schools at present here, nothing unusual is occurring. The St. Thomas's *coup d'état* is settled. At Guy's, with its magnificent new additions, we see little to notice; at Bartholomew's, Mr. Stanley, with his "good spirit" Mr. Pagett, has been very active of late. Mr. Lawrence, at eight o'clock in the evening, enlightening the juveniles on poisoned wounds of snakes, and now skin diseases; Mr. Skey is busy with dislocations, and hopes, in ten years time, when we have got rid of a little of our present humbug, we will all get more practical. *Synarthrosis*, *diarthrosis*, and *gomphosis*, and all such jaw-breakers, he wishes to get rid of as the income tax, which, it is frightful to think, by the way, you are now to have extended to Ireland. Dr. Todd and Dr. Budd are the persons spoken of as likely to go to St. Thomas's; but at present it is said no change will occur in the antiquities of King's College Hospital. A new "hebdomadary" is coming out; there never was so good a juncture for something new in our weekly literature; people are sick of the old journals. The dishonesty and bickerings of their various writers, the modes in which every kind of "sham" is bolstered up, and every original mind if it does not swim with the foul tide is put down, has merely nauseated all good men. Our scientific societies, under the good and able presidency of Prince Albert, are to be remodelled. We have got yellow fever, a new importation at Southampton, more than once predicted; but our colleges know as much about it as of the bite of the *cobra di capello*. When the *Times* tells us all about it, we shall all then be very disquisitional; or when the Paris school take the question up, one now second to no other in general professional interest, we shall have some little light thrown on the subject. Amongst medical journals, however, yellow fever could not stand one minute against bitter beer and Mr. Allsopp.

M. WINTERNITZ mentions in the *Zeitschrift*, &c., that he has succeeded in removing the intolerable itching in a very obstinate case of pyritids of the vulva by the following means: Fomentations three times a day to the affected parts with a solution of nitrate of silver in the proportion of three grains to the ounce. A fortnight was sufficient to accomplish the cure. The success of M. Winternitz is worth knowing, the bichloride of mercury or the chloroform, which are sometimes used, have been known to fail completely.

## APPOINTMENT OF DR. MCGEE AS MAYOR OF BELFAST.

It is not merely in compliment to Dr. McGee that we place on record his appointment as Mayor of Belfast, but also to remind our brethren elsewhere, that medical practitioners are not to be held either ineligible for such an office or disabled from discharging its duties by reason of professional avocations. We have had too much of a species of mock-modesty and affectation of professional devotion about such matters; and the sooner we pursue a different course the better. If medical men do not take a position amongst other men, they will in these go-a-head times, be found presently something less than men. When we think of him we cannot help laughing at the fussy much-ado-about-nothing doctor who would fain persuade all the world that he is so engrossed by business, that he cannot spare a moment for anything else. Dr. McGee will, we are convinced, find abundance of time to attend to his patients as well as to the duties of his office. Here is an abstract of the report of his election from the *Belfast Newsletter* :—

At the usual weekly meeting of the Town Council, held on Wednesday, the Mayor in the chair, Councillor McGee, addressing the Mayor, said—When last year you, sir, were called on to preside at this council as our chief magistrate, I had the honour of seconding your nomination, and I have this year an equally pleasing duty of nominating Dr. McGee. I can number many years since I first knew Councillor McGee as my schoolfellow; I have subsequently known him as the friend and physician of our poor, in the Belfast Charitable Society, following in the footsteps of his worthy father. Of late we had all occasion to observe, with approval, his services rendered to our town as a member of the Board of Health during the fever epidemic of 1847, and as medical inspector for our union during the severe cholera visitation of 1849. In these and other instances he acted as our unpaid officer—indeed, it would be difficult to remunerate such services. Again, as a poor-law guardian I have seen him display such business habits as convince me that he will prove a not unworthy successor even to you, sir, than whom he cannot have a better example to follow. I beg leave, then, to move that Dr. William McGee be mayor of Belfast for the ensuing year.

Councillor Lepper, in seconding the nomination, said—It affords me the highest gratification to second the nomination of my friend Dr. McGee. He is a gentleman by birth, by education, by the profession to which he belongs, as well as by his standing and position in society. I need not allude to the interest he has ever taken in all our public and charitable institutions, to the many public boards and committees of which he is an active member, and to the time—most valuable to him—which he devotes to their affairs. The mover of the resolution has informed you of the valuable and unpaid services rendered by Dr. McGee during the year of the cholera; but, as a guardian of the union, I beg to add, what perhaps few are aware of, that when, in order to mark our sense of the obligations the Belfast Union was under to Dr. McGee and his colleague Dr. Kidley, it was proposed to present them with a permanent and substantial token of our gratitude, both Dr. McGee and Dr. Kidley declined the honour, it not being consistent with their feelings to accept any reward whatsoever for any such extraordinary services to the poor. I need not refer to the position Dr. McGee occupies in his professional capacity—his being senior Vice-President of the Medical Society sufficiently attests the regard in which he is held by the profession of which he is so distinguished a member, and feeling fully assured that, from his experience of public affairs, his integrity, his impartiality, and independent character, his appointment will give as general satisfaction to all classes of the community, as it does to the members of this council, I content myself by stating that I most heartily second the motion which has been placed in my hands.

The resolution was then put from the chair, and carried unanimously.

Councillor McGee, who on rising was very warmly received, said—Mr. Mayor and gentlemen, in returning thanks, I feel that it will be wise in me to be brief. I assure you that I am proud of the honour you have conferred on me, marking, as



it does, your confidence and esteem; yet, though proud, ■ who would not be, of being considered worthy to hold the office of chief magistrate of such a town, it is an honour to which I never aspired, and my feelings are not those of un-mixed gratification, for I have before me all the anxieties and difficulties of the charge; and having, moreover, great doubt as to the compatibility of the active duties of my profession with the duties of the mayoralty, I fear lest, through any inefficiency the office of mayor should be lowered in public estimation. In selecting me to fill the office, I think you have not displayed your usual wisdom and foresight: for I look around me and see some of my seniors in years and many my superiors in intelligence; but while I on those heads give the palm to others, I yield to none in ardent desire to promote the prosperity of our town. To the members of the council individually I tender my thanks for their kindness and courtesy at all times—I may even say for their forbearance on some, and not unimportant, occasions, when I have held and expressed opinions differing from the views of the majority. The patience with which you have heard me has satisfied me that you are not disposed to restrict the legitimate freedom of debate. To you, Mr. Mayor, who have so kindly addressed me, and to my proposer and seconder, who have in the kindest spirit made an over-estimate of my claims and qualifications, my thanks are especially due. My services and exertions for the public good here and elsewhere have been referred to; ■ that point I feel that, in all I have done or endeavoured to do, I did but what it was my duty to do, believing that each, ■ as far as in him lies, should aid in benefiting our town and fellow-townsmen. Public duties cannot be performed without some personal sacrifices, and therefore I will not hesitate to devote my energies and my time, so far as I dare call it my own, to the performance of the duties of the trust. Receive, gentlemen, my sincere thanks.

#### ADDRESS to DR. LYNN OF MARKETHILL.

We are glad to have an opportunity afforded us to place ■ record this testimony to Dr. LYNN's character; and especially, because ■ refrained from noticing some trivial complaints preferred against him by one of his governors, considering them unworthy of refutation. This is our practice. We are always unwilling to enter into the defence of any of our brethren unless the case demands it, which it really did not in Dr. LYNN's case, ■ this cordial expression of sympathy and approbation proves. Some people object to our devoting a little space to such grateful tributes of affection, tendered by dispensary governors to their medical officers, considering them merely personal; but now that the relations between the parties have been so much altered, it is well to provide materials by which the past may be contrasted with the future. Whoever produces such evidence as this of the good feeling existing between the Surgeon and his employers does good service to all.

(From the Armagh Guardian.)

We have pleasure in referring our readers to the address to Dr. LYNN of Markethill, and that gentleman's reply, which will be found in our advertising columns. It must be truly gratifying to him to find those who are competent to form an opinion of his services, who have had ample opportunity of observing his professional conduct, speak in such high terms of his integrity and fidelity, while presenting him with a valuable testimonial of "sincere respect on the occasion of the closing" of the dispensary, of which he has been the medical officer for upwards of twenty years. Nothing can be more gratifying to an upright man than to acknowledge he has faithfully performed his duty, and this compliment is gracefully bestowed by the governors of the institution, who still hope for a continuation of his "valued" services.

The reply ■ couched in very affectionate terms, and we admire the moderate tone in which Dr. LYNN alludes; not to his individual triumph, but to the triumph of justice at the late inquiry at Markethill. That investigation proved that if he did not enjoy, he fully deserved "the confidence

of every governor of the institution." How truly has it been said that "good fame is like fire, when you have kindled it you may easily preserve it." The present offering is evidence that Dr. LYNN still stands high in the estimation of an extensive circle of persons of all ranks and creeds, who know the value of a faithful and humane medical officer.

(From the Northern Whig.)

On Thursday last, the 2nd inst., Dr. LYNN of Markethill ■ presented by the subscribers to the late Markethill and Mountnorris Dispensary with an address and ■ set of massive salvers on the occasion of the transfer of that institution. The address was presented by Joseph McKee, Esq., J.P. George Gray, Esq., jun., Rev. A. G. Ross, Stewart Maxwell, Esq., Sandy Small, Esq., and Mr. Samuel Byers, as ■ deputation on behalf of the subscribers. The address (which will be found in our advertising columns) is of a highly complimentary and gratifying character, and the testimonial ■ subscribed to by the Earls of Gosford and Charlemont, four rectors of the Established Church, two magistrates, two Presbyterian clergymen, two curates, two land agents, and ten private gentlemen. The plate was of a handsome and beautiful kind, and bore the following inscription:—"Presented by the Governors of the Markethill and Mountnorris Dispensary to Joseph M. LYNN Esq., M.D., in testimony of their approval of his laborious and skilful attention to the poor of that neighbourhood for the space of twenty years. 1852."

#### THE CASE OF MR. COX.

We cannot in justice refrain from inserting the following letters, which, as far as we are concerned, probably, close the case. We first noticed the matter without the slightest personal knowledge of any party concerned, or the slightest idea of handling it with any other view than that of making our readers acquainted with the practical working of the general-practitioner-system in England, which many are anxious to adopt in Ireland. How far the case before ■ affords encouragement to adopt such a course is doubtful, but it is obvious that the mere fact of an alleged mis-application of a practice should not be held decisive of its demerits. We are not advocates for entrusting the duties of a medical practitioner and pharmaceutical operator to one man; but if the less opulent or more obtuse in such matters will have it so, how can we object:—

To the Editor of the *Lancet*.

SIR—When you first attacked me, you brought forward as facts what were merely the allegation of the opposing counsel, much of which had been absolutely disproved on the trial.

Instead of acknowledging that you had been misled, which justice to me required of you, you now assert that the facts had gone the rounds of the newspapers, uncontradicted, and were repeated at the meeting of the branch of the association which lately met at Bristol. I deny the correctness of your statement.

You now endeavour to prejudice the mind of the profession against me, by asserting that I shrank from the trial by resigning. You ought to have stated what that trial was to be. You ought to have stated that it was not to be in open daylight, but one carried on in secrecy, where witnesses, whose interested feelings were opposed to me, were to be allowed to talk me down *unsworn*.

I have not shrunk from *fair public investigation*. It was only necessary for me to have paid into court the money claimed of me by the plaintiff, and the public would have heard nothing of the case *Bourn v. Cox*. But because I would not shrink from public investigation, I allowed the case to go to trial.

Again, it would have been easy for me to have resigned immediately I heard that it was likely that the case would be brought before the Provincial Medical Association, and I heard this soon after the trial; but because I would not



shrink from investigation I continued a member. Nay, I myself virtually mooted the question, by forwarding to each member a pamphlet containing an account of the case, and also by reading a paper on the scientific question.

When the subject was brought before the branch at a special meeting, I might again have avoided the public inquiry by taking advantage of a law of the society, but I waived my right to do this, and courted investigation, so long as it was fair and public. This law would have given me two months at least, during which time I could have resigned, but that would have been shrinking from inquiry, and that I would not do. When it was proposed to refer the subject to the council, even those opposed to me declared it unnecessary, and claimed that the meeting could and should then decide.

Nobody at that meeting intimated that the council would take the course subsequently proposed to them; and when I was officially informed of the course contemplated, I determined that I would not submit to it. I had not shrunk from public investigation—I had courted it; but I would not allow malevolence under the protection of secrecy to utter its falsehoods against me unchecked, by the fear of the danger which publicity involves.

I now tax you with being an advocate, whilst you claim to be an impartial judge: and in the attack you have allowed yourself to make another medical journal which it seems has defended me, you render it evident, that even selfish motives may have prompted you to this attack on me.

You may talk loudly of defending the profession, but such conduct as yours really lowers it in the public estimation.—I am, sir, your obedient servant.

W. A. Cox.

*To the Editor of the Provincial Medical and Surgical Journal.*

SIR,—The letter in the last *Journal*, of the five medical gentlemen who gave evidence against me, necessitates my laying before your readers the testimony they gave. I need not notice the evidence of Mr. Topp, for on this occasion he dissociates himself from the other medical gentlemen. I, therefore, will commence with the second medical witness, Mr. C. A. Harries, who says:—"He never during his practice saw the two diseases described coexisting in the same patient;" "no practitioner in France, England, or elsewhere, ever heard of such a case;" "had never seen the two diseases coexist, and the best authors agree in the opinion that they do not." "Sir Astley Cooper was out of fashion now. Sir Astley Cooper and Mr. Hunter would have said 'aye' to this question. Mr. Lawrence, and the writers of the present day, would say 'nay.'" Mr. Skeate follows Mr. Harries, and to the fairness and proper feeling with which he gave his evidence I take this and every other opportunity of testifying. He, however, says (I doubt not with perfect good faith):—"I never saw a case in which the two diseases coexisted together." Mr. Field is then called, and says:—"He could not have walked without limping, if he had had a bubo; he did not walk limping; never saw a case with the symptoms described coexisting; it is possible the two diseases may be cotemporaneous, but (with great emphasis) in all my experience I never witnessed it." Mr. Bartrum was then called; and he is reported to have agreed with the other medical witnesses. But he also said what I repeated before him at the Bristol meeting, and what he did not then attempt to dispute, "If a patient had phymosis, a bougie could not be passed." On being asked why, he said:—"Because there would be inflammation of the glans penis." And then being asked if inflammation of the glans existed in natural phymosis, he said:—"No, that is a natural state of things." Mr. E. L. Bagshawe winds up the medical evidence by saying:—"I do not believe that the whole of this diseases mentioned existed at the same time." Upon the medical evidence, the judge charges the jury "that not less than six medical gentlemen of experience and repute had been called to give an opinion on that bill. As one witness after another was called, they all agreed that they did not believe that such a case ever existed;" "they did not believe that the diseases which were specified upon the face of the bill ever could coexist in the same patient."

This, then, was the medical evidence given by these witnesses. And I ask,—Is it worthy of members of a profession called honourable, to shift the responsibility of it, by the quibble that they did not assert that syphilis and gonorrhoea could not possibly coexist? Was not this the legitimate deduction from their evidence, and the conclusion which an unprofessional auditory must draw therefrom. Of this there can be no doubt. They appear to have been led astray by

Mr. Topp, who boldly asserted that gonorrhoea gave an immunity from syphilis, and in their zeal for the professional honour, they gave evidence which I challenged them at the Bristol meeting, before professional men, to maintain. I again challenge them to do so, or to deny that they gave this evidence. Let them meet me fairly either by saying that they had been inadvertently led astray by Mr. Topp, and thus make me the only reparation now in their power for the injury they have done me; or let them come forth and say the evidence we gave we still believe to be true, and are prepared to maintain. But let them not think to escape by the miserable quibble, that they did not assert that syphilis and gonorrhoea could not possibly coexist.

These gentlemen say they went to the trial without any communication with the plaintiff. Had they no communication previous to the trial with the plaintiff's son-in-law?

They also pledge their veracity that the jury were not influenced by their opinions as to the coexistence of gonorrhoea and syphilis. But I assert, that those five gentlemen cannot themselves, on calmly reflecting on the whole evidence, given at the trial, believe the jury were uninfluenced by this opinion. Neither will any other person, viewing the whole evidence, doubt that the jury must have been strongly prejudiced by the decision against me. At present, sir, I have no more to say to these gentlemen, but shall be prepared to reply to anything they may have to advance in further justification of their evidence.—I am, sir, your obedient servant,

W. A. Cox.

#### TO CORRESPONDENTS.

OUR correspondent, "A Member of the late Medical Charities Committee and County Secretary," should send some one to our office for a note directed to him by another correspondent, or should furnish an address to which it can be forwarded. Authors of reports of cases are requested to furnish their papers finished for the printer, and never to leave anything to a private note, or mixed up with matters of business.

#### CORRESPONDENCE.

##### THE MEDICAL CHARITIES ACT.

###### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In the midst of the pelting of the pitiless storm, has it ever occurred to us, shipwrecked mariners on the lee-shore of Sir William Somerville's Medical Charities Act, to appeal to the good sense (if to no other faculty) of the "collective wisdom" now assembled on the floor of St. Stephen's, in the form of a respectful prayer?

Wilberforce liberated the West Indian niggers: it may fall to the lot of Whiteside to achieve some relief for their brethren of the "red and black tickets" (Forms E. 2 and 1) of this land of saints and sinners.—Yours,

County Cork, Dec. 9, 1852.

QUANTUM VALEAT.

###### TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—The enclosed envelope contains my address for your correspondent, the "County Secretary," which perhaps you would be so kind as to forward to him; and if he will do me the favour of communicating with me, I will give him the details of a system of intimidation, cajoling, and injustice which he, in his philosophy, never dreamt of. The doubts of the Commissioners as to the power the 8th section of the Act relating to salaries gives them, are truly ludicrous; particularly when, by virtue of the *very next sentence*, they assume the power of dismissing a surgeon without a trial, or without a complaint (beyond, perhaps, some *private representation*), in as off-hand and slap-dash a manner as the Prince President could have done.

Again, the 18th section, "empowering them to enter dispensaries," could not have been more freely interpreted *even* by a Garryowen boy; and on that clause "empowering them to make rules and regulations," the devil himself could not have put a looser construction. Doubts, indeed! *Credat Judeus*—straining at a gnat and swallowing a camel.—Yours truly,

A FELLOW OF THE COLLEGE.



## TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—The Kilmacthomas Union is one lately formed out of portions of the Waterford and Dungarvan Unions. It is of small extent, and has very few resident gentry: the entire private practice within its bounds would not return £200 per annum. Under the Medical Charities Act it was divided into two dispensary districts, to which Dr. Coughlan and Dr. Walker were appointed as medical officers, at salaries of £100 per annum each. The new poorhouse having been lately finished, the guardians advertised for a medical officer at £40 per annum. Dr. Coughlan, who resides near it, wrote to the guardians declining to stand as candidate for the situation at that salary, and of course there was no other applicant. The guardians, in a pet, have retaliated by an effort to reduce the dispensary salaries to £80, but I fancy will find themselves checked by the course which the Commissioners have taken with the Ennis Board.

Public boards feel themselves at liberty to take advantage of the medical profession whenever competition can be brought to bear against it, but when its members attempt to retaliate by taking advantage of its absence, they cry out loudly against them. Dr. Coughlan deserves great credit for his manly stand against a grinding board, and I trust will be successful in obtaining adequate remuneration for his services.

J. M.

## CONCEPTION BEFORE THE APPEARANCE OF THE MENSES.

By W. T. TAYLOR, M.D., Philadelphia.

THE general experience of the medical world has established it as a physiological fact, that conception cannot take place prior to the appearance of the menses. But there are instances of females becoming mothers, who have never menstruated; they, however, must have conceived just at the time when the catamenia were about to be established, which after parturition and suckling probably occurred regularly. The following case, which I have met with, seems to be an anomaly in the annals of midwifery: During the month of June, 1851, I was requested to visit Hannah B., a mulatto, who was pregnant with a illegitimate child, and was much surprised at finding my patient herself a mere child in appearance and manner. She was thirteen years old on the 3rd of the previous February, and though she had never menstruated, was, when I saw her, in the eighth month of gestation. Her general condition was plethoric; her breasts well developed, and the areola quite dark. On the 13th of August she was taken in labour, but in consequence of a prolapse of the funis umbilicalis, which could not be replaced, I delivered her of a still-born child, of the usual size, and perfectly formed. The lochia continued for a few days, and she passed through the accustomed period after delivery very favourably. It is now one year since, and her menses have not yet made their appearance, nor has there been any vicarious discharge; her health during the whole time remaining perfect. Never having read of a case of the kind, I have sent it to you for publication, should you think it of sufficient interest.—*Phil. Med. Examiner.*

## A GOOD SAMARITAN.

THE village of East Tytherly has experienced a severe visitation from a fever of the typhoid type, by which fifty or sixty individuals were laid prostrate. The resident landowner, Mr. Cooke, immediately requested Mr. Fox, the medical officer of the union, to pay the most unremitting attention to the poor sufferers, and to debit Mr. Cooke with his charges for professional attendance. He further engaged the services of a day-nurse and a night-nurse from the hospital at Southampton, to administer the medicines and other necessary relief to the invalids, and placed at their disposal an unlimited supply of wine from his own cellars, together with such a generous diet as the circumstances of each case might demand. The result has been that the malady has only proved fatal in four instances, an elderly man and three children being the victims.

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 5th,	55	48.5	29.800	.240
Monday,	6th,	50	44	29.650	
Tuesday,	7th,	48.5	40	29.520	
Wednesday,	8th,	47	39	29.150	.250
Thursday,	9th,	44	38	29.500	.018
Friday,	10th,	51	41.5	29.300	.038
Saturday,	11th,	56	48	29.216	.027

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 5th,	55	45	29.542	49.7	48	46.3	.401	WSW
6th,	50	40	29.405	48.9	47.1	45.3	.014	SW
7th,	43	32	29.298	45.1	43.9	42.6	.004	SW
8th,	47	32.5	28.867	42.6	41.7	40.4	.250	SW
9th,	44	34	29.214	40.6	40.1	39.5	.016	WSW
10th,	52	39	29.030	48.1	46.4	44.6	.144	WSW
11th,	54	45	28.940	53.1	52	51.1	.723	SW

M. W. HANLON, M.B.

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THE following Works have been selected by the Examiners for the Examination in Logic and in Moral and Intellectual Philosophy, for the Degree of DOCTOR OF MEDICINE in the Year 1853:—

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By order of the Senate,

R. W. ROTHMAN, Registrar.

Somerset House, December, 1852.

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TO JOSEPH M. LYNN, ESQ., M.D.**

DEAR SIR,—Many of your old friends, subscribers to the late Markethill and Mountnorris Dispensary, were anxious to present you with some public testimony of their good will and sincere respect on the occasion of the closing or transfer of that institution. Circumstances just then intervened which induced them to defer the execution of their wishes. It would have been indelicate to come forward in such a manner while your conduct as medical officer of the dispensary was undergoing judicial scrutiny.

They had every confidence that the result would be honourable to you. They are now happy to congratulate you on the decision of the proper tribunal given in your favour after such a searching inquiry; and they hope that the town and dispensary district of Markethill may long enjoy the services of one so well known and valued there, as the kind friend and skilful physician of the poor.

We feel it our duty thus publicly to testify our sense of the unwearied, anxious, devoted care you have for twenty years bestowed upon your poor patients. You have not only conscientiously attended to their cases, according to the duty of your office, but you have felt for their troubles; you have been afflicted in their affliction. You have ever liberally ministered to their necessities from your own stores. We have seen you fearlessly discharge your duty when the stoutest might have shrunk from the manifold forms of fearful death surrounding us on every side; we have seen you smitten down almost to the grave, overwhelmed by the weight of perilous duty, in days when famine and pestilence were alike destructive.

Your worth was then proved. Who, knowing it at such a time, could ever forget it?

We cannot, and will not, forget it. We feel ourselves bound in justice and in gratitude to record our sentiments in a permanent manner, and therefore we beg your acceptance of the accompanying small token of their continued and unfading esteem from your sincere and faithful friends.

Signed on behalf of the Meeting,

JOSEPH MCKEE, J.P., Chairman.

Markethill, December 3, 1852.

**DR. LYNN'S REPLY.**

*To the Governors of the late Markethill and Mountnorris Dispensary.*

MY LORDS AND GENTLEMEN,—It is indeed truly cheering to one's heart to have the kind sympathy of sincere friends, but it did not need your flattering address, nor the valuable present of plate by which it is accompanied, to assure me of the unflinching friendship of the Governors of the late Markethill and Mountnorris Dispensary.

I shall never cease to feel the deep debt of gratitude I owe for the noble and disinterested manner in which you came forward to do me justice upon a late trying occasion, and I am most thankful to God for the result.

I reflect with pleasure on the friendship subsisting between us during the twenty years spent in your service. Some of that period was marked by famine and dire disease; but in the midst of all my arduous labours I was supported and comforted by the conviction that I enjoyed, as I conscientiously strove to deserve, the confidence of every governor of the institution.

In the reports of your dispensary, I was happy to be able, from year to year, to give honourable evidence of the efficient aid and encouragement afforded me by the Governors in the discharge of my duties, and now at the close of our official connexion I am glad to have this public opportunity of placing on record my heartfelt thanks to the many faithful friends who for so long a period cheered my heart and strengthened my hands.

I could sincerely wish that I had fully deserved your kind testimony as to my efficiency amongst the poor, and Christian sympathy for their sufferings; but I can honestly say that, while my best services were mixed with much imperfection, my earnest desire was to be useful, and no earthly consideration afforded me greater delight than to give relief to suffering humanity.

Words cannot express how highly I prize the present mark of your continued confidence and esteem; and I can only say that while I have a heart to feel, I shall not forget

the kindness of the Governors of the late Markethill and Mountnorris Dispensary.

I have the honour to be, my Lords and Gentlemen, your faithful servant,

J. M. LYNN, M.D.

[The plate consists of a massive set of salvers, manufactured by West and Co., of Dublin, and on each salver is inscribed—"This set of salvers presented by the Governors of the Markethill and Mountnorris Dispensary to Joseph M. Lynn, Esq., M.D., in testimony of their approval of his laborious and skilful attention to the poor of that neighbourhood for the space of twenty years. MDCCCLII."]

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Wednesday, December 15, 1852.



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### METEOROLOGICAL TABLES.

## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—Nov. 20.

Dr. HUTTON, President of the College, in the chair.

OBSERVATIONS ON THE PUSTULE MALIGNE AS IT APPEARED AT GIBRALTAR: WITH CASES.

By CHARLES TRENERRY, Esq., M.R.C.S. Eng., Assistant-Surgeon to the Civil Hospital, Gibraltar.

(Communicated by Dr. Tyler.)

ABOUT the last quarter of the year 1850, a patient was admitted into hospital, having his head, face, neck, eyelids, nose, ears, and upper part of chest greatly swollen, with little or no discolouration of skin, guttural respiration, and a loud croaking voice. His faculties were unimpaired nearly to the moment of death, which took place a few hours after admission, apparently from suffocation. No pustule was visible. He was unable clearly to account for the disease, but said that it came on during the night, whilst sleeping on board a vessel in the bay.

Such is the history of the first case that drew my attention, and which in reality I looked upon as phlegmonous erysipelas; but the little alteration of the colour of the skin, the total absence of fever, and the rapidly fatal termination, led me to believe some venomous reptile had inflicted the injury.

Other similar cases having presented themselves shortly afterwards, the nature of the disease was less equivocal, and pronounced by experienced physicians to be the pustule maligne, of a virulently contagious nature.

Boyer, in his "Traité des Malades Chirurgicales;" Vidal, "Pathologie Externe;" Rochaux, in the "Dictionnaire de Médecine," and other authors who have had considerable experience, also assert that the disease is of a contagious nature, and depends upon a specific poison or virus existing in animals in the form of carbuncles or malignant fever at particular seasons; and that it is particularly prevalent in the province of Lorraine, Franche Comté, and Bourgogne, where it frequently breaks out epidemically, and destroys large numbers of animals.

Indeed, the disease is considered so highly contagious,

that flies and other insects which have been in contact with the matter, are said to convey the infection to individuals or any animal they alight on; it is even supposed to be engendered by eating the meat or coming in contact with the blood of animals suffering from this peculiar disease: in short, such is the indestructible nature of the virus, that whatever preparation the hides or wool undergo, it cannot be impaired; such being the fact, we are greatly exposed to this dreadful malady.

On the other hand, M. Bayle, in a paper read at l'Ecole de Médecine of Paris, maintains that the disease may arise independently of contagion; and that nearly all the cases coming under his care were certain of not having been in contact with any affected animal.

The cases that have come under my observation, incline me to the same opinion, particularly as the development of the disease in the few cases that occurred in Gibraltar were attacked in the bay under such opposite circumstances, within an area of about a mile, crowded with shipping, and not more than one or two persons on board each vessel that furnished cases were affected, but nearly all those vessels had or had had hides, &c., on board; therefore, the inference might be, that they only came in contact with the particular spot, and that those who had not been near any hides or wool could have had the infectious matter conveyed through flies or other insects.

That such an opinion cannot be entertained, I think is conclusive, from the fact of none of the medical men or relatives in attendance on those affected contracted the disease, which, if so virulently contagious, would certainly have infected some of us, having frequently had our fingers unavoidably covered with blood and matter issuing from the sloughs that formed; further, I have inoculated some kittens with matter taken fresh from infected subjects without the slightest ill effects ensuing beyond that occasioned by the punctures.

I am, therefore, inclined to suspect that insects are generated at some particular period or under some peculiar condition of the animal, and lodge in the hide or wool, from whence they are apt to escape and seek a nidus in the skin



of any other animal, which in its turn becomes affected with the poison secreted, *sui generis*, of this insect.

What renders this latter hypothesis the more probable is (from information received from creditable sources), that the disease is unknown in those parts of Barbary from whence the hides and wool are exported. I am also told by a respectable merchant of this place, who receives large shipments of those articles, that he requires every hide to be unfolded and thoroughly examined before shipping them off, as they are frequently found to contain a number of small dead flies, not unlike moths, and to be perforated by small black-looking worms or maggots, particularly along the spinal portions, which are cut out with a piece of the hide, and if the holes are large or many exist, the hide is rejected.

I have requested that a few of these worms and flies should be sent me at an early opportunity, and I will take care to observe their habits and whatever transformations they may undergo, and report accordingly.

The characteristic symptoms were a slight itching on some part of the face, followed by a small pimple, having a dark depressed centre, not unlike a spurious vaccine pustule, surrounded by several almost imperceptible phlyctenæ, from whence oozed an ichorous fluid. The glands of the neck on the affected side, but more especially the parotid, became enlarged and indurated. The head, face, neck, and upper part of the thorax, were afterwards frightfully swollen and disfigured, the tumefaction having a peculiarly tense and elastic feel; the respiration was laborious and attended with a singular croaking sound; whilst the voice was of a disagreeable guttural nature.

Death took place with singular rapidity, while recoveries have been tedious, as far as the local symptoms were concerned, the constitutional disturbance seldom being severe.

The treatment consisted in an immediate and free application of the actual cautery to the affected spot, and afterwards the lotio plumbi diacetatis, sometimes a weak linimentum ammoniæ, which were sure to arrest the disorder, if applied within twenty-four hours from its appearance. The bowels were cleared out by aperients, and other symptoms, such as fever, suppuration, and sloughing, treated on general principles.

*Case 1.*—A man was admitted into the hospital with considerable tumefaction of the head, face, neck, eyelids, nose, ears, and upper part of the chest, a loud croaking voice, and guttural respiration. The only account he can give of it is, that the disease came on during the night, while sleeping in the hold of a vessel. A few hours after admission he died, apparently from suffocation. He was sensible to the moment he died. There was no pustule visible.

*Case 2.*—On October 21, 1850, Christoba Martinez, æt. 60, a tall and robust Portuguese, navigating on board a vessel laden with wool and salted bullock hides from Larachè, presented himself as an out-patient, having the left side of the neck, face, and eyelids considerably swollen. There was no perceptible pustule or mark of puncture on any part of the swelling, although he said he at first experienced pain on the left upper lid. The swelling rapidly increased to a frightful extent, involving the whole of the head, face, neck, and upper part of the thorax. Extensive suppuration and sloughs occurred on the left side of the face, attended with frequent hæmorrhage; so much so, that I was consulted as to the propriety of tying the carotid artery. Drs. Mery and Cortes attended him at his own residence until he was sufficiently recovered to attend as an out-patient.

Nov. 30th: The conjunctiva and lids of the left eye are thickened and œdematous: there is a large granulating surface with inverted edges over the left temple; an irregular scar extends down the cheek; his general health good. It was nearly four months before he recovered.

*Case 3.*—November 13, 1850, Manuel Fernandez, æt.

60, applied for admission as an out-patient, having a considerable tumefied swelling, extending about two-thirds round the throat; there is no pustule visible; his occupation is that of a fisherman; says he has not been on board any vessel having hides or wool, nor has had anything to do with these articles.

Liniment. ammoniæ.

Mist. cathartic.  $\mathfrak{z}$ iii. statim.

14th: He requested to be admitted into the hospital, and died seven hours afterwards from suffocation. He swallowed easily everything that was given to him, free from pain, fever, and thirst, and was sensible to the last moment. He was a relation of Christoba Martinez (*Case 2*).

*Case 4.*—Francisco Sapeira, æt. 48, a Spaniard, navigating on board a Portuguese vessel, laden with hides and gum from Barbary, was admitted October 18, 1850, having a distinct pustule over the left inferior orbital ridge, with considerable swelling of the left eyelids and cheek, which he attributes to having picked off a small pimple on the lower eyelid when he awoke this morning. There is no heat of skin or pain; pulse regular. Dr. Rey applied the actual cautery, and ordered the lotio plumbi diacetatis to be constantly applied. He was put into bed, and took a dose of the hospital purgative mixture.

19th: Passed a pretty good night; the swelling has not increased; a dark eschar has formed where the cautery was used; bowels freely acted on. He gradually lost all swelling of the face, and was discharged November 6th, having a tough unyielding eschar, about an inch and a half in length, and the surrounding integument adherent to the bone; there remained a slight ectropium.

*Case 5.*—November 19, 1850, Francisco Docarmen, æt. 68, a Portuguese, had been navigating on board the same vessel as Francisco Sapeira (*Case 4*), but it is a fortnight ago since he quitted the vessel, and has been sleeping on board another laden with wood. On Sunday morning, the 17th instant, whilst shaving himself, he cut a small pimple near the right commissure of the mouth, since which his face has been gradually swelling. He is cheerful and in good general health, and smiles incredulously at my representing his disorder as dangerous.

There is a very small dark spot near the right angle of the mouth, with several small vesicles around it containing a yellowish serum, some of which is oozing out; underneath, the spot is indurated. The left side of the face and neck greatly swollen. I applied the actual cautery, and directed the linimentum ammoniæ to be constantly used to the swelling; he returned home, and in the afternoon consulted another practitioner, who made a free incision into the affected spot.

20th: The patient was brought into the hospital with considerable tumefaction of head, face, neck, and upper part of chest; respiration stertorous, and features livid; he is quite insensible, and throws his hands about as if grasping at something, and in fact has all the appearance of an apoplectic seizure; life appeared to have ceased several times previous to the evening, when he died.

*Case 6.*—November 19, 1850, Jose Pedro, æt. 15, a Portuguese, states that when he awoke yesterday morning, he discovered a small pimple near the external angle of the right eye. In the evening he experienced a sharp fever, and this morning found the right side of the face, neck, and eyelids much swollen, attended with a burning sensation in the pustule. A fortnight since he was engaged on board a vessel for three days in unloading Barbary hides, but has had no communication with any other vessel or hides. I applied the actual cautery, and ordered the linimentum ammoniæ to be frequently smeared over the swelling. 20th: Says he passed a very good night, and had neither fever nor pain; swelling of the eyelids and face much subsided, but a hard circumscribed swelling over the parotid remains.

Misturæ catharticæ,  $\mathfrak{z}$ iii. statim.

Continuent. linimentum ammoniæ.

21st: Swelling of face much increased; a languid expression of countenance; pulse feeble; respiration somewhat laboured and guttural; to be admitted into hospital,



and take a tablespoonful of the following mixture every hour:

*R* Spts. ammon. aromat.  $\mathfrak{z}$ i. ; *Acet. mor.*  $\mathfrak{z}$ ss. ; *Hydrarg. chlorid.*  $\mathfrak{z}$ ss. ; *Conserv. rose.*  $\mathfrak{z}$ ss. ; *Quinquina*  $\mathfrak{z}$ ss. ; *Syrupi simplicis*,  $\mathfrak{z}$ ii. *M. Fiat.*

In the evening there was great acceleration of pulse, hurried respiration, heat of skin, and profuse diaphoresis. Omit. mist. ammon. & reapply the actual cautery, and use the lotio plumbi diacetatis.

Dec. 4th. He was discharged cured.

Case 7.—November 30, 1850, Juan Bayerler, *ætat.* 20, states that last Monday he was engaged in unloading hides, since which time he has had nothing to do with them. For the last three or four days he has had a small pimple just above the supraorbital ridge, but paid no attention to it until this morning, when he awoke and found the left side of the face and neck much swollen, which induced him to procure admission into the hospital. He suffers no pain; pulse rather weak; skin cool, with heavy and languid expression of countenance; habits of life in temperate. I applied the actual cautery to the pustule, which he bore without any apparent sensibility.

*R* Mist. ammon. aromat.  $\mathfrak{z}$ i. secunda quaque hora.  
Appl. liniment. ammon.

Dec. 1st and 2nd: Swelling has increased, with a good deal of fever. Appl. lotio plumbi diacetatis.

3rd: Swelling subsiding; delirium tremens set in during the night, and he became so violent that it was necessary to put on the strait jacket.

*R* Acetat. morphæ, gr. iii.  
Hydrarg. chlorid. gr. xxiv.

Conserv. rose, quant. suff. ut fiat pilul. xii.  
quar. sum. i. tertia quaque hora.

4th and 5th: Much improved in every respect, and was discharged cured on the 29th.

Case 8.—December 3, 1850, Juan Catania, *ætat.* 13, was standing on the wharf last Sunday afternoon, when he experienced a slight itching on the upper lid of right eye, and the following morning he discovered the lid to be swollen. At present there is a distinct spot on the lid, having all the appearance of a small-pox pustule; the lid is swollen and diaphanous; the cervical gland near the angle of the jaw is hard and swollen; he has no pain or fever; he states positively he has not touched hides or wool, nor has he been on board any vessel containing these articles. Dr. Rey and myself were at first disposed to think it an ordinary pimple, but the magnifying glass showed the characteristic pustule maligne. He refused to be cauterized, and went away.

4th: His mother brought him to the surgery; the swelling has much increased; he refuses to inhale chloroform, and struggled so violently that I could only cauterize imperfectly; he ran away from the hospital, but ultimately recovered.

Case 9.—March 2, 1851, Lorenzo Pau, *ætat.* 22, says as he awoke the day before yesterday, he perceived a small pimple on the right cheek; he has been engaged in weighing salted hides on board a vessel from Tunis. There are numerous small vesicles on the skin, where the ichor from the pustule has touched. Submaxillary gland is indurated and painful to the touch. Apply the actual cautery, and afterwards the linimentum ammoniac. He was quite cured.

Case 10.—January 12, 1852, Jose Rivero, *ætat.* 38, observed a small pimple, about ten days ago, on the upper part of his forehead while at Larachè, loading a vessel with hides, wool, dates, bird seed, &c., but he experienced no inconvenience until two days ago, when he was seized with rigors, heats, and intense pain in the head, which obliged him to keep his bed. This morning he applied at the Civil Hospital for treatment. There is an irregular dark-coloured sloughy-looking ulcer on the upper part of forehead, about the size of a sixpenny piece, rather to the left of the mesial line; its surface has a few small drops or globules of blood and ichor; an inch lower down there is a small characteristic pustule, and further back near the temple a superficial but suspicious-looking spot; the palpebræ are swollen,

particularly of the left eye, which is closed; the forehead, left side of the face, and neck, are also swollen; he complains of headache and much pain of the left side of the neck; the parotid gland does not appear to be implicated; tongue clean and moist; pulse natural. Actual cautery to the spot. Lotio plumbi diacetatis.

Mist. cathart.  $\mathfrak{z}$ ss. statim, et repetatur per mane et vespere. Passed a comfortable night; swelling lessened, and is able to open the lids, but still complains of pain in the neck; bowels acted freely. Six p.m.: The right eye-lids are much swollen and closed. Dr. Rey considered it advisable to reapply the actual cautery to the suspicious spot, as I had only touched it superficially at first, not thinking it to be the pustule maligne.

14th: Swelling of lids diminished; the seat of pustules have a prominent elevation, as if an abscess were forming; passed a very bad night, owing to the pain at the side of the neck, but was relieved by a linseed poultice; pulse weak. To have sage, wine, and broth.

15th: From this day he continued to improve, and was discharged at his own request on the 19th, but attended as an out-patient until the cauterized spots were healed by simple dressing.

Case 11.—February 21, 1852, Jose Reymundo, *ætat.* 60, is cook on board the same vessel in which Jose Rivero navigates (Case 10). He states that on rising this morning, he discovered a small pimple, with surrounding inflammation, immediately behind the angle of the jaw. The throat and upper part of throat is tumefied. The actual cautery was directly applied by Dr. Rey, and the lotio plumbi diacetatis ordered to be frequently used.

22nd: The throat is enormously swollen, and the swelling extends below the mammæ; the voice has a disagreeable croaking sound; pulse weak and intermitting; no fever. Dr. Rey reapplied the cautery, and extended it lightly round the throat, and afterwards directed linseed poultices. Bowels have been freely opened.

23rd: Swelling increasing; died soon after four p.m., but sensible to the last, and at no time complained of pain.

I removed the cauterized spot, as also the spot over the left breast; the latter proved to be a distended follicle, although at first it was not unlike the pustule maligne.

The whole of the subcutaneous cellular tissue about the throat and chest was infiltrated with serum. A further examination was not permitted, nor in fact could I obtain a post-mortem inspection in either case.

This man, it appears, was engaged the day previous to the attack in removing the mattresses from the berths, and he stated that the vessel was at present laden with sugar and iron; the hides, wool, &c., having been discharged six weeks ago.

Case 12.—April 8, 1852, Pedro Franco, *ætat.* 18, says he is employed as a labourer on board the Peninsular and Oriental Steam Navigation Company's coal hulk. Six days ago he discovered a small pimple on the left side of the neck near the ear. As it gave him little or no inconvenience, he paid no attention to it until this morning, when it had become more painful; he is positive not having been near any hides or wool, nor is he aware of any of those articles being at present in the bay.

I have since learnt there was a vessel laden with wool and hides a short distance from the hulk. The boy refused to be cauterized, and quitted the hospital. I have not heard of him since.

Case 13.—Was a healthy guard engaged in a vessel having hides on board; he was affected on the outer part of the left thigh, for which he was cauterized, and has recovered.

No notes were made of this case in consequence of my being taken ill of fever.

Dr. TYLER observed, that when he was at Gibraltar he had an opportunity of seeing three of the cases detailed by Mr. Trenerry, but he had no information to give respecting them in addition to what was contained in the interesting communication just read by the Secretary. The matter attracted the notice of the authorities at the time,



and the disease was believed to be so contagious, that an order was issued, directing the vessels, in which the cases had occurred, not to anchor near the wharf.

Dr. POWER drew attention to certain similarity of character between the pustules represented in the drawings (which accompanied the paper) and the pustule of glanders. He did not mean to establish a precise analogy between this disease and glanders, but he thought there was something in these pustules slightly characteristic of glanders.

Dr. BENSON said the subject was a very interesting one, and as an officer of the Society, he would say that the council would be much obliged if any of its members who resided in foreign countries, would forward to them papers like the present one, giving us information respecting diseases of a particular kind, not to be met with in this part of the world.

It was then moved by Professor WILLIAMS, and seconded by Professor HARGRAVE, Vice-President of the College: "That the thanks of the Society be given to Mr. Trenerry for his highly interesting communication."

#### MEDICAL SOCIETY OF LONDON.

Dr. DE MERIC showed to the Society the saccharine capsules of copaiba and cubebs, prepared by M. Jozeau, under the name of Copahine-Mége, and as this was neither a secret nor a patented remedy, he was induced to try it in his practice. He stated that he had found them very efficient in the treatment of gonorrhœa, as the mouth did not perceive the taste of the copaiba, and the stomach did not revolt against the drug. Dr. De Méric observed that his patients took the capsules without repugnance, and never complained of any gastric disturbance. He was sure that many of the fellows would find this kind of sugar plums very convenient in private practice, as they could be carried in the waistcoat pocket, and taken at leisure.

Mr. CHIPPENDALE wished to know whether the capsules were sold at a high price? He asked the question because he might be inclined to use them in his dispensary.

Dr. DE MERIC was not prepared to give the information required, as he had confined himself to the pharmaceutical bearing of the matter. But he might venture to say that M. Jozeau would probably charge hospitals and dispensaries a very low price. He thought, at the same time, that the capsules were more calculated for private than public practice.

The PRESIDENT inquired the actual amount of copaiba and cubebs in each capsule?

Dr. DE MERIC could not bring to mind the exact quantity; but we have since been informed that it is sixteen grains of prepared copaiba and about two grains of cubebs for each capsule.

#### SCIRRHUS OF THE UTERUS COMPLICATED WITH PREGNANCY; FUNIS PRESENTATION; DELIVERY.

Mr. I. BROWN read the following case:—Mrs. W—, aged 35, an out-patient of St. Mary's Hospital, was under my care from May to July with scirrhus of the os and cervix uteri. The catamenia had ceased for several weeks, but there was a good deal of offensive serous discharge. Her health became so seriously injured, that she was unable to continue her attendance as an out-patient, and I lost sight of her until November 18th, when I was requested by Mr. Hammond, one of the district accoucheurs of the Maternity, to visit her. I found that she had been seized with symptoms of labour the previous day, that the waters had escaped, and that the funis had descended six or eight inches through the os externum; but the thickened edges of the uterus seemed quite unyielding, and the labour made little or no progress. The patient became excessively exhausted, requiring ammonia, brandy, and strong beef-tea. I suggested that they should wait and see if the os dilated a little more, and if it did that delivery should be attempted by turning. Turning was accomplished the following day by Mr. Bullock, resident-surgeon to St. Mary's Hospital, and Mr. Hammond, after considerable difficulty. The fœtus was one of seven months, and

had been dead some five or six days. The patient remained in a very exhausted state after her delivery, and when Mr. Brown last saw her, was evidently fast sinking.

In answer to questions, Mr. Brown could not say how long the disease had existed, but he supposed for some time. About half the os was involved in the ulceration.

Dr. ROUTH recollected the case of a woman in Vienna, in whom three-fourths of the os were involved in the ulceration. The woman was four days in labour, and died four or five days after delivery. The delivery was effected not through the os, but on one side of it. The woman died of peritonitis.

Dr. BARNES said that the practical question in this case was, as to the propriety of effecting premature delivery to avoid the passage of a large body through the diseased os. Would such a proceeding give the patient a chance of recovery? He thought that the cases of Dr. Rowland had proved the contrary, and that as death would result whenever delivery took place, life of course would be prolonged by allowing the woman to go the full time.

#### ON THE PATHOLOGY AND TREATMENT OF SANGUINEOUS PELVIC CYSTS.

Dr. TILT read a paper on a variety of pelvic tumours, on which the French pathologists have during the last year thrown great light, the cyst being in such cases formed by a considerable quantity of blood effused in the pelvic portion of the peritoneum, or externally to the peritoneum, so as to constitute extra-peritoneal or intra-peritoneal cysts. Dr. Tilt first related several cases from his own practice, from that of Dr. Bell of Glasgow, and from that of Dr. H. Bennet; by which it appeared that the disease was preceded by menstrual irregularities, and that its origin generally coincided with the suppression or the non-appearance of the catamenia; after which ensued hypogastric swelling, then local pelvic peritonitis, on the subsidence of which a globular tumour was found to fill, more or less, the pelvis, interfering with the passage of both fœces and urine. Dr. Tilt then elucidated the pathology of the previous cases by several others which had terminated fatally in the Paris hospitals, and where the post-mortem examinations were exhibited to the Société de Chirurgie of Paris. The causes of extra-peritoneal sanguineous cysts were extremely obscure. In a case related in "Guy's Hospital Reports," the effusion of blood was caused by the rupture of an aneurismal sac. In another, occurring in the practice of the celebrated Mangolin, it was caused by the rupture of varicose sub-peritoneal veins. Light had been thrown on the causes of the intra-peritoneal variety by the post-mortem appearance of a patient under the care of Denonvilliers, of the Hôpital St. Marguerite, in Paris. The blood was found to have come from several small ovarian cavities, some of which still contained blood-clots; and in discussing the case, Lenoir, Nelaton, and other surgeons of eminence, admitted that in this and similar cases the pelvic tumour was formed by an ovarian hæmorrhage taking place during the process of ovulation. Dr. Tilt admitted the explanation, and gave it strength by reminding the Society that during the process of ovulation the ovaries greatly increased in size; that in the normal state the blood-clot taking the place of the ovum was about the size of a cherry; that microscopical observers had sometimes found the capillary vessels much enlarged and broken in the vicinity of the vesicle, and the ovarian tissue so softened that it would tear on the slightest touch, and let the blood-clot escape. Dr. Tilt gave a still surer footing to the views of the French pathologists on this point, by relating a case which had lately occurred in the Lyons Hospital, where, after flooding at three successive menstrual periods, peritonitis supervened, and on opening the body, a blood-clot of the size of a horse-bean was found protruding between the rent lips of the ovarian follicle. Having thus established the pathology of intra-peritoneal sanguineous cysts, Dr. Tilt proceeded to illustrate their history by other interesting cases which had lately occurred in the Paris hospitals. One, for instance, was mistaken by Malgaigne for a fibrous uterine tumour. He slit up the neck of the



womb to enucleate the supposed tumour, but finding his mistake, he punctured it, and gave issue to a large quantity of syrupy blood. Hæmorrhage from the wounded artery of the neck of the womb could not be controlled, and the patient died. Another case was mistaken for ovarian dropsy, others for metritis. Dr. Tilt observed that sanguineous pelvic cysts did not usually terminate fatally, but often by resolution; the lining membrane of the cyst absorbing its contents, which thus became thicker and thicker, and the tumour diminished. Sometimes, however, the contents were evacuated by rupture of the cyst per rectum or per vaginam. Dr. Tilt recommended the cysts to be left to themselves when small, and to increase absorption by moderate venesection, purgatives, and low diet; but if they attained a considerable volume, so as to interfere much with micturition and defæcation, he advised the tumour to be punctured per vaginam with a long trocar. 1st, because this plan presents a better chance of avoiding wounding the arteries; 2nd, because the trocar being left in the wound permits the gradual evacuation of the blood; 3rd, because it allows the possibility of making injections. But Dr. Tilt likewise admitted the necessity of widely opening the tumour should it contain large fibrinous clots, or if it gave rise to a fetid discharge. With regard to the frequency of the disease, Dr. Tilt did not consider it a common occurrence; and although some twenty cases had been published during the past year by eminent French surgeons or obstetric practitioners, it was so little known in England, that several talented physician-accoucheurs had assured the author that they had not met with it. Dr. Tilt, therefore, submitted, that they might have been mistaken for other complaints; for metritis and incipient pelvic abscess, when the collection of blood is small; for an ovarian tumour, when the collection is very considerable; and sometimes for pelvic abscesses, as in Dr. Bell's case, when the blood-clots were mixed with pus. He, therefore, believed that similar cases might be found recorded in English journals by those who would have time and patience to hunt for them.

Dr. DE MERIC inquired if Dr. Tilt had noticed pulsation in the tumours which he had described. In the description of one of the cases, at least, he had spoken of enlargement of the vessels, and of fibrinous deposit, &c.; might not the tumour in this instance have been aneurismal? In those cases in which recovery had taken place, which was the pathological process by which this was effected? The author had stated that he considered that hæmorrhage had occurred from the ovary in these cases at some time or other during menstruation. Now this was no doubt from excitement of the ovary. What, then, was the cause of the hæmorrhage? Had coitus anything to do with it, or any other stimulant? If we could trace the hæmorrhage to any such cause, we might warn the patient. There were no doubt, however, other circumstances connected with the menstrual period which were favourable to the development of these tumours.

Mr. BROWN regretted that so little of the paper allowed of discussion, as only one of the cases had fallen under the observation of Dr. Tilt himself. He (Mr. Brown) was inclined to think that one, if not two of the cases, was an iliac aneurism. In the case related as occurring in Dr. Tilt's own practice, no doubt the use of the trocar was proper; but he (Mr. Brown) did not think it would be so in the other cases. He did not agree with Dr. Tilt that these tumours were likely to be mistaken for uterine enlargements, as the uterus could be distinctly felt on examination; but he had seen instances in which they had been mistaken for ovarian tumours. In one case he recollected a sanguineous swelling near to the uterus, which burst into the rectum, and had been mistaken for an ovarian tumour. When the nature of the tumour could be determined by the history, and the mischief was localized, the plan of treatment recommended in the paper was proper, but it should not be resorted to when the swelling came on suddenly. Then a very different mode of proceeding was necessary. He regarded these cases generally as a kind of uterine apoplexy from obstructed menstruation, and situated in the

cellular tissue. He hoped at a future time Dr. Tilt would bring forward cases which would fall under his own observation, as some, no doubt, soon would.

Dr. S. GRIFFITH found the same difficulty as the last speaker in discussing the paper; but he would briefly relate two cases which had fallen under his own notice, and which appeared to be somewhat analogous to the one detailed by Dr. Tilt. The first was the case of a woman who had been ailing for some time, and had pain and hardness in one of the ovaries, with occasional shivering, and a mucous discharge from the vagina, unaccompanied by ulceration of the cervix uteri. She suddenly became worse, and symptoms of acute peritonitis set in without any apparent cause. Treatment was unavailing, and she died on the seventh day. On examination, it was found that profuse hæmorrhage had taken place into the cavity of the peritoneum. It was not confined to the pelvis, and had given rise to suppuration. The point from whence the hæmorrhage proceeded could not be detected, and he could not therefore assert that it was from the ovary. In such a case none but general treatment could be adopted, as there were no symptoms to indicate from what cause the disease arose. In another case, which was under treatment in St. Thomas's Hospital, the subject was an over-worked servant-girl, somewhat out of health from suppressed menstruation. She had a tumour in the lower part of the abdomen, which was swollen as large as in the seventh month of pregnancy. It resembled pregnancy also in shape. It was painful and tender on pressure; the os and neck of the uterus were healthy. At the end of two months the tumour suppurated, and opened externally in the lower part of the abdomen. The tumour, however, remained of the same size, and of the same stony hardness. There was no vaginal discharge. This case at its termination might be found to bear some analogy to the cases detailed in Dr. Tilt's paper.

Mr. DENOR regarded Dr. Tilt's cases as mere effusions of blood into the cellular membrane, round which a cyst had been formed, and a tumour was the result. Cases somewhat analogous were occasionally observed during parturition, from effusion of blood into the cellular membrane of the vagina.

Dr. CHOWNE would not enter into the discussion, as he had not seen such cases as those detailed, which were very rare; and if Dr. Tilt waited until he could speak largely from his own experience upon the matter, as was suggested by Mr. BROWN, it was probable he would long remain silent. He regarded the cases related as differing in their character, but that generally these blood-tumours were the result of effusion of that fluid into the cellular membrane. He found fault somewhat with the title of the paper, which, strictly speaking, was not on "*pelvic sanguineous tumours*."

Dr. TILT, in reply to Dr. De Méric's suggestion, that some of the cases described might have been cases of aneurism of some large abdominal vessel, observed, that with Dr. Lever's patient he had stated that this was the case, and it might therefore be met with again as a cause of extra-peritoneal sanguineous tumours; but that the other seven cases related could not be confounded with aneurism, for in three out of the seven there were post-mortem examinations, and the other four were related by accomplished observers, able to detect a pulsating tumour, of chronic growth, from those described in the paper. Dr. De Méric also asked whether ovarian inflammation did not play a part in this disease; but Dr. Tilt thought that care should be taken in ascribing every morbid action to one pathological condition, and said that, when taking into consideration the action of the ovaries, we must not think of these organs as they are met with in the dead body, but as seen by Verdier and Dr. Oldham, when accidentally placed outside the inguinal canal, in which case, at the menstrual periods, they have been observed to swell *enormously*; that we must think of the softened state of the ovarian tissue surrounding the rent follicle of the ruptured capillaries, attested by microscopical observers, and also of the ruptured bloodvessels seen by them. Dr. Tilt believed, with the French authorities already quoted, that in these cases of *intra-peritoneal sanguineous cysts*, the blood



trickled from the rent capillaries, and falling into the recto-peritoneal pouch, caused peritonitis, and therefore a cyst containing blood. Such were Dr. Tilt's views of the pathology of such cases. He could not understand how obstructed circulation could account for them, as had been suggested by Mr. Denny; he did not admit that the blood in such cases was merely effused in the areolar tissue, for on post-mortem examinations it was proved that the blood had broken down the areolar tissue, displacing it and the pelvic organs so as to constitute a cyst. Neither could he accept Mr. Brown's explanation, that such sanguine collections were formed by the blood permeating the outward surface of the wound, because, whenever death had afforded an opportunity of investigating the case, a less problematical explanation had been found. Dr. Griffith did not see how fluctuation could be felt if the tumour contained blood, but Dr. Tilt reminded him that in some of the cases, the blood, like menstrual fluid in a distended womb, did not coagulate, being a dark, syrupy fluid. Fluctuation was of course less marked or imperceptible when the blood was much coagulated, and when its liquid portions were absorbed. To Dr. Chowne's objection, that some of the tumours described could not be fairly called sanguineous, since the contents were purulent as well as sanguineous, Dr. Tilt added that the peritonitis, by which the blood was confined in the pelvic cavity, might pass to the stage of suppuration, and then pus would be voided with the blood. It had been suggested by Mr. Brown, that as the cases described were very common, it was a pity Dr. Tilt had not waited so as to build his paper upon his own researches only; but Dr. Tilt replied that his reason for bringing the subject before the Society was the fact of such cases not having been noticed in England; and he considered it a singular circumstance that Mr. Brown should have frequently met with cases of sanguineous pelvic cysts, when he had been informed by Dr. Murphy and Dr. Oldham, that in their extensive fields of inquiry they had not met with them; that Dr. Chowne and Dr. H. Bennet had but seldom done so; and that they were considered uncommon by many French pathologists who, during the past year, had drawn attention to the subject.—*Lancet*.

## CONTRIBUTIONS TO CLINICAL SURGERY.

By ROBERT L. MACDONNELL, M.D.,  
Surgeon to St. Patrick's Hospital, Montreal, &c. &c.

### SUCCESSFUL RHINO-PLASTIC OPERATION.

Mr. —, aged 30, two years ago, in an attempt to save an old man who was maltreated by two strong young men, was knocked down and set upon by these men, and whilst one of them was engaged in kicking and cuffing him, the other attacked him savagely with his teeth, and bit out several pieces from about his face and hands, amongst others, a portion of one ear, and the entire cartilage of the right ala of the nose, leaving but a small portion connected with the upper lip. He recovered soon from the effects of the beating, but the wound of the nose was a long time in healing, and left the nostril exposed on that side. He consulted a surgeon about a year ago, who undertook to remedy the defect by engrafting on the cicatrix a portion of skin removed from the back of the patient's hand. This was accordingly done; the piece was removed, the edges of the wound pared, and the new substance retained *in situ* by means of adhesive plaster, and, as might be expected, no union took place. The patient now despaired of obtaining relief, and resigned himself to his condition, and selected an occupation that required withdrawal from society, for the annoyance he experienced from the examination and curiosity of strangers was very distressing to him, being of a peculiarly sensitive and retiring disposition. He happened, however, to hear of a case in which I had remedied a somewhat similar defect, and determined to come to Montreal to consult me. On his removing the adhesive plaster with which he had concealed the deformity, I was struck with the peculiar size and shape of the deficiency in the nostril, which could

hardly have been produced in any other way than that already mentioned, and in reply to my question, he admitted the fact. I recommended him to take a private ward in St. Patrick's Hospital, and stated my opinion that an operation would remedy the defect. Accordingly, on the 4th of October, assisted by my colleagues, Drs. David and Howard, and by Dr. Walter Jones, I proceeded to perform the operation in the following manner:—A small, narrow-bladed knife (which I had found extremely useful in another rhino-plastic case, operated upon in the hospital a few days before) was introduced between the skin and nasal bone, and carried upwards towards the edge of the orbit, care being taken to keep the blade close under the skin. When the point was felt in this situation, the edge was carried towards the mesial line so as to separate the integument from the bridge of the nose, which was rather prominent. The dissection, being completed in this situation, the knife was carried downwards, still close under the skin, until it reached a level with the under edge of the nasal bone. The blade was then withdrawn, and entered under the remnant of cartilage before alluded to as being still connected with the cheek, and pushed towards the ear for about two inches, when the edge was turned upwards, the dissection carried on until it joined that before made. By this plan the skin was detached off the subjacent parts, from the median line of the nose all over the cheek, and the scalpel passed freely about in all directions. Having thus made a large flap, the edges of the cicatrix were pared and brought together, and the stump of cartilage joining the cheek being brought into contact with the tip of the nose, was there maintained by a Dieffenbach's pin and twisted suture; two or three points of suture served to bring the remainder of the wound in apposition, and thus what was before a semilunar cicatrix appeared an incised wound, whose edges were in one line. To enable me to avail myself more fully of the flap detached from the cheek, an incision to the extent of a little more than half an inch was carried from the outer edge of the nostril, by which the tension was taken off the new ala nasi, and a plug of lint being introduced into the nostril, the dressing was completed; the loose integument being shoved from the cheek towards the nose, and there retained by means of compresses and adhesive plaster.

The operation was in this manner performed, without making the least disfigurement of the face; nothing remarkable ensued during the month the patient remained under treatment. The needles and sutures were removed on the fifth day, union having taken place, but the remainder of the wound continued to suppurate for the next fortnight. He now has a complete nostril; the nose is straight and prominent, and except that on the side operated upon, the lower edge of the ala nasi, at its junction to the cheek, descends about the twelfth of an inch more than the other, no difference is perceptible, as nothing marks the line of junction but a fine cicatrix, which has little appearance of being the result of a surgical operation.

The plan of operation in the foregoing case, is a modification of the French method of "autoplasty," or, as it is sometimes termed, *la methode par glissement*. It differs, however, from the French method in the fact of the dissections being subcutaneous, which, it is hardly necessary to mention, is a decided improvement; for it is often a question whether the plan adopted to remedy some of these deformities does not leave a greater amount of disfigurement than that for which the operation was undertaken; and the practitioner who has only seen drawings and woodcuts of rhino-plastic operations, can have but little idea of what shapeless masses of flesh even the most successful of them are when a whole nose has to be made. But when a portion only of the nose is lost, then, as in the instance before us, the deformity admits of being remedied. The plan I adopted is, beyond measure, preferable to that of taking a flap from the cheek, twisting it round, and adapting it to fill up the chasm; for, besides the scar on the cheek, the want of any portion of cartilage prevents a nostril being successfully made, so that whenever the surgeon can save a piece, no matter how small, of the original



ala, he will find that it can be made to answer better for a margin than any piece taken from the cheek; for besides rounding off the arch of the nostril and keeping the ala distended, it retains the property of dilatation and compression, owing to the insertion of the levator labii superioris alaeque nasi being attached to it, as well as the lower fibres of the compressor nasi, and it is acted upon simultaneously with that of the opposite side, both in the acts of respiration and the different emotional movements of the face. These peculiarities are well marked in the above case, and though not pointed out before, are, in my mind, of some importance, and tend materially to the success of the operation, and to improvement of the patient's appearance. Although I have mentioned that the foregoing operation is a modification of the French method of "autoplasty," yet it does not appear that French surgeons have ever availed themselves of the flap made by subcutaneous dissection; and it is evident that the most recent writer on the subject is unaware of the possibility of the defect being remedied in this manner, for Jobert says:—"On a réparé également par la méthode indienne le lobule du nez et même, dit-on, les ailes du nez. Pour moi, sans blâmer l'emploi de la méthode indienne pour réparer les difformités partielles du nez, je pense que lorsqu'il s'agit de son extrémité ou de ses ailes, il est préférable de tailler un lambeau aux dépens des joues ou des lèvres."—*Traité de Chirurgie Plastique*, tom. i., p. 256.

#### SUCCESSFUL GENO-PLASTIC OPERATION.

—, aged 45, applied to me for advice concerning an ulcer on the left cheek, which was evidently a genuine specimen of "Jacob's cancer of the face." It had commenced seven years before as a small, scaly growth, about half an inch from, and on a level with, the commissure of the lips; on this a scab used to form, and remain on until accidentally removed. When once the ulcer was formed it exhibited no disposition to heal, and though its appearance would become improved under different plans of local treatment, it had never cicatrized, and though stationary for several months at a time, it would now and then commence spreading, and at last extended to the size of half-a-dollar. It was not painful at first, but had latterly become so; it had never bled, and the discharge was scanty and not offensive. Though apparently superficial, on close examination the entire thickness of the cheek was found engaged in the disease, the mucous membrane being, however, quite healthy in appearance. The commissure of the lips was free from disease, although quite close to it; and on inquiry it was ascertained that it had never ulcerated nor become fissured. There was no enlargement of the glands under the jaw, and the patient's general health was quite good. Having already applied to various medical men for relief, and meeting with disappointment from all remedies recommended to him, I had little difficulty in persuading him to have it removed, and for that purpose he entered St. Patrick's Hospital as a private patient.

I mentioned to my colleagues that it was my intention to save, at all hazards, the commissure, and, having excised the diseased portion, to make a cheek by the approximation of the edges of the circular wound left after its extraction. Accordingly, the lips were stretched so as to make tense the commissure, and a small knife passed between the mucous membrane and the margin of the disease, and then carried round the latter, leaving a margin of healthy structure attached to the disease. The surfaces of the wound were brought together by the twisted and interrupted sutures, and though I thought, before commencing the operation, that I should be obliged to loosen the upper and lower flaps from the subjacent structures, I had no difficulty in bringing the circular wound into a straight line, so as to resemble a simple incised wound. Cold-water dressing was applied to the cheek, and the patient desired to maintain perfect silence. In a few hours hæmorrhage took place from the mucous surface of the wound, and resisting the astringent powers of a saturated solution of tannin, had proceeded to a considerable extent

before I had time to reach him; but when the edges of the inside of the wound were brought closely together by three points of suture, it immediately ceased. The patient now informed me that he and all his family exhibited the hæmorrhagic diathesis, and that on one occasion he had nearly lost his life from the bleeding that followed the extraction of a tooth whilst in the Limerick Infirmary.

Five days after the operation the needles were removed, the inside sutures were allowed to remain *in situ*, and the union being now complete the parts were well supported by adhesive plaster and collodion,\* and the patient allowed to return home.

I have recently seen the patient, and nothing but a cicatrix on a line with the commissure is perceptible. The features of that side of the face are quite natural, and he has perfect use of the cheek. There is not the least sign of disease on the commissure, though eight months have now elapsed since the operation was performed. This fact I am anxious the profession should have brought before them, for it corroborates a statement made by Professor Serre of Montpellier, that the mucous membranes in the immediate proximity of cancerous growths, or even covering them, exhibit but little proneness to become implicated in the disease, and consequently should be preserved for a covering in all cheilo-plastic operations for the flaps with which the new lip is to be made. Being aware of this important discovery, and also knowing how difficult it is to form a good and useful commissure, I was particularly anxious to save the natural one, and was fortunate in so doing; though, had I not known the useful fact stated by Serre, I should certainly have removed it in connexion with the disease. I have at this moment a patient with cancer of the lip, in whom the removal of the disease will necessarily involve cheilo-plasty; and as the case affords a good opportunity for testing the correctness of Serre's statement, I will lay the result before my readers on some future occasion. In conclusion, I may state that the disease exhibited a true specimen of cutaneous cancer; and I cannot agree with the views recently advanced that Jacob's ulcer is a species of lupus, that it is, in fact, *lupus devorans*, though this opinion is advocated by so accurate an observer as Dr. Neligan, whose recent work on cutaneous diseases has just reached us; but to this subject I will draw the attention of the readers of this journal in the next number.—*Canada Medical Journal*.

\* Though the remarks of Professor Syme concerning the impropriety of using collodion in the first instance when we endeavour to procure primary union, are quite in accordance with my own experience, yet I have found it a most excellent remedy in keeping up tension and approximation, after needles and sutures are removed. When collodion was first introduced, I used it in addition to sutures in two cases in which I had amputated the breast, having read such flattering statements of its successful employment in similar cases. But to my great disappointment, the edges of the wound, though closed and apparently united, became prominent and inflamed, and on some of the collodion being detached, a large quantity of pus escaped in both instances, to the great relief of the patients; and the wounds which, under other circumstances, I have no doubt would have united by primary union, to a great extent healed by the slow process of granulation. The results of the use of the remedy in these cases, had induced me to abandon it in all cases as a means of uniting the edges of a recent wound; but where we have removed sutures and needles it will be found a valuable remedy, care being taken to leave spaces for the discharge to escape.

CHANGES IN THE MANAGEMENT OF THE PARIS HOSPITALS.—*L'Union Médicale* mentions that the great facility for travelling has so encumbered the hospitals of Paris, that measures will now be taken to make the various departments pay for the people from the provinces who are admitted into the Paris hospitals. The Central Board, which was formerly instituted merely for examining and sending patients to the various hospitals, will now be transformed into a dispensary, without detriment to its former duties; so that the poor who can be treated at their own residences may be attended to. It should not be forgotten that the municipal body of Paris contributes £350,000 to the expenses of hospitals.



# SILICIOUS DEPOSIT IN THE URINE, SUPPOSED TO BE FROM THE USE OF NEW SPONGE.

By HENRY JOHNSON, M.D.,  
Senior Physician to the Salop Infirmary.

Silicic acid is a well-known constituent of natural urine and of urinary calculi; and it is always found in urinary concretions derived from brutes, according to Wurser and Lapaigne. But although, on the authority of these names, the occurrence of silex in urinary deposits and concretions may be deemed possible, this event is at any rate extremely rare; and, unless under peculiar circumstances, would be ascribed to accident, fraud, or mistake. I have, however, seen it, where the parties were far above all suspicion of any intention to deceive, and where the patient was too young and girlish to be the subject of that morbid pruritus, which probably leads to the voluntary introduction of foreign substances per vaginam.

As every case is of importance which proves a fact, or points out an obvious source of error, I think the following history is worth recording:—In 1850, I was desired to examine a small portion of white powder, which I understood was a deposit from urine; it had all the chemical characters of silex, and scratched glass with facility. I was informed, that notwithstanding every precaution having been taken to avoid error, more or less of this powder had been found at the bottom of the utensil for about a fortnight. I afterwards saw the patient. She was 11 years old, of spare habit, but tall for her age, and by no means strong. She was subject to sickness and anorexia; the bowels were torpid; the tongue was not clean; the catamenia had never appeared. At the time of my seeing her the silicious deposit had ceased. The urine was pale, had a specific gravity, verging from 1011 to 1031, there was a light mucous cloud in it, and it contained some prismatic crystals of triple phosphate, and on another occasion urate of ammonia and a large quantity of urea. The most distressing symptom was a most constant desire to pass water, by day and by night, so that she could not rest, and if the desire was not speedily gratified, the urine escaped involuntarily.

There appeared to be no organic disease present in this case, and the patient ultimately got well without any remarkable symptom or treatment. I feel quite satisfied that there was here no endeavour to impose upon her medical attendants, either on the part of the patient or her friends. The silicious deposit I have no doubt arose from the use of a new sponge. A silicious powder (quartz) is always found in sponge when new, and I have since seen a large quantity of this sort of dust, which had fallen out upon the shelf in a chemist's shop where these articles were kept; it is nearly pure silex, because sponges are prepared for sale by being soaked in dilute muriatic acid, which removes calcareous particles, and leaves such as silicious.—*Prov. Med. and Sur. Jour.*

## ON THE BOUQUET OF WINE.

By Dr. F. L. WINCKLER.

In his recent experiments on the vegetation of plants, Winckler has arrived at very satisfactory results explanatory of the specific odour peculiar to the various sorts of wine produced in different districts, which is known by the expression of "blume," or "bouquet." If about half a pint of any sort of grape-wine be evaporated in a porcelain vessel by means of steam, until not only all the spirit of wine, but also the æthanitic ether, and in general all parts volatile at this temperature (80 deg. R.) are evaporated, a thickish liquid of more or less dark colour, and of a peculiar, pleasant, acidulo-vinous odour remains behind, from which, after it has become cold, a greater or lesser quantity of tartar separates. By diluting this liquid with water, so that the weight of the solution is about a quarter of a pound, and subjecting the solution with an equal weight of fresh burnt lime to distillation, there is obtained even during the slacking or hydrating of the lime a very agreeable and intensely smelling distillate which, like ammonia, is a strong base, and forms with acids neutral salts, possessing in a

high degree the odour corresponding to the so-called "bouquet" of the employed wine. This fact suggested the idea that this compound may be in a similar manner contained in the wine itself, and the supposition was fully corroborated by experiments. If the residuary lime of the evaporated wine be treated with water after the conclusion of the distillation, the solution filtered, and the filtrate distilled with a small quantity of moderately strong sulphuric acid, a new volatile acid of a highly specific, almost balsamic odour is obtained, which being neutralized by the necessary quantity of the first obtained nitrogenous base, yields a neutral volatile salt, which possesses the peculiar odour ("bouquet") of the employed wine in the highest degree. There is, therefore, no doubt that this compound is not only contained as such in the wine, and constitutes the "bouquet," but that it is this nitrogenous compound which determines the chemical constitution, the durability, and all those changes to which it is subject by keeping.—*Phar. Jour.*

## NEW FORM OF ITCH.

M. BOECK of Christiania has observed a new form of itch in a girl aged 15. The patient presented in the palm of the hand, the clefts between the fingers, the nails, the soles of the feet, the gluteal and dorsal regions, thick crusts, which were speedily reproduced when detached by the action of hot water. Vesicles and pustules were scattered in various places, and the hairy scalp was likewise occupied by the same crusts, which had been growing for the last two years. M. Boeck was much embarrassed as to the diagnosis, and at last bethought himself to subject particles of the crusts to microscopical examination. He was surprised to find that they were composed of a multitude of acari, with their eggs and excrements. But the disease presented nowhere any furrows, nor the acarus alive. Nevertheless, the girl contrived to communicate the affection, first to the patients in the beds next to hers and the nurses, and afterwards to almost every person in the ward. All these people got rid of the disease by using Vienna ointment, as did also the patient, after she had suffered from a general pustular eruption. M. Cazenave, to whom M. Boeck sent some of the crusts, also examined them with the microscope, and found them composed of entire acari, fragments of the insect, eggs, &c. M. Cazenave, who has inserted the case in the "Annales des Maladies de la Peau et de la Syphilis," considers it very curious, and of a unique kind, especially if one considers the absence of the live acarus, the non-existence of the furrows, the reproduction of acarus crusts, under an epidemic layer on a surface first thoroughly cleansed, the rapid spread of the disease in the ward, and the cure effected by a simply local treatment. M. Cazenave adds, that this case clearly proves that we are far from knowing everything concerning the acarus, and have much to learn on the symptomatology and ætiology of the itch.—*Lancet.*

## REVIEWS AND NOTICES OF BOOKS.

PULMONARY CONSUMPTION AND ITS TREATMENT. By W. M. BURSLEM, M.D., Licentiate of the Royal College of Physicians, and Senior Physician to the Blenheim Dispensary, London. 1852. 8vo. pp. 156.

ONE of the principal objects contemplated by the author in this publication is, to recall attention to an old method of treatment in phthisis—viz., that by emetics; and to illustrate its advantages in the incipient stages of the disease. "From my first entrance on the duties of medical officer, I resolved (Dr. Burslem, in the preface to the volume before us, observes) to pay particular regard to the earliest and most remote period in the history of the case. For this purpose, I directed serious attention to hereditary predispositions to disease; and wherever I found such to exist, I assiduously directed my efforts to combat this influence. I took advantage of the field now opened to me of trying, under well-regulated restrictions, certain methods of treatment formerly resorted to in certain cases, but which I found to be now discontinued, for what reason I know not."

"It was thus, with the assistance of my friend Dr. Ross, that I took up the subject of emetics, from which I have since derived so much assistance in certain conjunctures of this disease. In the treatment of pulmonary affections in



the male subject, I found myself agreeably surprised at the happy results which thus attended my incipient efforts. I continued my exertions in the same course with even increased success; but if this newly-adopted plan of proceeding proved so successful in arresting the disease in the male, how much more satisfactory was it demonstrated in the management and treatment of pulmonary disease in the case of females. Here, from the more complicated nature of the female economy, a more strict investigation, a more detailed examination into many particulars became necessary, which ever exert a most important influence on the delicate constitution of the female."

The author's description of tubercle, and of the symptoms of phthisis, is concise and accurate, but does not require any remark at our hands. In the section upon its causes, Dr. Burslem, after alluding to the greater frequency of phthisis in the female than the male, gives a table of 118 cases of phthisis, in which the age at which the menses made their first appearance, and the period of its duration, are stated; from which it appears that—

In	3	it occurred at the age of 10 years.
"	6	" 11 "
"	2	" 12 "
"	22	" 13 "
"	26	" 14 "
"	21	" 15 "
"	16	" 16 "
"	7	" 17 "
"	6	" 18 "
"	1	" 19 "
"	1	" 20 "

"In 4 of these cases it lasted two days; in 16, three days; in 22, four days; in 19, five days; and in 43, it continued beyond six days. Of the remaining 14 the duration was not known. In 61 the discharge was profuse, and in 68 leucorrhoea was complained of; thus pointing out the close connexion between abnormal menstruation and phthisis."

The influence of occupation or profession in developing phthisis is alluded to at some length by the author. The persons particularly exposed to contract phthisis are, according to Dr. Burslem, the following:—

"Individuals obliged to make great exertion with the voice or respiration; actors, singers, lawyers, players on wind-instruments, &c.; workmen exposed to arsenical or mercurial vapours; earthenware manufacturers, painters, founders, &c.; workmen exposed to metallic, vegetable, or animal dust; metal polishers, plasterers, stone-cutters, wool-carders, &c.; workmen having to perform extensive and continued movements of the upper extremities; bakers, paviours, carpenters, blacksmiths, &c. By far the most numerous of the cases met with in London are amongst tailors in men, and milliners in women. Amongst the latter I find too numerous and painful instances where young females rise at five o'clock, work all day in an ill-ventilated and confined apartment, frequently till one o'clock of a morning, and besides this are badly fed."

The profession is indebted to M. Lombard for many valuable details under this head, and the following conclusions, laid down by him, are quoted by the author:—

"1. The poor classes of society are twice more accessible to phthisis than the easy and affluent.

2. A sedentary life brings a much greater number to phthisis than an active life.

3. Great movements of the arms appear to diminish the frequency of phthisis in sedentary states, and to increase it in the active professions.

4. The constant exercise of the voice seems rather to diminish than to increase the number of phthisical subjects.

5. The curved position seems rather to favour the development of phthisis.

6. Phthisis is twice more frequent in workmen confined in workshops than among those who work in the open air.

7. The air which is charged with watery vapour seems to preserve from phthisis.

8. A hot and dry atmosphere favours the development of pulmonary tubercles.

9. The air charged with animal emanations preserves from phthisis.

10. The air charged with the emanations of fresh plants is a preservative from phthisis.

11. The air charged with the emanations of acid or alcoholic fermentation exerts but a questionable influence.

12. The air charged with emanations given off by varnishing, turpentine, drying oils, exercises a very fatal influence.

13. The different gases which escape from charcoal in combustion seem to favour the development of phthisis.

14. The mineral vapours (those of lead, mercury, antimony, arsenic, copper), the mineral acids, do not seem to be causes of phthisis.

15. The air charged with foreign bodies, as with dust, exerts in general an injurious influence, but the effect varies according to the nature and division of the foreign bodies."

In recommending emetics in phthisis, "it is not at all pretended (the author observes) that such employment is by any means novel; but it may fairly be considered an interesting subject to account for the fact, why a remedial agent which at one time enjoyed such popularity among the profession has been so much overlooked of late years, did we not know that fashion, in many instances, regulates even medical practice."

Dr. Burslem says that at first he was in the habit of giving ipecacuanha and zinc; but finding their depressing effects to continue for some time, he substituted for them the essence of ipecacuanha, either with or without chloric ether. "Administering these preparations in the dose of about fifteen minims in a teaspoonful of water, I direct the patient (he says) to drink some warm water; in about ten minutes or a quarter of an hour after, vomiting takes place, and in general it acts but once." "Seldom any depressing symptoms remain, and the patient is frequently enabled to take breakfast within half an hour, and not unfrequently to enjoy it more than had been the case for months."

"The emetic is usually administered in the morning; the cough most frequently being the most troublesome and the expectoration most copious at that time. Still, when the rest has been disturbed from the frequency of the cough, their employment at night has, in several instances, been followed with favourable results. In their operation a quantity of phlegm is frequently brought up; occasionally some thick, white, lumpy matter, very commonly some bile, and but very rarely any blood. The phlegm, generally, by degrees diminishes, as does the bile. The patients say (it may be fancy) that they think they breathe more freely; the cough very commonly diminishes in frequency, and the appetite improves. The emetics are generally repeated at first every third day, after a while every fourth, and then once a week.

The cases in which the most benefit will be found are those in the early stage of the disease, before the deposition of tubercular matter in the lungs has gone to any great extent, when emaciation has been for some time going on, the chest is becoming flattened, the breath is short, there is tightness of the chest, an inability for exercise; when there is also an increase of the action of the heart on the least exertion, and pain or uneasiness after meals."

After some remarks upon the other remedies employed in phthisis, and cod-liver oil in particular, the author illustrates his views and the results of his method of treatment, in a series of cases, twenty in number, with which the volume concludes.

#### ANEURISM AFTER VENESECTION CURED BY FLEXION OF THE LIMB.

M. A. THIERRY has lately published, in the *Revue Clinique*, a case of false aneurism at the bend of the elbow, occurring after bleeding from the arm, which he successfully treated in the following manner:—The arm was forcibly flexed, the limb carried over the head, and the hand fixed on the opposite cheek. The patient remained in this painful position for five days, after which time it was changed to that which M. Velpeau generally adopts for fracture of the clavicle—viz., the arm fixed across the chest, and the hand resting on the opposite shoulder. A fortnight after the beginning of this treatment, the tumour was reduced to the size of a nut; the arm was then kept in the same position for another fortnight, after which no sign of any pulsating tumour remained. M. Nélaton, who saw the patient, considered the case a very remarkable one, as the aneurism has disappeared, and the vessel remains permeable at the seat of the wound. M. Thierry



very justly says, that one case is not sufficient to prove the efficacy of any method of treatment, but that the results here obtained are well worthy of attention; he thinks that further trials will perhaps lead surgeons to treat aneurisms of the limbs by forced flexions; femoral aneurism by flexion of the thigh upon the pelvis, and popliteal aneurism by flexing the leg upon the thigh. If we mistake not, M. Thierry's method is founded upon the principle of pressure, and carried out with a great deal of pain and inconvenience to the patient. If the flow of arterial blood through the sac can be graduated, moderated, and rendered very slow by simple and painless means (as is proved by experience), it is cruel to torture patients by placing them for a whole month in the position given by the immortal statuary to Laocoon. — *Lancet*.

## MEDICAL EDUCATION.

### ADDRESS TO THE MEDICAL PROFESSION OF VIRGINIA.

There were but two measures definitely acted upon by the society during its last session, which we think should be embraced in this address: 1st, the recommendation to the legislature to enact a law requiring the registration of births, deaths, and marriages; and 2nd, the recommendation to the same body to establish a state board of medical examiners, whose approval should be necessary to entitle any one to practise medicine in the state. But there are two other measures, not specifically brought before the society, which we deem of great importance to the honour and prosperity of our profession, and absolutely necessary to the maintenance and successful prosecution of the other measures of reform already indicated, and which, we have reason to believe, would have met with the entire approbation of the society had they been before it. We refer to the establishment and strict observance of a uniform code of medical ethics, and to the thorough and efficient organization of the profession. We would direct your attention to each one of these measures in succession.

1st. The necessity of the establishment and strict observance of a uniform code of medical ethics. The importance of this measure is so obvious that we need scarcely dwell upon it. There is no physician, more especially in the country, who does not often feel the want of it, and who, in consequence thereof, does not frequently find himself embarrassed in his conduct either towards his brother practitioner or towards his patient. So important did the National Medical Association consider this subject, that at its first meeting a committee was appointed to prepare a report upon it. This duty the committee performed by presenting, at the next meeting of the association in Philadelphia, an elaborate and most carefully prepared code of ethics, proposing to the profession the rules which should govern the conduct of its members in all their relations as medical men. This report was unanimously adopted by the association, and its adoption recommended to the state medical societies.

This measure was also the subject of action by the Medical Society of Virginia some years since, when a most excellent code of ethics was prepared and adopted by that society. During the last few weeks, by order of the executive committee of the society, a number of copies of this code have been issued for the purpose of giving it a general circulation among the members of the profession throughout the state, and we would most respectfully, but earnestly, urge upon every medical man in the state to provide himself with a copy of it, with the full assurance that the justness of its recommendations and the evident propriety of its regulations will ensure its strict observance by every honest member of the profession.

2nd. A more thorough and efficient organization of the profession. This subject we regard as second in importance to none which has engaged the attention of the profession during the last few years. Indeed we consider that unless some measures are adopted for the purpose of effecting this object, no permanent impression can ever be produced by the efforts which are now being made at medical reform. Individual action can accomplish but little. It is only by the concerted action of a united body that aught of magnitude and of importance can be effected. The more thorough organi-

zation of the medical profession was one of the grand objects had in view in the formation of the National Medical Association; and this body has repeatedly urged the necessity of a more thorough organization of the profession in the separate states. In our state it has been a subject which has commanded much of the attention of the profession for several years past. In the State Medical Convention which assembled in Richmond in December, 1846, a committee was appointed to prepare a plan for the organization of the profession in the state. That committee, looking to the ample powers conferred by its charter upon the Medical Society of Virginia, thought that the proposed organization ought to take place under the auspices and through the instrumentality of that society, and reported to the convention that the subject be referred to the Medical Society of Virginia. That society, composed at that time almost exclusively of members of the profession from Richmond and its vicinity, took up the subject, and had presented to it, through a committee, a carefully prepared plan for the organization of the profession of the state under the charter of the society. This plan was rejected, and no substitute was at that time offered. By a subsequent action of the society, however, the material features of the plan referred to were incorporated into its constitution; but the interest which had been previously exhibited by the profession throughout the state in the subject had then very much subsided, and no steps were taken to second the action of the society. But about eighteen months ago, the society, observing in the profession in the state at large unmistakable evidences of a desire to organize, again took the subject into consideration, and presented to the profession the system which is now in operation, and by which the Medical Society of Virginia, with its charter, its rights and privileges, has been transferred from the physicians of Richmond and its vicinity to the profession of the whole state, to whom of right it has always belonged. In the Medical Society of Virginia, as at present constituted, there have been already enrolled a little less than 450 members of the profession of our state; and there can be but little doubt that a few years will see almost the entire medical corps of the state organized into one harmonious and efficient body. Such a body, representing it will all sections of the state and all medical interests of the state, and combining as it will the medical talent and influence of the whole state, cannot fail, in its annual deliberations, to exert a wholesome influence upon the profession, and to uphold and elevate the true interests of medical science.

In accomplishing thus much towards the organization of the medical profession of Virginia, we have reason to congratulate ourselves. But we have only made a beginning in this important work; we have but laid the corner-stone upon which the superstructure is yet entirely to be erected. The general organization of the profession into one central body, however desirable in itself, and however necessary as a starting point for future action, will have but little effect, unless it be followed by the local organization of the profession in the various towns, counties, and districts of the state. Of the great mass of the profession in the state, but few, comparatively, can attend the meetings of the state society, or can be directly benefited by this central organization. These meetings, too, occur only annually—too seldom to allow of the transaction of any other business than that connected with the interests of the profession of the state at large. The only means, then, left to the large majority of the members of the profession for deliberating among themselves upon professional subjects, or for regulating their professional affairs, will be the organization of local medical societies. And this work also has already been begun. There are now, in most of our larger towns and in several counties, local societies in a flourishing condition, organized with a view of advancing the true interests of the profession, and of coöperating with the State Medical Society and with the National Medical Association in the work of legitimate reform. We would, therefore, urge upon you most earnestly the formation of such societies in every town, or county, or district, in which a



sufficient number of regular medical practitioners can be convened for the purpose.

3rd. The recommendation to the legislature to enact a law as speedily as possible to carry out the provision in the new constitution of the state requiring the registration of births, deaths, and marriages. This subject, of such vast importance and of so great interest, not only to the medical man, but also to the political economist, and which has long been the subject of state action, with many of the nations of Europe and with two of our own states, was, in obedience to a recommendation of the National Medical Association, brought to the attention of the Medical Society of Virginia during the last year. A committee was appointed to present the subject to the legislature, the result of whose labours was a bill, the provisions of which were well adapted, in our opinion, to secure the objects in view. During the consideration of this bill by the house of delegates, a successful motion was made to recommit it, with a view of striking out or altering one of its most important features, *viz.* the provision requiring physicians to report the deaths occurring in their practice. This proposed amendment to the bill was condemned by the unanimous vote of the Medical Society of Virginia during the last annual meeting, in the adoption of the following resolution: "That this society has learned with regret that the bill before the house of delegates, in reference to the registration of marriages, births, &c., has been seriously objected to and recommitted to the committee for such amendment as is calculated to destroy the efficiency of the law and render it wholly inoperative for good, both to the profession and to the state at large; and this society earnestly recommends to the legislature the passage of the bill in the form in which it was originally presented for its consideration by the committee." We feel assured that this measure, thus unanimously recommended by so respectable a body as the State Medical Society, may be passed by the legislature, if the members are accurately informed with regard to the objects proposed by it. We therefore would suggest to each member of the profession in the state to make such representations to the delegates and senator from his district or county as may be necessary to inform them with regard to the objects proposed by the measure, and to urge upon them the importance, not to the medical profession so much as to the public welfare, of the adoption of the means proposed, of requiring the regular, uniform, and systematic registration of births, deaths, and marriages.

4th. The recommendation to the legislature to establish a board of medical examiners for the state, before whom every candidate for the practice of medicine or surgery shall appear for examination, and whose approval shall be necessary to entitle any one to practise these branches in the state. This has been justly regarded as the most important measure of medical reform proposed by the society, and its consideration occupied a larger portion of the time of the society than did any other subject. It is not our duty to discuss the propriety or the policy of this most serious change in the mode of admitting members into the ranks of the medical profession. The subject has been acted upon and decided by the Medical Society, and it is our duty only to put you in possession of the exact nature of that action, and to suggest to you some of the grounds which have led the society to determine upon it.

This subject (the separation of the teaching from the licensing power) was brought to the consideration of the State Medical Convention, to which reference has already been made, of 1846, and that body, after a full discussion of the subject, adopted the following resolutions:—"That this convention feels the necessity of some radical change in the admission of candidates to the right to practise physic in this state." "That we instruct our delegates to the National Convention in Philadelphia, to be held in May next, to use their utmost exertion to carry out the spirit of the foregoing resolutions." Since that time the attention of the profession has been almost constantly directed to this measure. At every meeting of the National Medical Association, we believe, it has been a subject of con-

sideration, and several able and elaborate reports are to be found upon it in the Transactions of that body. It seems to be generally conceded that the system of medical education in our country is defective, and that evils exist in that system which ought to be remedied, if possible. We are not among those who think that the honourable profession to which we belong is yet entirely degraded. Nor do we think that the medical schools of our country are yet entirely corrupt. We have no sympathy with those who would have you believe that the profession of which they are themselves members is already sunk below the level of the commonest trade, and who would persuade you that the respectable body of medical men who occupy the chairs of our schools are for the most part unscrupulous adventurers, insensible to the high dignity of the profession, and only alive to their own sordid interests. At the same time we believe there are serious evils existing in the profession, many of which may be traced to errors to be found in the schools—errors which it is the duty of the profession to examine into, and to endeavour to correct. Nor are the schools themselves insensible to these errors. In the National Association the faculties of the most respectable schools have honestly confessed them, and have expressed their willingness to adopt any practicable measures of reform in which they would be sustained by the profession of the country. In reference to the schools of our own state, we feel authorized to say, in behalf of the two largest of these schools (with the others we have had no opportunity of conferring), that they are fully sensible of the defects in the present system of medical education; and that while they have been endeavouring already, to some extent, to remedy these defects, they will heartily concur with the profession of the state in carrying forward every practicable measure calculated to advance the interests of the profession, and to benefit the cause of medical education.

The important practical question which is now presented to the profession is, What practicable means can be adopted to remedy these defects? By what means can we render our system of medical education more perfect and more thorough, and how can we best protect the community from the danger of having imperfectly educated physicians thrown among them? The experience of the past six years has demonstrated that the mere recommendations of associations, state or national, will have no effect. Without a concerted action on the part of all the schools to carry out these recommendations in good faith, which it is now impossible to obtain, none of them can attempt it without great danger of their own destruction, or at least without involving a greater loss than we can reasonably expect them to encounter. Students will naturally seek those schools where they can obtain their diplomas most readily; and as long as no other qualification than the possession of a diploma is required, either by the community or by the government, to entitle one to practise medicine, this must necessarily be the case.

Now, the remedy for this evil is, obviously, the requirement, on the part of the candidate for practice, of a certain degree of proficiency in his profession, to be judged of independently of his diploma. This requisition must be made either by the community or by the government. The community cannot do it, for they have no means of judging of the qualifications of a candidate for practice. They can only test his qualifications by long experience; and even then, we know, that they are very liable to form erroneous judgments. It hence becomes necessary that some action should be taken, on the part of the government itself, to require those persons who desire to practise medicine in our state, to submit their qualifications to the test of some uniform standard.

Being fully convinced of the necessity for some such action on the part of the government, the Medical Society of Virginia, during the last winter, appointed a committee to memorialize the legislature of the state to institute a board of medical examiners. The result of this action was the introduction into the senate of a bill for that purpose, the chief provisions of which were the following: The election by the Medical Society of Virginia, at its



first annual meeting after the passing of the act, by ballot, of eleven physicians of established skill and reputation, seven of whom to be appointed by the governor, to constitute a board of medical examiners for the state. The members of the board to hold their office for three years. Vacancies to be filled by the governor from the remaining nominees, or, if more than five vacancies, by the other members of the board. The board to hold two sessions annually, one in Richmond the first Monday in May, the other in Lewisburg the first Monday in October; and the board to have power to appoint its own officers, &c. Each member of the board to take a prescribed oath before a justice of the peace for the faithful discharge of his duties. The board to examine thoroughly, fairly, and impartially all persons who may properly apply to them, on anatomy, physiology, surgery, the principles and practice of medicine and obstetrics, materia medica, pharmacy, and chemistry, and to give a certificate of qualification to all whom they may find possessed of a competent knowledge of these subjects. No certificate to be issued by the board except by the concurrent votes of five of its members present at the time of the examination, and the board to enter upon a book the names of all persons to whom they shall give certificates, with their places of residence, &c.: the same to be published in two newspapers of the state within thirty days after the adjournment of the board. No licence to practise medicine or surgery to be granted to any one until he shall have obtained a certificate from the board. Any one attempting to practise without such certificate shall forfeit and pay, for every prescription, a sum not less than fifty dollars nor more than one hundred, to be recovered with costs of suit by action of debt in any court of judicature within the county where the offence is committed, one-half to be paid the prosecutor, the other to be paid into the treasury of the county where the offender resides. The certificate to be registered in the clerk's office before any licence is issued. The clerks to file and preserve the certificates, receiving twenty-five cents for doing so, and the same sum for every copy of said certificates. Each applicant for examination to present a certificate of good moral character, and of his being twenty-one years of age; also to pay to the treasurer of the board twenty dollars, the payment of which not to be contingent upon his obtaining a certificate of qualification, and in no case to be paid more than once. Any member of the board may be expelled by a vote of five members of the board, but may be reinstated by the Medical Society of Virginia. The medical society may impeach or expel any member of the board. Each acting member of the board to receive four dollars per day while the board is in session, and ten cents mileage. The treasurer to deposit annually the surplus funds to the credit of the commonwealth. All practitioners of medicine and surgery, previous to the passing of this act, to be exempt from the provisions requiring a certificate of qualification, and to obtain their licence in the mode prescribed by law. The act to take effect on and after the 1st of January, 1853.

At the last annual meeting of the Medical Society of Virginia, the merits of this bill were brought fully under discussion in the consideration of the following resolution:—“That we approve in the main of the bill reported by the committee of the senate, as probably the best that can be done at present, but that it will be the aim and pleasure of the society, through its nominees for this board, constantly to increase the stringency of its provisions and to elevate the standard of acquirement.” The principal objections urged against the bill were founded upon that provision which allows all persons, without discrimination, to apply to the board of examiners for a certificate, requiring no preliminary education, either scientific or medical, of the candidates. It was argued that instead of constituting a safeguard against the entrance of unqualified persons into the profession, the creation of this board might be the means of throwing wide open the doors of the profession for the admission of all who choose to enter. In order to obviate this and other objections which were suggested, the following substitute for the above resolution

offered, and after full discussion adopted:—“That whilst the society approves the main features of the bill now before the senate of Virginia, providing for the appointment of a state board of medical examiners; they respectfully suggest to the legislature the propriety of requiring, as a condition precedent to every examination, that the applicant shall have been graduated in medicine, or that he shall have attended two full courses of lectures in some respectable medical college, and that the examinations by the board shall be open to the presence of the medical faculty of the state.”

By this action of the Medical Society of Virginia, the profession of the state, so far as it was embodied in that society, has pledged itself to the support of the scheme for the establishment of a board of medical examiners, requiring, however, that all candidates for examination before that board shall either be graduates in medicine, or shall have attended two full courses of medical lectures, and that the examinations shall be public.

We have thus placed before you, as plainly and as impartially as possible, the present position of this most important question before the profession of our state. It is for you to say whether you will concur with the society in urging upon the legislature the adoption of this measure. If you think as they do, that by it the interests of the profession and of the public will be materially advanced, and that the sacred portals of the temple of medicine will be thus more effectually guarded from the intrusion of unworthy and unqualified persons, it is your imperative duty to exert to the utmost your influence upon the members of the legislature in order to secure its success.

Such are “the measures of medical reform” which we have deemed it our duty to bring to your attention. Of their importance, we conceive that no physician, who has the interest and honour of his profession at heart, can doubt. Their practicability, we think, can scarcely be questioned. All that is necessary to secure their adoption is a united and continued effort of the physicians throughout the state. And we would most earnestly appeal to you, as members of a profession which should be second to none in all that tends to elevate and benefit man, to come up to this work, and honestly to labour to place that profession in the position which of right it ought to occupy.

W. D. HASKINS, M.D. | M. P. SCOTT, M.D.  
J. L. CABELL, M.D. | C. P. JOHNSON, M.D.  
L. S. JOYNES, M.D.

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN: WEDNESDAY, DECEMBER 22, 1852.

### CURIOSITIES OF MEDICAL EVIDENCE.

We this day reprint from the daily journals the report of an inquest, which supplies some piquant *morceaux* that might be turned to useful account in an essay on the “Curiosities of Medical Evidence.” As this journal circulates chiefly, if not exclusively, among professional readers, it is quite unnecessary to occupy our space with an analysis of that portion of the evidence, given on the occasion, which has elicited the rather uncomplimentary strictures, contained in the subjoined extracts from the *Dublin Evening Mail*, the *Daily Express*, and the *Warder*; and indeed our non-medical contemporaries have hit the more prominent blots with a force and precision, which would leave little for us to add, were we inclined to go over the ground they have traversed. The truth is, the case is so clear and simple that it is thoroughly intelligible to any man of common sense and ordinary information; and the only thing puzzling in the whole transaction is, how any amount of perverse ingenuity could succeed in raising a haze of misty doubt respecting so plain a state of facts. But we have another and a conclusive reason for not examining the



evidence in detail. It is possible, we are informed, that the case may again become the subject matter of judicial inquiry; and we consequently feel bound to abstain from saying anything that might, by any contingency, influence the result one way or the other.

One observation we must, however, make, in order to guard ourselves from the imputation of negligently discharging our editorial functions. Dr. STOKES, it will be seen, deposed that an epidemic of spontaneous diffuse inflammation is now prevalent in Dublin, and that "the symptoms" of this epidemic are "a low form of fever, congestion of the lungs, and a special form of bronchitis, hæmorrhage from the nose!! and a tendency to the formation of purulent deposits in different parts of the body!!!" We shall not stop to point out that this description of the prevailing epidemic fitted the case almost as accurately as if the evidence had been expressly made for the case; but as our readers may naturally look to our columns for an account of so novel and strange an epidemic, alleged to be now prevalent in the city in which this journal is published, and as they may be induced to blame us for failing to supply them with any information respecting it, we think it right to state, as a simple matter of fact, that no such epidemic, as that so circumstantially described by Dr. STOKES, exists in this city. Erysipelas, indeed, has been, for some time, of very frequent occurrence in Dublin, but it presents no peculiar characters further than these, that it is complicated with angioleucitis more frequently than erysipelas commonly is, and that the accompanying angioleucitis has a greater tendency than usual to assume the suppurative form.

We now make room for the following extracts from the journals above mentioned:—

*(From the Evening Mail.)*

We abstained from any notice of the painful subject of the inquest on the body of Christopher McDermott, until we should be able to lay the case in full before our readers, which is done in our columns this evening. We have no doubt that every one will agree with us that the unfortunate event was a pure misadventure, and that as no shadow of ill intent can be cast upon Dr. Banks, so he will also be universally exonerated from all moral responsibility for the result, which his character warrants us in saying is deeply regretted by himself.

While we say this much, however, we feel it would be a dereliction of duty to avoid the occasion of offering our protest against the system of overloading investigations, under the name of medical evidence, upon the introduction of which a growing disposition has lately showed itself. It was plainly and satisfactorily proved by Dr. Geoghegan that the wound upon McDermott's scalp—a quarter of an inch long, about the sixth of an inch in breadth, and about an eighth of an inch in depth—in fact a pin-scratch—could not of itself have caused death, or even as much suffering as could reasonably be called inconvenience, and that the diffuse inflammation which proved fatal was a complication of the wound altogether accidental, and not at all to be expected as a consequence of so trifling an injury. This was the simple truth; and proved as it was by a competent witness, the truth was sufficient to secure for Dr. Banks the sympathy of every candid mind. We regret much, therefore, that any injudicious attempt should have been made to strengthen so good a case by "medical evidence," which was in fact a statement of the abstract opinion of a doctor who knew nothing whatsoever about the case, and whose general notions on some points were at direct variance with those of the other medical witnesses—as they seem to our unenlightened minds to be opposed to common sense. It is well known that when the form of inflammation which destroyed McDermott is epidemic, medical men will not willingly apply a leech or vaccinate a child, lest the slight wound made in either case should excite the latent plague. With this fact notorious to all, there was at least boldness shown in advancing the opinion, "that a person with a wound on his head, during the prevalence of the epidemic, would not be more predisposed to catch that epidemic than a person without any such wound."

*(From the Daily Express.)*

Coroners' inquests are in a fair way of running themselves down in Ireland. Within the last six months we have had several striking instances of their utter inutility, and worse than inutility—their tendency to pervert and obstruct justice. We shall merely name the Six-mile-bridge case to dismiss it. In that case the process of the inquiry was fair enough, and full enough; the extravagant absurdity of the verdict resting entirely with the jury. In the inquest on Mrs. Kirwan at Howth, the proceedings appear to have been what is called hugging-muggers. But the coroner's inquest on Monday last (13th instant), into the cause of the death of Christopher McDermott at the City of Dublin Hospital, affords a crowning proof of the incompetence of this tribunal, as at present constituted, for any other end than that of bringing such judicial investigations into public ridicule and contempt. The facts of the case under investigation, as admitted, are briefly these:—On the 29th of last month, Dr. Thomas Banks, a physician of high standing in this city, and, as we believe, an amiable and kind-hearted man, found the deceased, McDermott, who was a butcher's boy, committing a common act of nuisance in the lane close, by his house in Upper Merriem-street. The doctor, incensed, struck him with his cane, but the blow, although intended for the shoulder, fell on McDermott's head, inflicting such a wound that shortly afterwards, when the policeman came up, the blood that flowed from it covered the dress of the boy, and lay in great quantity on the street. The wound was dressed two or three times at the hospital, and McDermott getting worse, was admitted on the following Monday an intern patient, and died on Saturday last of erysipelatous inflammation of the neck, throat, and lungs. The question the jury had to determine was as to the cause of death, which, on this statement of facts, one would think was plain enough. Not so, however, the jury, or at least a portion of them. The evidence, indeed, on which they had to decide, contained much trash, the admission of which seems quite inexplicable. It affords a delicious illustration of what the wisdom of "eminent doctors" consists in, when we find individuals enjoying that distinctive appellation coming forward to depose on "general principles" as to what was or was not the cause of the poor boy's death. "Eminent medical men," physicians of great reputation, who had never seen McDermott either before or after his death, seemed well inclined to go as far as saying that the wound could not have caused his death; for it was with extreme reluctance one or two of them admitted the possibility of it. Cuvier, it is said, could, by merely examining a single fossil tooth, construct the entire skeleton of some gigantic antediluvian; but our Dublin medical celebrities can claim a rivalry in their own way with the great Frenchman, for by looking at the square inch of scalp containing the wound, cut from the head of the deceased, they undertook to say that the wound might not have caused the inflammatory disease that resulted in death. Wonderful sagacity! Pellucid and conclusive evidence! Among the absurdities of this medical evidence, we find it stated that, although there is at present an epidemic of an erysipelatous nature—that certain persons are more predisposed than others to this disease, among which butchers, as a class, are included—and that a person with a wound in the head would be more likely to be attacked with erysipelas than one with no wound, yet, in the opinion of those witnesses who gave their evidence on "general principles," the wound in McDermott's head had nothing to do with his death. It might have had, but they did not think it. Why? If we could ascertain the motive for producing such evidence at all, the answer might be found. The only medical evidence given worth a straw, and the only medical evidence that ought to have been admitted, was that of Dr. Geoghegan, the hospital physician who had charge of McDermott while a patient, and who made the post-mortem examination, and that of Mr. Webb, the resident pupil, who dressed the wound three or four times before the deceased entered the hospital. These gentlemen reasoned not on "abstract principles," but on a concrete case. They knew the particulars of it, and their evidence, fairly and honestly given, confirmed the conclusion which any person of common sense and impartiality knows is the true one—to wit, that McDermott died in consequence of the blow. An old "Joe," respecting a compatriot is familiar. He was charged with an act of felonious abstraction, which he, of course, denied. "I can bring two witnesses who saw you do it." "No matter for that (says Paddy); I can bring three who'll swear they didn't see me do it." In the same way, Dr. Geoghegan, who saw the cause, and



watched the effect, swears that the wound and the death were thus related. "What of that (cry Dr. Banks's friends)? here are three eminent medical men who saw neither one nor the other, and who swear that they don't think they were so related." The cases are precisely analogous; but we do not read that the jury acquitted Paddy Dr. Banks's—we mean McDermott's—jury could not agree. Did the medical evidence rob them of their common sense? The mode of conducting the inquest, we must say, was far from creditable. It was a blunder to admit such a mass of irrelevant and absurd evidence; but the evidence, such as it was, seemed to be given as much by one of the legal gentlemen present as by the witnesses themselves; so much so that one of the jurors thought it necessary to interpose his opinion that the coroner should take the words of the witnesses from their own lips, and not as they reached him, defective, if not perverted, through an interested channel. With respect to the verdict, it means nothing; and every one with whom we have spoken on the subject considers it a very lame and impotent conclusion indeed. The evidence as it stands is clear enough, but there is such a thing as men shutting their eyes wilfully to the truth where there is an object to be gained. The jury is described as "respectable." From a statement in a contemporary, it would seem that one or two of its "respectable" members volunteered to serve, not having been summoned. If we be not misinformed, a majority of the jury were anxious to give their verdict according to fact and common sense. Supposing this to be so, would it not be curious, and painful too, to find the "respectable volunteers" among the obtuse minority? The entire proceeding is one well calculated to confirm the popular impression that justice is not equally meted out to the rich as to the poor, and in that view we regret it extremely. Of Dr. Banks we can neither think nor speak with anything approaching to harshness. He does not deserve it. By an unfortunate occurrence which was little more than accidental, he has, however, caused the death of a poor boy; and as it did not accord with his own sense of truth and honour to stoop to any denial of having struck the blow, so it would have been better in every respect had the same feeling been as strong among those of his friends who showed so active an interest in his behalf at this inquest.

(From the *Warder*.)

We elsewhere publish a report of an inquest, held at the City of Dublin Hospital, on the body of a man named Christopher McDermott, and our readers will, doubtless, like ourselves, rise from the perusal of the medical evidence, given on that occasion, with a feeling of blank perplexity, mingled with an uncomfortable misgiving touching the uncertainty of medical science. The unlearned public, we apprehend, will be very apt to suspect, that grave and learned physicians, in the private exercise of their vocation, may very possibly act on opinions and principles as diametrically opposed, as those that were publicly elicited by the conflict of the medical testimony at the inquest in question; and such a suspicion, it is obvious, is anything but reassuring to the community at large. We shall not dwell upon the unfortunate occurrence which gave rise to the inquiry, further than to observe, that Dr. Banks must stand wholly acquitted, in the mind of every reasonable man, from a shadow of imputation upon his character. We do not take upon ourselves to decide between the contradictory medical evidence; but assuming that the trifling hurt, almost accidentally inflicted, was the cause of death, the fatal issue was clearly an exceptional result, most unlikely to follow so trivial an injury. But though we do not pretend to say which of the adverse medical opinions is the correct one, we know this much at all events, that Dr. Geoghegan's evidence entirely accords with the general popular belief. It is commonly thought that the existence of a wound very decidedly predisposes to an attack of bad inflammation whenever erysipelas is prevalent; and we ourselves happen to be aware of more than one instance in which surgeons of the greatest skill and experience have peremptorily declined to perform an operation which admitted of being postponed, or even to allow a person to be leeches or cupped, expressly on the grounds that any breach of the skin, however trifling, involved imminent risk of dangerous inflammation coming on. Such was the effect of Dr. Geoghegan's evidence; and we also find Mr. Cusack explicitly swearing that "a person wounded in the head is more likely to take erysipelas than a person who did not receive a wound." All this seems clear and positive enough; but suddenly our convictions are unsettled, and our confidence in medical science disturbed when Dr. Stokes stands forward and deposes that "a person with a wound on his head during the prevalence

of the epidemic, would not be more predisposed to catch the epidemic than a person without any such wound." It does not fall within our province, we repeat, to adjudicate between these discordant opinions; but we may just observe, that Dr. Stokes appears to have given his evidence much more loosely than accorded with the gravity of the occasion. For example, we observe that Dr. Stokes spoke of the "great probability of the erysipelas having been produced from a plug in the nose, placed there to stop bleeding," whereas it appears from the evidence that the erysipelas had appeared two days before the nostril was plugged. Now, really, if this kind of thing goes on—if, during a judicial investigation, new theories are started, with all the boldness of originality, contradicting the weighty evidence of such men as Dr. Geoghegan and Mr. Cusack, it must bring discredit upon the medical profession by weakening confidence in the certainty of the medical art. The medical profession must of course take care of itself; we can only tell its members what the public think. Such a conflict of testimony, upon a very elementary point, tends to raise the impression that medicine has no fixed principle, and scarcely any definitely ascertained facts. We have noticed this case because, irrespective of the judicial inquiry, it involves a matter of practical importance to the public. We gather from the evidence that a formidable description of epidemic is now prevalent. Are the public to believe, with Dr. Stokes, that a person may be leeches, bled, or have an operation performed upon him, without incurring any additional risk of contracting the dangerous epidemic disease; or are they to believe the direct contrary, upon the high authority of Dr. Geoghegan and Mr. Cusack?

#### A WORD TO THE FELLOWS OF THE COLLEGE OF SURGEONS OF IRELAND.

WE take some blame to ourselves for refraining too uniformly from allusion to the proceedings of the College of Surgeons; but the pressure of circumstances from which we could not well escape, has from time to time restrained us, and perhaps even deterred us from the performance of a duty which as public journalists we were bound to discharge. In this College alone, of all the medical institutions of the three kingdoms, the principle of self-government, either by the body at large, or its chosen representatives, has been in operation for a sufficient length of time to test its value; and its success remains to be proved, as regards the future only, for no doubt can be entertained as to the past. We do not mean to say that the results contemplated by the incorporation of the Surgeons of Ireland into a College, in 1784, have been realized to the extent that sanguine or enthusiastic men might have expected; but we venture to assert that the results have been at least as satisfactory as those which have flowed from less popular forms of organization. Of the vices, abuses, and evasions inseparable from corporation existence, it has of course displayed its share; but that a preponderating amount of valuable effects can be indicated as a consequence of its operations, there can be no doubt. But how is it to be now and hereafter? Nine years have elapsed since the popular constitution to which we allude was rendered still more popular by the grant of a Supplemental Charter, and the substitution of a representative executive government for that of the body at large, grown too cumbrous and unmanageable for the despatch of business. Have we now to discover that all this has proved a failure, and that the extension of the elective franchise to nearly five hundred Fellows was a mistake? We hope not, and therefore do we now offer a hint to those who entertain a similar hope. A trust has been reposed in the Fellows to elect a body of competent, independent, and honest men as an Executive Council with a President at its head, and that trust they should either fulfil or abandon. It has not been granted to be exercised as a mere trivial privilege, but to be discharged conscientiously, and with due



regard to the "reputation, honour, and dignity" of the College, and to the welfare, not only of its Fellows and Licentiates, but of the Surgical Profession at large. To come, however, to the point: our object in this brief allusion is to warn those whom it may concern resolutely to refuse to commit themselves by promise to any particular course, on the occasion of electing Presidents and Council next year. For ourselves, we are free to say that any attempt to extort so premature a pledge to vote for any particular candidate or candidates should be treated as a piece of very great impertinence; and we do hope and believe that every man who cherishes the feelings of a gentleman will entertain the same opinion. Indeed, we would fain persuade ourselves that past experience will induce the Fellows to discountenance the practice of canvassing for places in the Council or the Presidential chairs; for although it cannot be prevented, it must be admitted that it is often a most disagreeable infliction, and sometimes an exceedingly offensive one. At the present moment, the Council is, we understand, engaged in the reconsideration of the Charter and By-laws, with a view to the adoption of improvements and the removal of some grievous abuses which have crept into the educational system. At this, it seems, certain persons have taken alarm, and in order to defeat any attempt to effect such an object, have commenced an agitation and canvass. This is of course as much to intimidate the Council as to secure the election of those who may suit their purposes; but we thought it only right to let such Fellows of the College as consult its interests know that such tactics are in course of concoction. We have also to warn them against giving credit to statements which may be made to them respecting these matters until they institute inquiries as to their truth. Surely no great mischief can result from gentlemen suspending their opinions, and refraining from committing themselves, until the proper season shall arrive. We have reason for believing that then a gentleman of unsullied character and acknowledged independence will be put in nomination for the Vice-Presidency, and then it is that the Fellows will have to decide both on this and other matters equally important.

### THE CONVICT KIRWAN.

We find that a London medical journal (the *Lancet*) announces an intention of making the case of this unfortunate man the subject of discussion in its columns. If this is to be done with a view to obtain a commutation of punishment no one should object; but the course is a perilous one for the convict. Be this, however, as it may, it is obvious that no notice can be taken of any observations on the subject by us until the period arrives for its free discussion.

### LOCK HOSPITALS.

Amongst the measures for the regeneration of Ireland, and for serving the triumph of sound principles of political economy, as well as for the promotion of Sanitary Reform, rival Statesmen have hit upon the notable scheme of suppressing the Lock Hospital in Dublin, and trusting to free trade for the extirpation of the venereal disease. Philosophic philanthropists will rejoice to contemplate the happy results of the plan elsewhere:—

I reside in a manufacturing district, and am the medical officer of the union workhouse. In my private as well as public capacity, I have good reason to know that venereal diseases are now existing to an extent barely credible; and that it is not alone in the town in which I reside that such is

the case. Lately, when examining recruits for the militia, I found them to be diseased to the extent of twenty-five per cent. Surely it is time that public attention should be called to such a state of things, if we have any regard for the coming generation; and that, by some wise regulation, means should be taken to keep in check a scourge well known to "visit the sins of the father upon the children unto the third and fourth generation."—*Letter in Lancet.*

I think the subject of the following letter deserves the attentive consideration of those who have the will and the power to benefit the condition of our soldiers and sailors. I allude to the propriety of establishing Lock hospitals at our great naval ports, for that unfortunate class of females, who are the means of propagating a disease fearful in its consequences, and without doubt a very powerful cause of sapping the foundations of our nation's strength. The annual expense incurred in the treatment of syphilitic cases at our military and naval hospitals, is enormous; and even on the ground of economy, the subject is worthy of the attention of government. I understand that the physicians and surgeons of our naval hospitals have repeatedly recommended to the admiralty the propriety of adopting the plan now suggested. It has also been proposed, that the old custom of charging a certain sum from all patients admitted with the disease in question should be revived. This deduction might have a salutary effect on some of those on whom the voice of conscience, and the restraints of morality and religion, fall unheeded. While human nature remains as it is, all men cannot be arrested in their career of vice. It is clearly, therefore, the duty of the philanthropist to endeavour to mitigate an evil which he well knows cannot be entirely removed.—*Id.*

### TO CORRESPONDENTS.

We have received Dr. McCormack's book on "Sanitary Reform" and Mr. Ellis's "Introductory Lecture" (both *ad rem* and well timed), and propose to notice them in our next. An "Indignant Spectator" will perceive that we have adopted his suggestion. The gentlemen shall be undeceived. The removal of the Physician of the Cork Foundling Hospital is under consideration, and shall be noticed in our next. We find in the *Westmeath Independent* Lord Castlemaine's reply to the MEDICAL PRESS, which has amused us not a little, and may amuse our readers next week.

### MEDICAL BENEVOLENT FUND OF IRELAND.

Dr. J. F. DUNCAN, Treasurer, thankfully acknowledges the receipt of the following sums since last report:—

Dr. Andrew Nolan, Wicklow, ...	£1	1	0
Dr. Wm. O'B. Adams, Kingstown, ...	1	1	0
R. Burnett, Esq., Tullow, ...	1	0	0
Dr. Bird, Banagher, ...	1	1	0

As the current year is now approaching its close, country subscribers who have not yet paid up their subscriptions for 1852, are respectfully requested to do so at their earliest convenience; and the collector, Mr. James Black, has been directed to call upon those resident in Dublin for the same purpose.—19, Gardiner's-place, December 20, 1852.

### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 12th,	56	48	29.200	.090
Monday,	13th,	49	44	29.450	.073
Tuesday,	14th,	46	43	29.150	.450
Wednesday,	15th,	46	44	28.900	.260
Thursday,	16th,	45	39	29.070	
Friday,	17th,	49.5	42.5	28.900	.270
Saturday,	18th,	50	35	30.050	.040

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 12th,	55	45	28.942	48.9	48.3	47.7	.115	Calm
13th,	50	39	29.200	44	42.9	41.6	.008	N
14th,	45	39	28.898	43.8	43	42.1	.730	W
15th,	47.5	38	28.670	44.2	43.8	43.4	.026	W
16th,	46	35.5	28.592	46.2	45.7	45.2	.168	SW
17th,	48	34	28.512	47.8	47.4	47	.790	SW
18th,	49	32	29.844	39.1	38.2	37	.039	Calm

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Fellow and Licentiate of the Royal College of Surgeons in Ireland; Member of Council of the Surgical Society of Ireland; formerly Surgeon to the Westmorland Lock Hospital, &c. &c.

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Dublin: Fannin and Co., Grafton-street.

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--	--

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
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
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### SURGICAL SOCIETY OF IRELAND.—DEC. 4.

Dr. HUTTON, President of the College, in the chair.

### SOME PATHOLOGICAL REMARKS ON CHRONIC ENLARGEMENT AND INDURATION OF THE TONSILS.

By STEPHEN O'RYAN, M.D.,

Member of the Surgical Society, Physician to the Tralee Dispensary, &c. &c.

THIS affection being exceedingly frequent among the poorer population of the city of Dublin, is consequently not undeserving of the attention of medical practitioners, on another account it demands our especial consideration: viz., that it is not, as often supposed, a trifling local affection; but on the contrary, in the greater number of cases, a local manifestation of serious constitutional taint.

The characters of this affection are too well known to require any description from me. I shall only observe, that it may occupy one or both tonsils; both these glandular organs generally and mostly undergo this change at the same time. Like other chronic diseases, it is often the sequel and result of acute inflammation. But we cannot always discover a chain of causes and effects to guide us in the history of its pathology, for it occurs sometimes in connexion with inflammation of extremely low character—an inflammation which the older pathologists would have termed "cold." Sometimes, too, it steals on in a manner altogether imperceptible, acquires considerable volume, and still remains unknown to the patient and physician, until an inspection of the fauces reveals its existence. Many a time have I been astonished to find the isthmus faucium almost closed by the encroachment of double enlarged tonsil, and yet the patient suffered little or no difficulty of deglutition or inspiration.

In some cases, and these not infrequent ones, the converse of this condition of parts has presented and occasioned me no inconsiderable surprise. I mean a difficult inspiration and painful deglutition occurring with inconsiderable enlargement of the tonsils. This condition admits, however, of explanation; for in the cases in which it presented, I think that I have generally been able to ascertain the

coexistence of ulcers or abscesses on the tonsils, or in the pharynx, or of an erythematous inflammation extending along the latter organ, or of some laryngeal, bronchic, or pneumonic affection. I have also observed that prolongation of the uvula, whether occurring alone or in conjunction with enlarged or indurated tonsils, occasions in all cases more or less of the distress alluded to.

The induration of enlarged tonsils exists sometimes to a very striking degree; this condition would lead us, even without the aid of necroscopical inspection, to infer the effusion of plastic lymph into the cells of the diseased organs. The hypertrophy thence resulting is further aggravated by the obstruction which ensues to the excretion of the products of the muciparous glands. Interstitial hypertrophy and glandular obstruction obtain together. Hence, keeping this pathological state in view, we shall be prepared for the obstinacy with which enlarged tonsil will often, very often, persist in spite of the most judicious treatment.

At the commencement of these remarks, I stated that enlarged and indurated tonsil, with or without accompanying ulceration or abscess, is generally to be viewed as a local manifestation of a constitutional taint.

I shall now proceed to enumerate, in the order of their occurrence, the diseases with which I have found this affection connected:—

1st. Struma in some one of its protean forms.  
2nd. Syphilis of some standing. Patients have usually laboured under it for a certain period, and have undergone incomplete or improper treatment.  
3rd. Mercurio-syphilis, or the cachexia, presenting in persons who have taken mercury irregularly for syphilitic disorders.

4th. Bronchitis of the chronic type.

5th. Amenorrhœa in young females. This mostly functional disorder is, it is known, very prevalent in all large communities. In Dublin it is extremely common among the working classes or tradespeople, especially the milliners, and I have very often seen it present this local manifestation of enlarged and indurated tonsils.



When giving expression to the foregoing ideas on the pathology of enlarged and indurated tonsil, I do not lose sight of the many other diseases referrible to the digestive apparatus, the respiratory system, &c. &c., which often give origin to this glandular affection. Neither do I pretend to assume that it is in every case to be investigated as a constitutional malady; on the contrary, I am most willing to believe and admit that it is occasionally a purely local change, having no connexion with constitutional influences. But I consider, and cannot shrink from expressing my belief, founded on pretty numerous observations, that such cases are very rare.

The observations which I have presumed to present to the Surgical Society, are evidently of more than mere pathological interest; for they point to the rational and scientific method of treatment, and these may serve as guides to the judicious practitioner, who will be always anxious to fulfil the well-known precept of "*cito tuto et jucunde*."

Of the details of treatment, it would be superfluous for me to make mention. Every practitioner is aware of the extremely obstinate character of some of those indurated amygdalæ, and how for months, or even years, they resist every therapeutic agent. A very modern agent, the "liquid nitrate of mercury," has been introduced into the class of caustics, and though not prepared with any cases to support the practice, yet I venture to propose a trial of it in rebellious cases.

This active salt has been frequently employed with success as a topical application in another affection, the hypertrophy with or without ulceration of the os tincæ, and with more than local effects, for it has been absorbed, and produced beneficial results throughout the general constitution.

It has occurred to me, that a topical remedy of a nature to be absorbed, might be found to occasion a healthy change in many of those hypertrophied tonsils.

Another reason induces me to propose the application of the "liquid nitrate of mercury"—namely, that when all other remedies have failed, our last resource (excision of the diseased tonsils) is frequently objected to, especially in private practice. Excision is, moreover, an operation not without its dangers, and consequently should, in scientific surgery, be eschewed as much as possible.

The PRESIDENT observed, that the Society would be happy to hear any remarks of a practical nature, from surgeons present, having reference, on the one hand, to cases where the removal of the enlarged tonsils by the knife might be judiciously adopted; and on the other, to cases where it could not be resorted to with equal prudence and safety. It would also be interesting to learn the results of the various topical applications employed in the treatment of these affections.

MR. TUFNELL stated that a case had been reported in a medical journal, about a year since, in which the death of the patient was attributed to the application of the acid nitrate of mercury to the fauces, causing spasm of the glottis. In cases of enlargement of the tonsils, depending on struma, he found that a cure might be effected by the application of powdered burnt alum, three or four times a day, with the point of the finger, and persisted in for a considerable period of time. It was worthy of remark, that in many of these cases, the complaint came on in the winter, and departed of its own accord with the approach of summer; and having seen a considerable number of them relieved by the habitual use of alum, he would strongly recommend a trial of the latter, before they resorted to the use of the acid nitrate of mercury, which had, in one case at least, given rise to fatal consequences.

DR. EGAN remarked that the acid nitrate of mercury had been employed in many cases, at the Lock Hospital, by himself and his late colleague, Dr. Byrne, without producing any prejudicial results whatever.

DR. HENRY KENNEDY said he would expect more benefit from a constitutional than from a local plan of treatment, and if he were to choose one remedy in preference to another, his choice would fall upon the cod-liver oil. He did not say that he would depend on it alone; but if he was confined to one agent, he would regard cod-liver oil as in-

initely the best that could be employed for the purpose. The writer of the paper before the Society seemed to think that the difficulty of swallowing was attributable to the swelling of the affected parts. Now, he (Dr. K.) had met with cases, where there was considerable swelling, and but a slight amount of difficulty in swallowing; and on the other hand, he had seen cases, where there was a great deal of difficulty in swallowing, and but a trifling degree of swelling. He was inclined to explain this fact by the temperament of the patient. Some ulcers would, no doubt, always produce difficulty of swallowing, but in many other cases, no such symptom was experienced, and he was strongly of opinion, that the difficulty of deglutition must be attributed rather to constitutional causes than to the peculiar condition of the parts themselves.

DR. BEATTY wished to refer to a mode of practice which he had employed for many years with, he might almost say, universal success, in the removal of these obnoxious swellings. In many cases the patients objected to have them removed by an operation. The parents of young persons very often dreaded the use of the knife, and when they did so, another proceeding might be adopted with every prospect of a successful result—namely, the direct application of powdered nitrate of silver to the enlarged tonsils. It could be applied with a large camel's-hair pencil, slightly damped, and with the hairs bent a little towards the point. The side of the pencil should be pressed on a quantity of powdered nitrate of silver, spread out upon a piece of paper, so that a considerable amount of it might be taken up by the brush, and the latter was then to be pushed in, and kept in contact with the tonsil for a brief period of time, and afterwards withdrawn with the greatest care. The application was to be repeated every four or five days, so as to allow the eschar, produced by the nitrate of silver, to have time to come away; and if the disease was persecuted (that was the only term he could employ to convey his meaning) in this way, for a considerable period, and suitable constitutional remedies adopted at the same time, they might confidently expect that a cure would be accomplished.

DR. JACOB would be glad to know whether any gentleman present could furnish them with his experience as to the use of the actual cautery in cases of this kind? He asked this question, because he remembered hearing that Scarpa had cured the celebrated Catalani by passing a red hot wire through the affected tonsils.

DR. BENSON requested to be informed how long Dr. Beatty's treatment had to be continued before the cure was effected?

DR. BEATTY—A little more than two months.

DR. BENSON said he would certainly join Dr. H. Kennedy in saying that the cod-liver oil was extremely valuable in this class of cases, and he could also speak in very favourable terms of the use of the syrup of the iodide of iron. In general, however, these cases, it was pleasant to know, would get well after the period of puberty, no matter what line of treatment might be adopted; but until then, relapses were almost sure to occur whenever the patient caught cold, especially in damp weather.

DR. BENSON said he had a very short but interesting communication from a distinguished member of the Society.—Dr. John Wilkinson, Surgeon to the County Limerick Infirmary. It related to the extraction of a foreign body from the knee-joint, and the author had enclosed the body for the inspection of the Society:—

#### CASE OF SUCCESSFUL REMOVAL OF A FOREIGN BODY FROM THE KNEE-JOINT.

By JOHN WILKINSON, M.D.,

Surgeon to the County Limerick Infirmary.

The enclosed I removed from the right knee-joint of a young man, aged 21, now in the County Limerick Infirmary. It is three weeks since the operation, and he is now quite well, walking about his ward. About sixteen days before his admission, he fell suddenly lame, and then, for the first time, felt something move about in the joint; he could move it from below up or from the out to the in-



side of the joint. It gave him great pain when pressed on, particularly when placed at the outside. It was removed by the subcutaneous section. It was moveable and very difficult to fix in any one place, and was constantly slipping away from the point of the bistoury. At last I got one of my colleagues to press with his thumbs against it, and keep it fixed at the outer and lower part of the joint, near the head of the fibula, and made an incision in the integuments about one inch from the foreign body. I found great difficulty in opening the capsular ligament with the small point of a bistoury, and had to withdraw it and introduce a small scalpel with a narrow blade, when I at once succeeded, and the foreign body slipped out of the joint under the integuments. It was my intention to have left it there till the wound in the capsular ligament and integuments were healed, but finding that the knife had made an opening in the integument so large as to admit its exit, I thought the risk of letting it remain as great as if it was let out, so by very little pressure it shot out through the external wound. When removed it was about one-third larger than at present. About three days after the operation, he got erysipelas, extending down the outside of that leg, attended with a good deal of fever and pain in the wound. After a few days an abscess formed at the wound, which was opened, and all went on well after.

Some years ago, I had a similar case, which did well without a bad symptom. But the foreign body was not removed under the integuments for some days after it had been let out of the joint.

Dr. JACOB said it was worthy of remark that a part of the specimen had acquired a sort of ivory polish.

Dr. BENSON observed, that it resembled a miniature palette, having one of its surfaces smooth and the other rough.

Dr. GEOGHEGAN said that, some years ago, he saw a case, where a foreign body was removed by an operation from the knee-joint of a healthy-looking young man, which was followed by inflammation and suppuration of the joint, of so violent a character that amputation had to be resorted to, though without success, as the patient ultimately sank and died. The unfortunate result in this case might be attributed to the fact that due attention was not paid to performing the operation in the proper way, as described by Mr. Liston and others, who have written more recently on the subject.

Mr. BUTCHER observed, that the point just referred to by Dr. Geoghegan was one of much practical importance to the surgeon, and should not be passed by without an observation or two upon those cases which had turned out in a satisfactory manner. When the function of the limb was impeded, and the patient was unable to follow his ordinary avocations, it certainly would be the surgeon's duty to attempt the removal of these foreign bodies; but then it must be kept in mind, that in some instances they would escape altogether, not only the examination of the patient, but the closest attention of the surgeon himself. In the latter part of last winter a case of this kind came under his observation. A young man, aged about 19, had been in hospital for a length of time with a foreign body in his knee-joint, from which he experienced a great deal of suffering, and was prevented from attending to his ordinary business. His object in coming to him was to have the foreign body removed from the joint; and on making an examination, he found that it was moveable and could be passed from one side of the joint to the other by manipulation with the fingers. At the patient's request, he agreed to perform the operation, not according to Gensoul's method, but according to the improved plan recommended by Liston, who had contributed to the *Dublin Quarterly Journal* two cases, in which the same operation had terminated successfully; and if the same method had been pursued in the case mentioned by Dr. Geoghegan, it probably might not have resulted in the amputation of the limb. He thought that surgeons ought not to extract these foreign bodies in all cases, without discrimination, but only where there appeared to be an urgent reason or necessity for doing so; and if it must be done, he was of opinion that Liston's plan was the best that could be adopted.

## ADDRESS

DELIVERED AT THE OPENING MEETING OF THE  
DUBLIN STUDENTS' MEDICO-CHIRURGICAL  
SOCIETY.

By MR. ARTHUR H. TAYLOR,  
Clinical Clerk, City of Dublin Hospital.

GENTLEMEN,—It is with mingled feelings of pleasure and regret that I this evening find myself called upon by the wishes and exigencies of the Society (though not the person upon whom this duty should have properly devolved) to open the proceedings for the present session by the usual introductory address—pleasure, I must feel, that such an honourable though responsible office should have fallen to my lot, but this feeling is nearly counteracted by that of regret, the interests of the Society being my first thought—regret, that the brief period left for consideration should have deprived the committee of the opportunity of selecting some one of my more senior fellow-students who might have more efficiently and more eloquently discharged the duties appointed me. I trust, therefore, you will bear with me whilst, driven by the impulse of necessity, I briefly endeavour to lay before you the objects of this Society and the views with which it was originally established, together with a cursory glance at what has been accomplished by it during the past session, and its prospects for the present one.

This Society was founded for mutual instruction and the advancement of that great principle of medical and surgical science—observation; more particularly as applied to clinical study, that grand basis upon which it has been elevated to its present exalted position, and on which it must depend for its future advancement—an advancement to which the discoveries of Harvey, Hunter, Laennec, and a host of other illustrious men have contributed so much in their several departments, and to which the many improvements in physiology and chemistry, aided by the great advances made in necroscopic and microscopic research, have already added, and are still likely to add, in every department of medical science. Thus the study of our profession in the present age affords advantages to the student not enjoyed by our predecessors; formerly it was pursued through a difficult and uncertain course, and though now apparently more complicated, it is in reality much simplified, one science aiding and assisting the advancement of the other; and this may be best illustrated by comparing it to an elaborate system of levers, by which a given resistance is overcome at a comparatively small expenditure of power: physiology assisting in regulating the diagnosis and treatment of disease, these again being eminently advanced in their turn by microscopic science. The study of morbid anatomy is naturally elucidated in an increased degree by physiological improvement, and the assistance medical science has derived from chemistry is very great indeed, yet all these are but different means, acting separately or in combination, for the attainment of the same grand end—observation.

It is at the bedside of the patient that the physician, as well as the student must look for information—there, must both acquire practical knowledge of those theoretical principles on which their science is founded—there alone, can the inexperienced student, under the guidance of the former, hope to acquire fixed and definite views of disease and the art of diagnosis, and in no way can these important objects be more beneficially accomplished than by the careful and systematic noting of hospital cases, and the reading of such reports before this Society, where oversights and real or apparent discrepancies are almost certain to meet with discovery. This it must be evident, even to the most prejudiced, must lead to real and solid improvement, both directly and indirectly—directly, as regards the increased attention bestowed on the case in hospital, whilst at home we are led, by the prospect of well-regulated discussion here, more particularly to study the different symptoms and the modes of treatment which have been adopted for their relief—indirectly, such reports must be a source



of improvement to all of us, as the reading of notes of even the most simple malady, and the discussion thereon, often serves to elicit facts either novel or entirely unknown to us before. Let it not, however, be supposed that observation is to be confined to the mere reporting of facts, this would be of little or no value unless directed by study and reflection; "for," says a French writer on this subject, "to observe Nature is not enough; she must be interrogated if we wish to wrest her secrets from her, and at the same time acquire the means of communicating to others the result of our researches."

How surely does example elucidate precept—a simple fact, a glance, a single word, frequently serving as the connecting link between ideas before scattered and undetermined, binding them together, and strengthening them into fixed principles for our guidance; and thus it is in our clinical studies, often we find that particular cases and the simplest facts as described in books, convey to our minds but a confused or erroneous idea of the subject, no matter how carefully soever we may have studied and weighed the import of every word; then present such a case to our observation in hospital for the first time, and the chances are, that at a single glance the difficulty disappears, conveying to the mind that most pleasant sensation which we all feel on suddenly overcoming any mental difficulty; or this may be compared, if things intellectual may find comparison in things mechanical, to that beautiful invention of Daguerre, in which the arrangements lie dormant till in a moment light is admitted, and a perfect picture is the result. Observation sheds her rays on the hidden camera of the mind, and a perfect idea is formed—both equally transient till rendered permanent, each by its proper agent: all ideas being impressed on the tablets of the mind by the after-process of reflection.

No doubt clinical observation may be attended to without noting a single case, but not so perfectly nor with such permanent advantage to ourselves, whilst at the same time we lose the opportunity of acquiring experience in the description and conveyance to others of our ideas of particular cases—an experience which our lot in after-life may call upon us to employ. That this is of importance all must admit; but in order to draw up correct reports of cases, it is not sufficient merely to observe the phenomena of their progress, this must be done accurately; and to do this the observer must possess many requisites both of fact and discernment, together with a correct knowledge of the value of words and the precise meaning which they are intended to convey, with a well-regulated system of arranging the facts as observed; for a statement of a case should not consist of a mere random detail of such symptoms as accident has caused to be observed, nor yet of a confused or superfluous enumeration of them. The symptoms should be arranged so as to show their relation to each other and their bearing on derangement of a particular function or organ, that thus they may lead to a correct diagnosis. This knowledge is only to be obtained by practice, and though advised by some of our highest authorities, I have heard persons declare it to be a "useless waste of time." In answer to such, I can only say, heed them not, exert that self-reliance and self-confidence on which hereafter in moments of peril may be your only dependence. Regulated by a becoming modesty, I would say, let us think and judge each one for himself; note, and carefully note, your hospital cases, and by so doing lay up a well-founded stock of experience—an experience which time can only increase, and which is only to be acquired whilst we are students and in the wards of our various hospitals. Let us, then, take for our motto the following axiom of an ancient author, which says, "Ars medica est tota in observationibus,"—a saying which is equally applicable to the study of morbid anatomy, to which, for the precision and accuracy now attained in the diagnosis of disease, we are mainly indebted. This study is of the utmost importance and from the many advantages derived from necroscopic science, we should not be deterred from it by a few moments of trouble or disgust; for when we have followed a case from its commencement to its termination,

we shall be amply rewarded by finding the diagnosis to have been correct, or the satisfaction of having an opportunity of altering it if erroneous; but to derive all the advantages which it is capable of affording, we should divest ourselves of all preconceived ideas, and be guided only by a desire of unfolding the truth.

I am afraid I have already trespassed too largely on your patience, but trust you will pardon me whilst I explain that, although hospital reports are preferred, do not misunderstand me, or for a moment imagine that original papers, connected either directly or collaterally with the study of our profession, shall be less favourably accepted; on the contrary, they shall at all times be received with pleasure, and meet with the most friendly consideration.

I shall now briefly enter into some short details of what has been done during the past session. At the opening meeting last year, it was stated that the Society then consisted of about thirty-seven members, and the hope was expressed that the list would rapidly increase; this was speedily responded to, and before long our numbers had increased to upwards of fifty. During the course of the session a number of very interesting communications were read before the Society—about twenty-eight papers in all—the particulars of which are to be seen in the minute books of the Society. Most of these led to much discussion, of a friendly and instructive character, on various points of practice, diagnosis, &c.; often elucidated by the kind interference of some of the medical gentlemen generally present; and though such was not strictly in accordance with the rules of the Society—a fact of which they were ignorant—we cannot but feel grateful to those gentlemen for the friendly feelings which prompted them to do so.

The prospects of the Society for the ensuing session are most promising. The list of members is about the same as last year, and amongst them may be found gentlemen from nearly every school and hospital in Dublin. Its advantages are, I think, becoming more generally understood; and there can now be little doubt but that it will meet with a continuance of that support which gave it birth, and which is absolutely necessary for its well-being and future success.

It would be an act of injustice on my part were I to omit mentioning the universal approbation and kind offers of assistance and support which the efforts of this Society have met with from the first men in the profession in Dublin; and I think I cannot better conclude my rather tedious and imperfect remarks than by offering my own heartfelt thanks and those of the Society to the medical profession in general, and to those gentlemen in particular who, by honouring us with their presence here this evening, have shown that they do not think our efforts for our own and fellow-students improvement is a matter of too trivial importance to merit their countenance or support.

#### ORIGINAL COMMUNICATIONS.

#### SULPHURIC ACID IN DYSENTERY.

By GEORGE ELLIS, M.D.

SEVERAL months have elapsed since the attention of the profession was first prominently called, in the pages of the *Lancet*, to the treatment of passive diarrhoea and cholera by sulphuric acid. The same remedy has lately been recommended even in acute dysentery, but few, probably, of our practitioners here would venture to employ it in the severer forms of this complaint, to which all our preconceived notions of the medicinal action of this acid would pronounce it inapplicable and likely to be hurtful. The following case, therefore, which occurred a day or two since, may, perhaps, interest some of your readers.

My patient, a college student, aged about 24, slight and delicate looking, of regular habits, was attacked, on the morning of Friday, December 10th, with diarrhoea. He walked some distance, in the course of the day, to attend an engagement at college, where he was seized with a shivering fit, and returning home sat over the fire all the evening. Took mutton-broth at dinner, to which he at-



tributes the great aggravation of the diarrhoea which soon after followed. The discharges, now attended with pain, were so frequent, during the night, as totally to prevent sleep. On Saturday evening, having had no relief, he obtained some medicine in the neighbourhood. From this time until the Monday following, when I first saw him, he suffered extremely; in his own words, "he never suffered so much in all his life before, and had no sleep or rest whatever."

Monday, December 13th, one o'clock p.m.: Has had about twelve very scanty motions within the last hour, attended with excessive pain and tenesmus, and consisting almost entirely of blood. The evacuations of the past night were, as the attendant informs me, of the same character. Abdomen is full, tense, and tympanitic, with much tenderness on pressure; tongue is covered with a thick whitish fur; complains of thirst; pulse about 90, weak. The medicine on the table is evidently *mist. cretæ c. tinct. catechu*. There is also a box of pills, one to be taken every hour. He has taken several doses of the mixture. Of the pills he has taken but four. Last dose of mixture was rejected, and he has now, when getting up to stool, severe retching, with great prostration, but without actual vomiting; no cramps; complains most of pain and tenesmus, increased, he says, by the medicine.

I was about to pursue, at once, the more orthodox treatment of calomel and opium, but as my patient had, for some time before this attack, shown symptoms of constitutional delicacy, and had recently lost relatives from phthisis, I apprehended the effects of a tedious illness and convalescence; and, as among the numerous notices which I had read of the sulphuric acid treatment, and even in the reports of its opponents, I had not seen any cases mentioned in which serious consequences had resulted from its use, I determined to make a cautious trial, and prescribed the following mixture:—

℞ Acid. sulph. dil. ℥ii.  
Mist. camphoræ, ℥v.  
Tinct. cardamom. c. 3ss.  
Syrupi, ℥ss. M. st. ℥i. omni hora.

A large poultice to abdomen; drinks to be taken cold and in small quantities.

Half-past three p.m.: Took the first dose at half-past one, and was about taking the third when I returned. Motions scarcely less frequent, but attended with decidedly less pain; stools still bloody and scanty, but contain a slight tinge of dark brown-coloured matter; pulse 84, fuller, but softer. The state of the abdomen is remarkable; the fulness and painful tension are gone; he can bear pressure without wincing. Another dose of the mixture was now given, with directions to continue it at intervals of two or three hours.

14th, half-past ten a.m.: Reports himself much better; has taken but three doses since my last visit; motions still frequent, but pain nearly gone; blood has disappeared; fæces still liquid, but more copious, and of dark brown colour; tongue cleaning at anterior part and sides; thick fur appears as if partially peeled off. Continue the mixture *tertius horis*.

Seven p.m.: Has had eight motions since last visit, but with scarcely any pain; complains of a sinking sensation in stomach after taking the mixture.

Chicken broth, statim, with bread.  
Add. *misturæ mist. camph. ℥ii. et syrapi ℥ss.*  
Capiat 3ss. post singulas dejectiones.

15th, eleven a.m.: Took the mixture after each motion till midnight, when he had a solid stool, and soon after fell asleep; slept soundly the whole night, and awoke greatly refreshed; has had no motion since twelve last night; has no pain whatever; tongue cleaning rapidly. Continue chicken-broth, and medicine if necessary.

16th, eleven a.m.: Took but two doses within the last twenty-four hours; motions solid and natural; tongue clean; pulse 72, soft. Convalescent.

The rapidity and completeness of this patient's recovery struck me as presenting a pleasing contrast to the usual

course of such cases, and as warranting some confidence in the remedy used. The *mist. camph.* and *tinct. cardam.* had probably much effect in removing the painful flatulence, and the sulphuric acid in altering, in some way, the morbid condition of the mucous surfaces, as shown by the tongue. From a single instance, however, no satisfactory conclusion can well be drawn. I abstain, therefore, from further remarks, only adding that the subject of the above treatment has been perfectly well since in every respect, eating and drinking as usual, and starts to-morrow on a long and fatiguing journey.

Leeson-street, December 20, 1852.

## SEVERE COLD AS A LOCAL ANÆSTHETIC.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In the *MEDICAL PRESS* of the 8th inst., there are two references in different articles to cold as an anæsthetic, which, with your permission, I would be happy to make some observations upon.—I am, sir, your most obedient servant,

JAMES ARNOTT, M.D.

London, 16, Upper Gloucester-place,  
December 15, 1852.

Professor Mütter's principal purpose being to vindicate the American exclusive claim to the discovery of etherization (a claim which I was not before aware had been disputed), and to extol the importance of the invention, it could hardly be expected that its rival, congelation—its rival at least on certain occasions—would be placed in the most favourable light. To say, however, that the "frigorific mixture" has failed in many cases, is saying nothing more against it than could be said against ether or chloroform; and the reason of its having so failed, may perhaps be found in the letter of Dr. Berry which precedes the lecture of Dr. Mütter. We are there informed, that in the six operations which he had seen Velpeau perform after anæsthesia had been produced by ice and salt, this mixture had been applied by enveloping the part in a cloth containing it. A similar expedient was employed by myself at first, but it does not answer the purpose nearly so well as applying the frigorific by means of a net of very thin gauze or *tulle*; which not only produces congelation more quickly, but enables the surgeon to watch the different steps of the process. It was this last mode of application which I exhibited two years ago to M. Velpeau at the *Hôpital La Charité* in Paris.

In making a comparison between etherization and congelation as anæsthetics, I would solicit attention to the following points:—

1st. The anæsthesia produced is as perfect or complete in one case as in the other, so far as the external and more sensitive parts are concerned. Many operations involve little more than the skin; and in all, it is only the incision of the skin and the tissues immediately adjoining it, that causes very acute or intolerable pain.

2nd. What may be termed *tolerable* pain would, I think, be preferred by many, to loss of consciousness. Whether a surgeon is justified in incurring danger to life, in order to prevent a slight amount of pain, is a question deserving serious consideration.

3rd. There is no danger of a fatal effect or other mischief of a less degree from congelation. Even within the last few months several deaths from etherization have been reported in the medical journals.

4th. The dreaded reaction after congelation, alluded to in Dr. Berry's letter, is not only a delusion, but the fact is, that the opposite effect follows, and that the condition of the vessels produced by complete congelation is a great advantage, inasmuch as operation wounds heal more rapidly after it than under ordinary circumstances. The vessels appear to have lost their tonicity for awhile, or to have become insusceptible of excitement or inflammation.

5th. As there is no unconsciousness produced, the patient can occasionally assist the surgeon in an operation. In opening the urethra in the perineum, for instance, when



a grooved director cannot be passed through the stricture, it is of importance that the patient should be able to distend the urethra, or make the urine flow through the opened canal. In such an operation, also, where there is usually embarrassment from hæmorrhage, the quality possessed by congelation of restraining or preventing this, is another circumstance in its favour.

I shall conclude by stating, in respect to the manner of applying this local anæsthetic, that the tingling which might otherwise follow congelation, may always be prevented by putting a little pounded ice on the part for a few minutes, or a thin bladder containing water and ice. In applying congelation in cancer of the breast, for example (when, however, it is much longer continued than if merely employed for anæsthetic purposes), I find it convenient to suspend a bladder containing iced water over the patient while she reclines on a sofa.

## ON THE NATURE AND TREATMENT OF SOME PAINFUL AFFECTIONS OF BONE.

By LANGSTON PARKER,

Professor of Anatomy in Queen's College, Surgeon to the Queen's Hospital, &c. &c.

(Read before the Medico-Chirurgical Society of Queen's College, Birmingham, October 19, 1852.)

THERE are many affections of bones, whose predominant character is pain, which are hardly to be referred to any of the more well-known diseases of these parts, and which certainly are not ameliorated by the means generally resorted to for their cure or relief. The more common affections of bone, marked by severe pain, are inflammations of the periosteum; of the medullary membrane of the shafts of the long bones; of the bony tissue itself; circumscribed or diffused abscess of bone, and neuralgia. All these varied affections are accompanied by intense pain; in fact, pain appears to be the chief symptom of the disease, and in many instances is so great as to threaten the death of the patient, if not relieved even by so extreme a measure as the amputation of a limb.

The differential diagnosis between some of these affections is, in many cases, obscure, and even the most experienced surgeons have often found it difficult to decide on the exact source or nature of the pain which has had its seat in a diseased bone.

It has appeared to me that many of these painful affections of bone are of inflammatory origin, and that the inflammation is seated in the medullary membrane of the shaft, or that which lines, imperfectly, the cancelli and canals of the extremities of long bones.

The chief anatomical characters of the medullary membrane of the long bones are extreme tenuity, great vascularity, and excessive sensibility. In many characters it differs essentially from the periosteum, which is neither so thin, so sensible, or so vascular. It is through the medium of the medullary membrane, which is supplied in each long bone with its special artery, that the whole of the internal structures of the bone are nourished and supported; and hence it is that death of the bone follows the destruction of the medullary membrane as the experiments of Troja have already proved; and it is equally probable that necrosis of portions of the shafts of the long bones may follow a partial destruction of the medullary membrane from inflammation.

I have just stated that the medullary membrane is very vascular, so much so that it frequently forms a species of hernia from the medullary canal of a long bone in young persons after amputation, this protrusion is the medullary membrane turgid with blood.

It is also common to see the blood issue in a stream from the divided vessels of the medullary canal after an amputation, particularly if the amputation be performed high up, either in the arm, thigh, or leg. There is no question about the source of this blood, it is from the vessels of the medullary membrane. The medullary membrane highly vascular, serves to nourish the internal layers of the bone, it possesses great sensibility and a high degree of vitality. The medulla, or fatty tissue of the medullary canal, is alto-

gether insensible. It has been shown by vivisections, that if a probe be introduced into the centre of the medulla of a long bone in a living animal, no sign of pain is produced as long as the instrument does not touch the walls of the cavity, but whenever the walls are rubbed or scratched, the pain becomes excessive, and is manifested by piercing cries or violent struggles.

A membrane so extended in its ramification, so sensible, so vascular, must necessarily be the common seat of disease; and when we reflect that this membrane is enclosed in an unyielding bony case, it is quite evident that many of its diseases must be accompanied by extreme pain.

In the spring of 1847, Jane Hartshorn, a female of stout, healthy appearance, was admitted into the Queen's Hospital, under my care, suffering from pain in the shaft of the left tibia, which she said had originated from a fall on the knee of that side some months previously, by which the patella was much injured but not fractured. It was considered by the surgeon who attended her in the country, that an abscess had formed over the patella as a consequence of this injury, and an incision was made by him down to the bone, but without the discharge of any matter. From this period she dated the commencement of pain in the leg. At the time of her admission there was severe and constant pain down the whole shaft of the bone, which did not appear to be enlarged, but was tender when it was handled or pressed. A great number of remedies had been tried before she entered the hospital without any relief; and after that time the means resorted to failed in ameliorating the patient's condition; even the complete division of the periosteum, from the knee to the ankle, failed in giving more than a temporary cessation from pain. She remained in the hospital for nearly four months, and left it because at that time I refused to amputate the limb.

A residence in the country and attention to her general health did not in any measure tend to mitigate the pain, which continued to deprive her of appetite and rest; her health began to suffer, she emaciated, perspired at night, and her constitution exhibited symptoms of giving way. A surgeon in the country proposed amputation, and she was actually on the table, preparatory to the amputation being performed, but preferring to lose her limb in the hospital, she came back, and I at length consented to remove the limb, which was amputated in the lower third of the thigh. An unusual quantity of dark-coloured blood flowed in a stream from the medullary canal of the femur when sawn through, and the cavity when this had ceased, was completely filled with dark-coloured coagula. The medullary canal of the tibia was carefully examined throughout; the periosteum was not so firmly adherent to the external surface of the bone as in a bone quite healthy. There was no medulla in the canal, which was quite full of dark, grumous blood, and the membrane universally dark throughout. Mr. Stanley quotes a case from the *Journal Hebdomadaire*, where a very similar pathological condition of the medullary membrane was present. "It was of a deep red colour, resembling the conjunctiva of the eye in chemosis; and in places it was black, with a gangrenous odour." Portal says: "The contents of the medullary cavities may be reduced to a species of putrilage, as a consequence of inflammation; which has been proved by the examinations after death, of bones which have been the seat of severe and continued pains." Hartshorn's stump healed well; and the patient, who had before the operation some threatening of pain in the femur, similar to that which had existed previously in the tibia, continued free from pain till six or seven weeks after the stump had quite healed. Pain then came on in the thigh, and extended to the hip, at first slight, and in the lower part of the bone merely, afterwards becoming more severe, till, as in the first instance, appetite and sleep were lost, the patient began to fall away, and the general health to suffer so much, that it was evident to all some decided course must be adopted to save her life.

It was clear that all ordinary measures would be of no avail in such a case, though many were tried, without success, as might be supposed. The question of a second



amputation was entertained: but here it appeared, that unless performed at the hip, we might have again the same condition returning as after the first operation. It occurred to me, after reflecting on Sir B. Brodie's operation for the discharge of pus confined in the interior of bones, that if a piece were cut out of the femur, and a seton passed through it, that the patient might possibly be relieved, if not cured, without subjecting her to further mutilation, involving the risk of her life. A proceeding of this kind offered some chance of success, from the fact that she had no pain as long as there was discharge from the stump, but when the stump closed, the pain again came on.

Sir B. Brodie records a case which first induced me to think the operation I have mentioned would be of service to my patient, Hartsborn:—"A young gentleman," says Sir Benjamin, "was brought to me from Brixton, with violent pain in one arm, the bone itself being enlarged in the part to which the pain was referred. The pain continued, and an abscess was suspected. Under this impression, an opening was made with the trephine so that the matter might be discharged, if there were any there. The trephine penetrated to the centre of the bone, but no matter escaped. I persevered," continues Sir Benjamin, "but still there was no matter; and at last the instrument penetrated completely from one side of the bone to the other." Sir Benjamin thought he had made a blunder, and there being no matter, the operation would not be attended with any benefit; the wound, however, healed well, and the relief to pain was complete.

It was exceedingly probable, that in Hartsborn's case the state of the femur was like that of the tibia, from what was observed of the condition of the medullary canal at the time of the operation. There was some pain in the thigh before this, but the loss of blood at that time, and the discharge from the stump after, kept down for the time the inflamed or congested state of the medullary membrane.

Having determined to perforate the femur, and pass a seton through it to prevent the cavity being too soon closed by callus, I had a trephine prepared with a long, narrow crown, sufficiently long to pass through the bone. While the patient was under the influence of chloroform, I made an incision, about two inches and a half long, in the inner side of the limb, about four inches above the extremity of the stump, divided the periosteum, and perforated the femur with the trephine; I then passed a long, narrow seton needle, made for the purpose and armed with a thick web of cotton, through the hole in the femur, and brought it out on the outside of the thigh.

There was a great discharge of black blood from the medullary canal of the femur when it was opened by the trephine, which gave relief to pain; and after the discharge produced by the introduction of the seton (which was profuse) was fully established, the pain in the bone, which had so long tormented her, was no longer felt. The seton was suffered to remain through the femur about three months, when it was withdrawn, and the wound suffered to heal. Since that time the patient has remained in good health, and there has been no return of pain in the bone. I have already alluded to the case recorded by Sir B. Brodie, in which he perforated the humerus for pain in the arm, no matter was discharged, but the operation succeeded in curing the pain. It is exceedingly probable that this case also was an affection of the medullary membrane, probably of an inflammatory character, which had been cured by the division of the distended and overcharged vessels in the interior of the bone.

In the year 1848, a young female, named Chatwin, was admitted into the Queen's Hospital, under my care, for a painful affection of the tibia of the right leg. She was of delicate appearance, by occupation a house-maid, and entirely free, as was the last patient, from all venereal taint. Some time before her admission, she had felt shooting pains down the whole shaft of the tibia, which gradually increased in intensity till she could no longer bear the weight of the body upon the leg. The shaft of the bone was exceedingly tender to the touch, but not enlarged, nodulated or uneven;

the pains were rather in the shaft than in the extremities of the bone: in fact, the greatest pain was felt in the centre. Blisters, opiates, iron, the iodide of potass, and mercury, pushed to salivation, were absolutely useless, and did not procure even a temporary alleviation of pain. It was quite evident, that whatever the nature of the disease might be, that it was seated in the interior of the bone. After waiting a reasonable period of time to see the effects of the remedies employed, and finding my patient's health breaking, I determined to pass, as in the last case, a seton through the centre of the tibia, as this appeared the only means of saving the limb and life of the patient. The integument and periosteum were divided in the centre of the inner surface of the shaft of the bone and the bone perforated, so that the trephine came out on the external surface of the bone. The needle, armed as in the last instance, was passed through the bone and soft parts covering the external surface. The pain caused by the operation was considerable for a few days, but the pain for which the operation was undertaken soon diminished, and at the end of ten days had entirely disappeared. If the seton were left unmoved for two or three days, there was a difficulty in moving it, owing to the firm deposition of callus around it; and on its final withdrawal, at the end of six weeks, the perforation was very soon closed by new bone.

It is most probable that operations for the relief of certain diseased conditions of the medullary membrane would be rendered in many instances abortive unless the opening in the bone were kept open, by seton or tent of some kind, and daily watched, as the closing of the opening by new bone is exceedingly rapid. Provisional callus is almost immediately thrown out after the perforation of a long bone by the trephine.

It is quite evident, from the details of these two cases, that the shafts or extremities of the long bones may be opened with success for the purpose of relieving diseased conditions of their interior, besides those which are marked by the formation of matter. It may be asked, what are the symptoms of disease by which such a proceeding is indicated. I should say, fixed and continued pain in a bone, with or without enlargement of its shaft, of sufficient violence to threaten the destruction of the health and life of the patient, and the failure of other remedies adopted for its relief. In many cases, amputation has been resorted to as the only resource in such cases, but I am fully persuaded that the perforation of the bone, and passing a seton through it, will save many a limb which otherwise must have been lost.

Many, if not most, of these cases are doubtless congested or inflammatory condition of the medullary membrane of the interior of the long bones. In some instances such diseases may exist with affections of the periosteum; in others they may be present alone. It is probable that, in venereal diseases, many of the pains in the shafts of the tibia and other bones are due to disease of the medullary membrane, in the absence of all evidence of the periosteum being affected. Astruc and others, it is well known, attributed such pains to affections of the medulla itself; but it is now well established that adipose tissue, wherever met with, is insensible; and the experiments of Bichat and others have shown the seat of sensibility in the interior of the long bones to be in the medullary membrane, and not in the medulla itself. Scrofula, syphilis, rheumatism, and local injury are the most frequent causes of inflammation of the medullary membrane, and are amongst the most frequent causes to which painful affections of the bones can be traced.

I have performed a similar operation, for a painful disease of the tibia, which was of venereal origin, in August of last year, on a girl named Eliza Cooper, but in this case the medullary cavity was opened only. I did not carry the trephine through the bone. The hole made by the trephine was kept open by a tent of lint, changed every morning. The relief to pain was complete; whilst previous to this operation it had resisted all the usual remedies in such states, as blisters, opiates, iodide of potass, &c.,



and had at times been so excessive that she had frequently importuned me to amputate the limb.

I have now performed the operation I have just alluded to, in six different cases for painful affections of the long bones, which have resisted all other modes of treatment, and in each instance with success. No constitutional disturbance of any importance has followed any of the operations. In Chatwin's case the pain consequent upon the perforation of the bone was severe for some days, but this was much more bearable than the pain for which the operation was performed. It subsided at the end of that period, and the patient has since enjoyed the best health. I have seen her two or three times since. She has resumed her occupation as a domestic servant, and suffers nothing from her leg: she walks well on it, and is in good health.

I think, from what I have said, it may be concluded that the shafts of long bones may be perforated or opened for diseased condition of their interior, similar to those I have mentioned, with every probability of safety and success, where all other modes of treatment have failed.

#### TREATMENT OF ANEURISM BY ANASTOMOSIS BY GALVANO-PUNCTURE.

By M. NELATON.

A YOUNG woman, æt. 20, presented herself at the Hôpital St. Louis, on account of a tumour situated in the middle of the forehead, above the nose, inclining a little towards the left side. It was manifestly formed of vessels folded on themselves, and whose tortuosities could be very easily traced by the touch. A very well-marked bruit was also discernible, especially during the arterial diastole.

The swelling appeared, according to the patient's account, after a blow received two or three months previously. The diagnosis was plain—viz., that the tumour was formed by the aneurismal dilatation of the arterial trunks situated in this region.

The situation of the tumour being on the median line of the forehead would have rendered it necessary to ligature both the carotids; so M. Nelaton, rather than perform so hazardous an operation, preferred trying galvanopuncture, which was applied thus: Two needles were implanted in the parts of the tumour where the pulsation was most apparent, and then connected with a battery (Bunsen's) of thirty plates, and acted on by a continuous current for ten minutes. The pain was very trifling even during the action of the battery, and the following day the good results of its application were beginning to manifest themselves. To a small extent round the point where the needle connected with the positive pole had been implanted, a hardness was felt, showing a coagulation of the blood contained in the arterial flexuosities, which formed this part of the tumour.

A second application of the electricity was made eight days afterwards to another part of the tumour, with the same result. Finally, six repetitions were sufficient to check the pulsations in the whole extent of the tumour, and to obliterate the anastomosis of the arteries. The induration after a little time disappeared without the permeability of the arterial varices being reestablished.—*Gaz. Médicale de Paris.*

**DANDELION COFFEE.**—Mr. Jacob Bell, writing to the Board of Inland Revenue, says:—"The recent alteration in the Treasury Minute respecting the mixture of ground coffee with other ingredients, has led to some doubts as to the legality of the sale of a medicinal preparation called "Dandelion Coffee." This consists of the root of dandelion, or taraxacum, prepared and ground with a portion of coffee. It is recommended to patients as a convenient mode of taking dandelion, the value of which is so disguised by the coffee that it is used as a beverage. I should feel obliged if you would inform me whether this preparation is included among the prohibited mixtures of coffee; and if so, how chemists should act when medical men prescribe dandelion coffee for their patients." To this Mr. Ford, Chairman of the Board, replied:—"In such a case as you put, of dandelion coffee used as medicine, our board would not interfere."—*Phar. Jr.*

#### CASE OF COMBUSTION AND DEATH OF THE HUMAN BODY IN THE OPEN AIR—SPONTANEOUS OR NOT?

By JOHN GRIGOR, M.D., Nairn.

ON the evening of the 29th July last, the body of John Anderson, æt. 50, about five feet four inches in height, and of a spare habit, a carter of wood from the forest of Darnaway to the pier of Nairn, and a notorious dram-drinker, was found dead by the road-side, seven miles from Nairn, and in a state of combustion, the process having proceeded so far as blackening and charring of the body and head, and complete disfiguration of the features, so much so that the person was only recognized from his horses and carts being known. The case was taken up medico-legally by the Procurator-Fiscal of the county of Nairn, and I was requested to inspect the body, and report. On approaching the unfortunate man's dwelling on the forenoon of 31st July, I found that the funeral had passed on to the churchyard of the parish of Dyke, and after a little explanation to the attendants, I succeeded in getting a hurried autopsy within the church. On removing the grave-sheet, I found a black incinerated, and stiffened body. The arms and legs were crossed; the latter raised from the chest. The position was one of ease, and the body had not been touched since first rolled up. The eyes, ears, and nose, were burned away; teeth clenched; and from the mouth bubbled out some white froth and gas. The lining membrane on the inside of the lips and cheeks was quite burned; also the edges of the tongue, and the hair and skin of the head. The skin and cellular tissue of the body were much charred, the thighs not to the same extent, and the burning had ceased about midway between the knees and feet, where there was a reddish and slightly blistered line. The back was not so much destroyed. The pharynx, œsophagus, &c., exhibited no appearance of burning. The villous coat throughout was much congested, and that of the stomach presented those cherry-red appearances, with thickening, which are sometimes noticed in the stomachs of drunkards. It was almost empty, gave out no smell of alcohol, nor did the contents on after-examination. On opening the peritoneum, there was a great escape of fetid gas. The bowels were healthy, but dry from heat. The state of the heart, blood, and lungs, could not be examined.

On inquiry, I found the wretched man's history to be the following:—He has been a carter, as above stated, for several years; has drunk, at least, of ardent spirits daily, on an average, a common bottleful, besides porter, beer, &c.; left Nairn, on the day of his death, intoxicated; in passing an intermediate village, was seen coming on "all fours" out of one of those many "publics" which are the opprobria of our smaller towns and villages in the north of Scotland. He was, however, one of those "soaking" individuals, who much sooner lose the locomotive balance than a knowledge of his situation and work; hence, when on his cart, he could talk and manage his horses tolerably well. He had a brother carter with him, a neighbouring toll-keeper, who was sober; and they parted company at the toll-gate of Harmuir, within half a mile of the place where the body was found. Before this, however, Anderson wished his pipe to be lit and handed to him; but his friend, thinking that he had no need of a smoke, merely put a little fire on the old tobacco ash, when he drew, and immediately said, "She is not in." The conversation went on for ten minutes, when the poor man turned his horses' heads homewards. All this time the pipe was in his hand. The toll-man, who was much on the road with him, declared that Anderson seldom lighted his own pipe, and never almost knew him to carry lucifers. The dress was a woollen shirt, canvas frock, corduroy trousers, and "a wide-awake." The weather was very warm and dry. When a little farther on his way homewards, smoke was seen rising up from the cart in which the man was, and which contained a good deal of hay, by a herd-boy on a neighbouring rising ground, about one-fourth of a mile distant. The man was next seen to descend from the cart, to stand,



then to stagger and fall. The horses stood still. In a few minutes, smoke again appeared from the ground, when the boy ran down, and found the body lifeless, black, disfigured, and burning. He hurried to a cottage close by, and returned with a woman having a water-pail, with which they drew water several times from a rivulet almost at their feet, and thereby extinguished the burning body and garments. The position was on the back, inclining to one side; arms and legs as before mentioned. The time that elapsed between the boy seeing the man come down from his cart and the water being dashed on, is represented as not more than fifteen minutes. The body was wrapped into a sheet, and removed home. The pipe was found lying below the body with the cap on, apparently as it had been put into his hands. The clothes were all consumed, except the lower parts of the legs of the trousers, where the burning had ceased, and a small portion of the shirt, frock, and hat, immediately between the body and the ground. There was none of the hay burned.

*Remarks.*—The case at first sight appeared to me to have arisen from the clothes having by some means caught fire, and the smoke therefrom producing death by asphyxia—the subject being much intoxicated; but second thoughts demonstrated a few points not reconcilable to my mind with this view, such as the position on the back, &c., the event taking place in the open air, rigidity of the limbs—no trace of fire—and the rapidity and extent of the combustion, whilst this latter (compared with the accounts of martyrs, suttees, and others who have been consumed, and the great quantity of fuel and the time that have been required) and no apparent struggle or attempt having been made to cast off the burning garments, or to quench the flames in the brook running alongside, whilst the man was not at all in a state of insensibility from his potations, led me to the belief, that it was no ordinary combustion from the application of fire. I have then been induced to regard it as a case of progressive igneous decomposition, commencing during life without the application or approach of any hot or burning body, as believed in by several continental physiologists of eminence. Such a state of matters I know has been regarded by many as almost fabulous; but the numbers of general instances from good authorities, and from all parts of the world, of spontaneous combustion, or, as Beck more properly terms it, preternatural combustibility of the human body, and written on by Dr. Mason Good, and received into the Statistical Nosology from the General Register Office, now in the hands of most medical practitioners under the appellation of *Catacausis Ebriosa*, show that the doctrine cannot be wholly set aside. It is not my intention to lengthen these observations by quoting cases, the popular reports of the nature and causes of many of which I will allow are valueless from misrepresentation, and “biased by alarm, credulity, stupidity, and a love of the marvellous;” yet there are many British, continental, and American authors, whose favourable testimonies are very valuable. Nor will I inquire into the chemical possibilities of the generation in the body of inflammable gases, such as hydrogen, phosphuretted hydrogen, &c., nor into the existence of oil in the serum of the blood of the habitually intemperate. And as regards the alcoholic theory, in the sense of the popular advocate for temperance, I will take leave to quote, from an article in the last July number of the *Edinburgh Medical and Surgical Journal*, which embodies the opinions of MM. Liebig and Bischoff on this part of the subject, &c., as evidenced on the interesting medico-legal investigation, in reference to the murder of the Countess Goerlitz, at Darmstadt, in June, 1847:—“To suppose, therefore, that any amount of alcohol, or alcoholic liquor, could cause either the breath exhaled to take fire on the animal tissues being impregnated with it, is to admit an amount of accumulation of this poison in the system totally incompatible with the continuance of life. M. Bischoff states that he is convinced that, though a dead body were soaked in spirits, it would not, in consequence of that, become combustible. He took parts of a dog, into the arteries of which alcohol had been injected at 92

deg. These parts did not burn, either at the flame or exposed upon coals. They became roasted and charred, but ceased to burn so soon as they were withdrawn from the fire. It must not be denied, nevertheless, that this experiment furnishes no satisfactory conclusion against the hypothesis of spontaneous combustion, such as is supposed to be induced by habits of incessant drinking. It is not impossible that, under the long continuance of these habits, the whole organism may be modified in such a manner as to become, upon the application of certain causes, combustible. But in this case it is at variance with everything known, to imagine that the alcohol in the body is the agent or means of the combustion. It cannot be the alcohol that burns. It must be an animal body converted into a combustible body.”

I must here express great regret that it did not occur to me, till it was too late, to apply a light to the body at the time of examination, which would have been almost decisive of this curious medico-legal point.—*Edin. Monthly Jr.*

[Dr. Grigor's case is interesting in a medico-legal point of view, though all the circumstances seem reconcilable with the ordinary phenomena of combustion. We have fire and combustibles about the person of a man helplessly intoxicated,—and can account for what followed, without resorting to the apocryphal theory of spontaneous combustion.]—*Editor of E. M. J.*

## ELASTIC COLLODION.

By M. E. LAURAS.

HAVING made collodion the subject of a special study, and the object which I sought having been attained, I now communicate the good results I have obtained by the *modus faciendi* which I employ.

The important improvement to be made in this compound, which hitherto has not been of very frequent application in therapeutics, consisting in giving efficacy to it and in preventing the sufferings produced by its application on any portion of the body, and principally on the articulations which are much constricted after having been covered with it, an effect due to its want of suppleness and elasticity, and which the skin requires both for stretching and contracting.

By adopting the following formula, every inconvenience is obviated, collodion becomes easy of employment, and enables the patient to move without suffering pain:—

Sulphuric acid of sp. gr. 1.847 300 grms.; nitrate of potassa (very dry) 200 grms. Mix together in a stone-ware or porcelain pot, and add carded cotton, ten grms.

Leave in contact for twelve minutes; withdraw the cotton, wash it with cold water to remove the acid which it retains, and after two or three rinsings, immerse it in water containing thirty grms. of subcarbonate of potassa in solution in 1000 grms. of water; plunge it again into ordinary water, agitate well, and dry at a temperature of 77 deg. to 86 deg. F.

The cotton, thus prepared, takes the name of Xyloidine, and may afterwards be mixed with the ether and the other substances which form it into elastic collodion.

*Elastic collodion.* Xyloidine 8 grms.; ordinary sulphuric ether 125 grms. Place in a wide-mouthed flask, and add alcohol of sp. gr. .825 8 grms. Agitate, and then make a mixture composed of Venice turpentine 2 grms.; castor oil 2 grms.; white wax 2 grms.; sulphuric ether 6 grms. Heat together the first three substances, add the ether, and combine the two mixtures.—*Repertoire de Pharmacie et de Chimie.*

## IMMENSE DOSES OF OPIATES.

A PATIENT of mine has just recovered from his second attack of delirium tremens, who took, in seventy-two hours, the following drugs before sleep was obtained—viz., 12 grains of muriate of morphia, 490 minims of tincture of opium; 28 grains of gum opium, together with 13 grains of tartar-antimony. Having got this enormous quantity of sedative medicine, he slept soundly for eight hours, and awoke quite well. The delirium seemed immediately to follow a severe diarrhoea, which lasted two days, and for which he took nothing but rice-water. He is a fine, hearty-looking man, thirty-five years and a half old, of active, bustling disposition, and was in a state of mania for fourteen days after his first attack, in consequence of being allowed his accustomed potations of gin and ale as part of the treatment. During this, the second attack, he was kept upon beef-tea,



tea, arrow-root, and only six ounces of port-wine, no other vinous or spirituous liquors being given. As I administered most of the doses myself, seeing him every three or four hours, I can vouch for what I have stated. When I had given equivalent to sixty-six grains, taking one grain of morphia as equal to four of opium, I requested the opinion of my friend, Dr. Hamilton Roe, who agreed with me in the necessity of continuing the treatment. I have no time to look up authorities, but I believe none except the American physicians give opium as largely as was done by me in this case. Of course I do not mean to say that any more should be given than will procure sleep, or that the disease should be treated without ardent spirit, wine or beer, but I should suggest their use being more confined to cases exhausted by long-continued intoxication; just, indeed, where morphia and tartar-emetic for obvious reasons would be inadmissible.—*Mr. Wm. Thorn in Lancet.*

#### REVIEWS AND NOTICES OF BOOKS.

**MORAL-SANITARY ECONOMY.** By H. McCORMAC, M.D., Consulting-Physician to the Belfast General Hospital, Visiting-Physician to the District Asylum for the Insane, Recent Professor of the Theory and Practice of Medicine in the Royal Belfast Institution, Corresponding Member of the American Institute, Washington, &c. 8vo. pp. 150. Belfast. 1853.

We do not propose to give a formal review of this brochure; for its scope is so comprehensive, and its topics so multifarious, that it would well nigh require much print and paper as itself for a complete criticism of the contents. This, however, matters little, inasmuch as a copy of it can be had for a shilling. Without any intention of unnecessarily soliciting attention to it, we can, without exaggeration, say that it is a production well adapted to the wants of this country and the state of society which now prevails. If there be a people on the face of the earth requiring a severe lecture on their tastes, habits, and propensities, as regards physical wants and animal requirements, it is the Irish, and such a lecture Dr. McCormac endeavours to give: not in the language of reproach, or in an arrogant spirit, but in terms of persuasion and with feelings of respectful regret. Whatever people may please to think respecting the work, they must admit on its perusal, that the author is sincere; nay, perhaps they may call him an enthusiast. If he be not a true philanthropist, we are greatly mistaken, and no wolf in sheep's clothing, assuming a character for humanity to gain his private ends. Many of our readers will sneer at the notion that such a being can exist as a sincere, enthusiastic philanthropist, hardened as their hearts have been by the professions of impostors pretending to act in such capacity for personal objects; but history at all events tells that such have from time to time appeared. The following is the table of contents: Female Degradation—Employment—Education—Household Culture—Criminal Management—Physical Training—Clothing—Food—Drink—Air—Drainage—Prevention of Disease; and under these heads we have an abundance of details and a profusion of suggestions; not, it is true, derived from, or applicable to Ireland exclusively; but still well suited to the amelioration of its condition. The deplorable state of the labouring class of the Irish is often attributed to some inherent depravity, some instinctive brutal propensity, or unaccountable defect of character; but it is no such thing. It is the result of a coincidence of physical causes and moral influences in operation for ages. The following extract from Dr. McCormac's book furnishes our readers with proofs of this, while it affords at the same time a specimen of his method of handling his subject:—

“However miserable the Irish poor, there seems, every

opposing invective notwithstanding, a powerful element of self-helpfulness in the Irish character. ‘The most thriving and industrious in all our colonies are the Irish.’—*Edinburgh Review*, January, 1850. ‘Irish labourers, removed to situations in which industry is rewarded, exert themselves strenuously.’—*Thornton's Plea*, p. 236. ‘It is nearly impossible (observes Mr. Godby in his *Letters*) to detect any difference in the United States between those of English, Irish, and Scottish blood.’ ‘The success which has attended Irish emigrants in every country where they could obtain a fair day's wages for a fair day's work, affords the most conclusive answer to their habitual vituperators.’—*Sun*, October 16, 1851. ‘Irishmen (affirms Mr. Carlyle) are the sorest evil England has to strive with,’ while the *Times*, September 3, 1850, at one time the mouthpiece of every prejudice, at another the exponent of the better interests of humanity, declares more justly that ‘they are the indispensable auxiliaries of British industry.’ Many, indeed, are their dreary pilgrimages: now in the loathsome passage across the Irish Sea, now over the Atlantic wave, all in pursuit of leave to toil. One million sterling, it seems, was sent by Irish emigrants from the United States to Ireland in the single year of 1851. ‘Seeing these poor fellows toiling amid water and mud, and in the face of the hardest rock, I was convinced of the untruth of the charges brought against them.’—*Saxon in Ireland*, p. 82. ‘Englishmen talk of the indolent Irish! The accusation is false. They dig our canals, grade our railways, sit in our courts and legislatures, and are willing to work at any service as any people on earth, and with a fortitude that surprises us.’—*Balch, Ireland as I saw it*, New York, 1850, p. 169. ‘No one but a New Englander could have conceived the possibility of surmounting those rocks, chasms, and wintery heights, levelling them practically with the banks of the Connecticut. There those adamantine butments will stand, and at the end of time will bear the marks of the Irishman's drill, his bar, and pickaxe.’—*Elihu Burritt, Sparks from the Anvil*, p. 59. Agrarian outrages excepted, crimes against the person, and deep moral delinquencies, are certainly rarer in Ireland than in England. The more recent columns of the English press record outrages on the very name and essence of humanity. In Ireland there are no Brownriggs, Bubbs, Birds, Sloanes, Cheshams, Maria Clarks, or Mary Mays; no examples of opulent persons declining to support their aged relatives.—*Sanitary Reports*, p. 54. Mr. Mayhew, in his late work, bears testimony to the religious principle and moral fervour of what he terms ‘the street-Irish,’ while the costermonger ‘neither has nor knows any religion whatever.’ ‘Too long (observes Mr. Baird, in his *Sanitary Report on Glasgow*) has the bad name of the poor Irish been ascribed to them, but a short inspection will correct the error.’ Dr. Cowan of the same city avers that the Irish exhibited ‘less squalid wretchedness and drunkenness than the Scotch;’ while the Factory Inspector for Scotland, Mr. Stuart, in his *Report to the Secretary of State*, London, 1842, p. 132, adverts to the ‘regular habits, superior industry, and docility of the Irish,’ and the consequent preference accorded them by employers. ‘I have had a good deal to do (observes the Rev. Mr. Osborne in one of his pregnant letters to the *Times*) with English emigrants and their thriving position, yet I have never heard of them sending money to their relatives, whereas instances of Irish good-feeling in this respect might be multiplied to an extent I could hardly bring your readers to believe.’”

#### LETTERS FROM PROFESSOR EVE.

(To Professor Watson of the Nashville University, U.S.)

London, July 31, 1852.

WITHIN the few days, since my last letter was written, I have seen the Hunterian Museum, Guy's, St. Thomas's, and St. Bartholomew's Hospitals. Were I sentimental, I might add I have seen Professor Owen, the great naturalist, the veteran surgeon Dr. Lawrence, and Dr. Babington, and stood by the grave of Sir Astley Cooper.

Of the three great men of the age, and I name them in their proper order—Humboldt, Arago, and Owen, I have the high honour of making the acquaintance of the latter. I found him in his study in the Hunterian Museum, hard at work, but which he immediately left and accompanied me into the immense collection of comparative anatomy, physiological and pathological specimens, of which he is now the curator. The gymnoticus, or electric eel, is here beautifully delineated by Mr. Owen. We see first the natural fish, then its voltaic-like battery greatly magnified, and the wires (nerves) for conveying the electricity. He mentioned to us



a peculiarity in the common gar fish, which is, that of all its species it alone could shake its head. At the junction of the head and neck in the vertebræ, there is an orbicular articulation or balance socket-joint by which this movement could be made; so that, Mr. Owen humourously remarked, this the gar usually did (shake his head) when taken out of the water, to signify that he did not like it.

The celebrated case of "injured chest," which I had seen before, was pointed out, as also another of more recent occurrence. The first is that of having the body transfixed by a pig-shaft, the patient living eleven years after the accident. A gentleman, unaccustomed to horses, drove one up to the door of a stable, and wishing to unharness him, took off first the bridle. The animal, seeing the vehicle behind him, became alarmed, and plunging into the open door transfixed the master with the shaft. Seeing his imminent danger, two persons came to his relief, and drew him off the end of the shaft. He applied both hands to his chest and said, "I don't think the vitals are touched," and immediately fainted.

The exact nature and extent of the injury were not ascertained until after the death of the patient. The foreign body passed from the left through to the right, taking the intercostal spaces of the second and third ribs of both sides. It fractured the second and third ribs of the left, and the second of the right side, and also the sternum transversely. The tug of the shaft passed not only into the thorax, but penetrated the left lung, a portion of which is still seen adherent to the internal costal surface. Both lungs were transfixed. The life of the patient, as Mr. Owen stated, was undoubtedly owing to the bluntness of the instrument causing the wound, making it valvular, and preventing fatal hæmorrhage. The anterior portion of the thorax of this patient, as a wet preparation, and the shaft of the gig, are both preserved in this museum, and are exhibited as a most extraordinary instance of recovery from extensive injury.

The second case of wound in the thorax occurred to a sailor in 1843. The end of an iron rod attached to a yard for hoisting sail in a vessel, in its fall struck this patient, fractured his lower jaw, the clavicle of the left side, entered and then transfixed the thorax. The pericardium of the heart was wounded (Mr. Owen observing he could see the heart pulsate), and the rod coming out just below the left scapula, stuck into the deck of the ship. The chest of this man, there is reason to believe, was thus compressed down to about four inches. He is still in good health, and follows his avocation at sea. The left lung was no doubt transfixed in this case.

The bust of John Hunter recalled instantly the classic face of my great master and his greatest of pupils—Philip Sing Physick. Mr. Owen said this resemblance is noticed by most Americans.

Professor Owen is aged about 55, and has a peculiar whimsical expression; a countenance never to be forgotten. With a wide, expansive forehead, indicative of deep thought and profound study. But the wonderful modesty, the child-like simplicity, even amidst his gigantic works, mark the philosopher. In him I have seen the greatest mind of Great Britain, and, next to Humboldt and Arago, of the world. He has promised me a visit before I leave London, and says a barrel of gar fish put up in spirits would be a very acceptable present from America. This I take to be nearly as cheap as Diogenes' request for his friend to stand out of his sunshine, when he asked what he could do for him.

The hospitals of London are chiefly founded upon charitable subscriptions. They are managed most creditably to all parties concerned. I consider the new one, called the St. Mary, the model hospital, and the chief surgeon, Mr. Wm. Coulson, one of the most gentlemanly persons ever met with in our profession. In St. Bartholomew's, Dr. James Paget is the present curator of its excellent museum, for each hospital is a medical school within itself. He is considered one of the best anatomists in this city, and a most promising young surgeon. I met here, too, old Mr. Lawrence, the veteran surgeon of London, whose acquaintance I made twenty-two years ago; he does not operate, but still may be consulted, and visits the hospital. In the museum, which is quite extensive, are busts to Percival, Pott, England's first great surgeon the eccentric John Abernethy, Henry Earle, and good old William Harvey. I saw Dr. Paget operate for hare-lip, using long steel needles; and then Mr. Stanley cut for stone in a boy four years old. The calculus was very small. The bistoury alone was employed in performing the lateral operation. Mr. Skey was also present. The only peculiarity I noticed was emptying the rectum by a tube before operating. All these surgeons were exceedingly kind,

and Mr. Stanley especially complimentary to our country. I was regularly added to their consultations in two or three cases. One was the decision in reference to amputation in the case of an omnibus driver (a hard drinker) who three weeks ago had sustained a compound comminuted fracture of the lower portion of the humerus. Delirium tremens had now supervened, and his condition was imminently perilous. Mr. Lawrence was for the amputation of the arm a week ago; Mr. Paget decidedly opposed, and Mr. Stanley inclined to it. Upon the whole it was thought best to defer it. I find in this hospital Liston's method of amputation generally followed—viz., the double flap. Mr. Paget was engaged with the microscope, and asked if we did not believe in the difference of epithelial from parenchymatous carcinoma. He was answered in the affirmative. I cannot, however, but believe that the microscope is still uncertain and indefinite. I might have told you that Velpeau had assailed the truthfulness of its observations, and Nelaton asserted that two microscopists of Paris had returned to him different opinions, one declaring that the pathological specimen was cancerous, and the other that it was not of the same diseased lip.

Guy's Hospital was founded by the munificence of one man—a Mr. Guy, merchant of London, and at one time a member of parliament. This was the field of Sir Astley Cooper's labours, where for years he worked most assiduously; and the museum, which is next to the Hunterian collection, presents numerous splendid specimens prepared by his own hands. His remains are here deposited with those of Mr. Guy, in the chapel of the hospital. A monument has been erected to his memory in St. Paul's Cathedral by his pupils and friends. In this museum I was particularly struck with a wax model of the dissection of the head, neck, and arm, by Mr. Hilton. It was on exhibition in the Crystal Palace last year. It is here that wax preparations of a most beautiful and truthful description greatly abound. Mr. Bransby Cooper, nephew of Sir Astley, is the chief surgeon to Guy's Hospital, and Drs. Babington and Barlow its physicians. It and King's College Hospital are undergoing extensive improvements. That our Nashville friends may understand how the funds are raised for these alterations, I may mention the fact that one gentleman gave 2500 dollars and seven others have followed his example.

I accepted an invitation to inspect Barclay, Perkins, and Co.'s brewery of porter, ale, &c. It was established ninety years ago; the capital invested is 35,000,000 dollars; it covers thirteen acres near London Bridge; employs four hundred men and one hundred and sixty horses, and an engine of forty horse power. Two thousand barrels of fermented drink are turned out per day. The Thames water is preferred; an artesian well of three hundred feet deep gives an abundant supply, but it is too hard for use. But the medical point is, the great quantity of carbonic acid gas generated in the manufactory of these compound—and, I may add, confounded—drinks. As soon as I entered the premises, my eyes began to smart, and I came home to suffer the whole afternoon and evening from them. The phenomenon which attracted the attention of Dr. Black fifty years ago is here manifested on a large scale. The gas, after filling the immense vats, pours over the edges upon the floors, and descending into the lower parts of the building, has extinguished life in several instances. This mysterious agent is of course invisible, and insensible too, as you stand up higher than the vats; but bring your nose to the edge, and you are made to rebound by the pungency of the odour. Dip your hat into the vat, bring it out on a level, and it apparently contains nothing but atmospheric air; but turn it then over your face, and you are instantly made sensible that it contained another æriform fluid, which will also extinguish all flames. How soon the mystery of these phenomena would cease were this gas only coloured.

A visit to the British Museum convinced me that it was worthy of this great nation. It is peculiarly rich in its Egyptian collection, mineralogy, and zoology.

One subject has pained me, to see so many Frenchmen, some of our own profession, living in comparative destitution in this city, exiled from their own country by one of the most despotic governments that ever cursed France. Dr. Deville I met several times; he is certainly one of the most learned of his age in medical science, was chained to a common criminal, lived on beans, and banished to Cayenne, when the faculty of Paris interceded for him. I have now but to visit Edinburgh and Dublin before bidding adieu to old Europe, and in this transatlantic letter a few reflections may not be amiss.

The comparative estimate of life in the old and new world.



strikes every American. It is said that not an accident occurred at the exhibition in the Crystal Palace last year in London. How perfect must have been the arrangements which permitted the commingling of nearly 100,000 strangers a day in a very limited space for months together without one serious result to human life. Every precaution seems to be exercised. It is not simply "look out for the engine when the whistle blows," but you shall not go in the way of it, for bars are put up on the railroads as the trains pass; and then every death, every accident, is most thoroughly investigated. The coroner, as he always should be, is an educated medical man, and the guilty are promptly punished. While property is well secured by the laws of the United States, life itself, it must be acknowledged, is there too often sacrificed most recklessly.

The intercourse between the old and new world is still very limited. In the report for the month of June in Paris, this year, of 6050 strangers there were 512 from the new world. The literary intercourse, barring the thieving, is not yet much. A genuine Yankee said to me the other day that there was little difference between the parties, both denying the copyright to authors. The old produces most, but the little original written in the new world is republished without any acknowledgment of its source.

The increase of liberal sentiments in Europe, particularly in England, is gratifying to every American. During this, my fourth visit to the old world, this subject has been quite apparent. I have heard one of the editors of the *Lancet* maintain the opinion that it was of no importance where the candidate for the honours of the profession obtained his medical knowledge, so he possessed it. No special hospital, no favourite professor, no fashionable school conferred it, said he, but every man must be tried by his own merits. This, you will admit, is good republican doctrine. On every side we behold these sentiments becoming more prevalent. Checked they may be at present in France, but the world is improving, growing wiser, and man's inhumanity to man gradually ceasing, to be known, we hope, soon no more.

Edinburgh, August 7, 1852.

Occupying, as you do, a corresponding position in the profession to the teacher of obstetrics in the capital of Scotland, I have thought it appropriate to address you on what I saw to-day. I have had the enviable privilege of not only making the acquaintance of Professor Simpson, the introducer of chloroform, but have seen him operate after administering it. Having visited the Edinburgh University, Herriot's, Dawson's, and Donaldson's magnificent hospitals, each founded by the munificence of individuals bearing these respective names, I made a call on Professor Simpson. He invited me into his private operating-room, to reach which we had to pass through two stories of women, in attendance upon him.

Professor Simpson had just operated upon a case, that of cupping directly the uterus for amenorrhœa. The fluid extracted was subjected to the microscope, and exhibited blood corpuscles, as well as those of mucous and epithelial cells. This method to bring on menstruation is resorted to when other means have failed, and is only adapted to a certain class of cases. A stem-pessary he also frequently employs, composed, for this particular purpose, of two metals—say zinc and copper, or silver—so as to excite galvanic action. These instruments are generally made of German silver, are of oval shape, of about one and a half by two and a half inches in size, and from their centre projects at a right angle a stem of two inches in length. To introduce this pessary, the stem is placed flat upon the body of the instrument, passed into the womb, and then by a spring maintains its position in this organ, while the whole is retained in the upper portion of the vagina. I saw one removed that had been worn ten months without any inconvenience, but on the contrary with advantage. No difficulty is experienced in wearing them. Should the ordinary treatment for amenorrhœa fail, and galvanism produce no effect when applied as described, then, as the *dernier resort*, a long catheter is introduced into the womb, and a suction-pump adapted to its external extremity. This is the direct cupping of the uterus, and is surely one certain emmenagogue. Of course, if the ovaries are at fault, nothing can reëstablish menstruation; hence I have stated this heroic measure, the immediate action upon the womb itself, must be applicable to only a limited number of cases. The sudden congestion of this organ by this means, must often result in the irruption of the menses, and may be added to our means to effect this end.

For retroversion and retroflexion of the uterus, Dr. Simpson relies on his stem-pessary. In a case just arrived

from Aberdeen, the patient was placed deeply under the influence of chloroform, the misplacement clearly ascertained, and as the os tincæ would not admit the stem, it was freely excised in opposite directions. The patient was to return in a few days to have a pessary adapted to her case. I was much surprised at these bold operations upon the womb, and they go far to establish the position of Jobert of Paris, that its internal surface is insensible. The instrument of Professor Simpson for stricture of the os tincæ resembles the lithotome caché, the handle being much longer.

False conception is readily detected by the relaxation produced in the abdominal muscles from the effects of chloroform. Professor Simpson's mode of administering chloroform is as follows:—He poured on a towel about half an ounce of this fluid, and applied it closely to the nose and mouth of the patient. It was there retained about two or four minutes, until the patient had passed into stertorous breathing. Indeed, it seemed to be recklessly administered, so obviously was confidence placed in its harmlessness.

Everything that I saw of Professor Simpson during this brief visit impressed me with the sound philosophy and great merit of the man. He is, in my estimation, justly entitled to all the honours bestowed upon him by his professional brethren throughout the world, and has conferred an inestimable boon on suffering humanity. To him, and to him alone, belongs all the praise of introducing the best anæsthetic yet known in the practice of the healing art.

Professor Simpson is aged about 50; is a short, stout-built man, with broad shoulders, short neck, and large head, covered with a profusion of dark-coloured hair, which he wears quite long. It was four p.m. when I called upon him, and found his house then thronged with female patients, not less than sixty, I should think.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 29, 1852.

### THE MEDICAL CHARITIES OF IRELAND.

In our last we acknowledged the receipt of a pamphlet on this subject by Mr. ELLIS, lately President of the College of Surgeons, and signified our intention to notice its contents in our present number. It is the substance of an Introductory Lecture delivered to his pupils at the commencement of this Session, with extracts from replies to his letters seeking information, and an Appendix containing the forms to be filled up by the Dispensary Surgeons. Of Mr. ELLIS's motives and objects in thus embarking on the troubled waters of the ocean of medical grievances, we can speak in terms of approbation only. Be his views right or wrong, adverse or favourable to our own, we must give him credit for honesty of intention and disinterested zeal on behalf of his brethren; for we are firmly convinced that he entertains no latent longings after place, or designs upon consultation patronage. This it is necessary to say after all that has passed on this subject. Mr. ELLIS sets out with an avowal of his hostility to the Dispensary Act, and the regulations made under its authority: and we do not quarrel with him for it. Such grievous injustice has been inflicted by its enactment, and such hardship by its operation, that no one can object to an attempt to provide a remedy for them. Our readers will, we hope, recollect that from the very commencement of the agitation for promoting this measure, we warned the parties concerned that such results were to be expected from it; and it was not until, with their consent, it was adopted, that we consented reluctantly to accept it. Be this, however, as it may, there it now is, and we can only hope to amend it, for its repeal is out of the question. Mr. ELLIS sums up his objections to the act and its practical operation as follows:—

1st. The arbitrary and unconstitutional powers given by



the act to the Commissioners to "define the qualifications of the medical officer," and to dismiss him on what they (an irresponsible body) might, in the infinity of their wisdom, consider "sufficient grounds," appear to me to be so much at variance with the liberal policy inculcated and acted upon at the present time, that I think the authors of the bill must not have contemplated the usurpation and despotism involved in their own legislation; and yet, judging from the *enslaving* rules and regulations prescribed by the Commissioners for the medical officers, there is reason to believe that they are not at all unwilling to maintain in full force the plenitude of their authority!

2ndly. In consequence of the length of time which elapsed after the passing of the act, but before the dispensary districts were defined, and the managing committees appointed, the medical officers lost several months' salary.

3rdly. The dispensary districts are entirely too large, whilst the salaries of the medical officers are unjustly and offensively small.

4thly. The frequent returns required by the Commissioners as regards patients, medicines, and medical appliances, are truly ridiculous.

5thly. The complicated system of bookkeeping is most vexatious, and the requiring of the medical officer to attend in cases of midwifery, to vaccinate every person who may be brought to him for that purpose, to certify for dangerous lunatics, attend the inmates of bridewells and houses of correction, and keep an account of the medicines used in these institutions, without any remuneration whatever for such extra-duties, is an intolerable piece of injustice which ought not to be borne with any longer!

Touching these items *seriatim*, we cannot avoid allusion to the first, relative to the power given the Commissioners to define the qualifications of the medical officers, but we must deal tenderly with it, as this is not a very appropriate occasion to discuss the matter. The conferring of such powers on such parties is radically wrong, but who is to blame for it? The Crown and Parliament conferred them on the medical corporations, and they failed to execute them, until absolute necessity compelled the legislature to provide a check elsewhere. From the farrago of Degrees, Licences, Diplomas, and Certificates put into circulation, a selection must be made, and it is better that it should be made by the Commissioners than by the Dispensary Committees. However it may be hereafter, it must be acknowledged that the Physicians and Surgeons of Ireland are indebted to this non-medical body for refusing to accept an Apothecary's Licence to open shop as equivalent to a Medical Degree or Surgical Letters Testimonial. The second grievance, being that of the repudiation of a debt due to the Dispensary Surgeons, is a positive and tangible one. Either the Grand Juries, the Guardians, or the Chancellor of the Exchequer, owe a balance of salary to the Surgeons who discharged duties between the period when the old dispensaries became defunct and the new ones came into operation. But then how is it to be recovered, or from whom? If the claims under this head be so numerous, and the amounts so considerable as to "make a case" for parliamentary interference, it should be pressed; if not, they must go into the balance-sheet as bad debts. Of the grievance of large districts and small salaries, there can be no question; and where it prevails, no rest should be given to Committees, Guardians, or Commissioners until an evasion so obvious of the spirit and intention of the act be prevented. We call it an evasion, and it is nothing else, for the relief of the sick poor by any such means is physically impossible, and the Guardians know it; but what care they for the relief of the poor when the ratepayer is to be relieved? Of the filling up of complicated forms, we have often expressed an opinion; but then is it argued that no account of patients, cases, and results should be taken at all? As far as the relief of the sick poor goes,

we lag so far behind in the march of intellect that we think it matters little to them whether they are "booked" or not; and it only remains to be determined whether "the Doctor" is to draw up statistics for the promotion of science and the advancement of sanitary speculations for the pure love of the thing. Of the fifth paragraph of grievances, there can be no defence set up. To compel a man to administer medical relief to the sick poor of a district of excessive dimensions for £60 a year, and to compel him to vaccinate, attend midwifery cases, certify for lunatics, and attend prisons "into the bargain," is, as Mr. ELLIS says, an intolerable piece of injustice; but it is law, and where is the remedy? We see none, except in an alteration of the law, and how is that to be effected? We have 105 Members of Parliament from Ireland, but they are so busy at their trade of cabinet-making, they can spare no time for such matters as this. We have about a thousand men holding medical offices in Ireland; can they not find a peristaltic persuader to move the bowels of compassion of these gentlemen, or a blister, sinapism, or actual cautery to rouse their sensibilities? A crisis affords an excellent opportunity for the exercise of a practitioner's skill and the development of his resources, and it should not be neglected.

Since the above was written, the following came to hand, and being to the point we append it here by way of postscript. The suggestion contained in it is a good one, and until it and more be adopted, we shall have no end to the fraudulent extortions of small farmers and still smaller landlords:—

A few facts respecting the management of the dispensaries of Ireland, under the old and new acts, and a useful suggestion for the better working of the latter, may not be out of place at the present period. Under the former system, the amount collected by private subscriptions got a like sum from the county, out of which the doctor's salary and the cost of medicine, with all *etceteras*, were paid; then each subscriber commanded the attendance of the medical man, not only for the poor who applied to him, but also for his servants, and very generally for himself and family, with a very few honourable exceptions. Now, having gotten under the Poor-law Commissioners, the committees find that their grinding, selfish tyranny is in part at an end, they not only have the poor of their districts attended to, but they compel the medical man to attend the farmers, and other persons, who are better able to fee a medical man than he is to do without it. Whether this is with the intention of doing good at our cost, or with the view of being able to extract more rent, I leave it to the Commissioners to judge. This I know, that there is no cajolery, device, or plan to take the physician's labour and skill without payment, or at the least possible cost, that is not put in requisition; and after a life of danger, great labour, anxiety, and trouble, if he survives, worn out, heartbroken, and penniless, without pension or reward, except the luxury of having done good, and the State some little service, with the feelings, education, and habits of a gentleman, he may fly where he can to hide himself, and can truly say—"I cannot dig; to beg I am ashamed;" and like that noble animal the horse, when he has done his work, he is cast off, without even the privilege of being sent to the nacker's. My suggestion is, that each dispensary should have painted in large red letters, on a broad place over the door, "Pauper Dispensary," and the days of attendance in white or black; also "Pauper Ticket," in large black letters at the top of the "Visiting Ticket," and in large red on the "Black Ticket." I need not inform you, who know this country well, that this will wound the mean Irish pride of those who would rob us of our just reward, and might make them act more honestly; however, it will be an adjutant, and let some one else propose something better. Finally, let all medical men unite, and put in action their knowledge and great influence to gain an honourable and independent position in society, and to resist their tyrants to the death; and it stands them upon, as their very existence, and that of all they hold dear, depends upon their doing so.



## THE MEDICAL PERIODICALS.

THE following is the manifesto of the conductors of what may be called a new journal. The Provincial Medical Association of England having been for some years endeavouring to support a provincial journal for the use of its members, but without success, now resolves to try its fortune with a metropolitan one. We wish them success with all our hearts, for truly the present state of London medical literature requires a little of the stimulus of competition.

The influence of the "fourth estate" on the march of civilization—its good and evil effects upon the moral as well as the physical condition of man, are uppermost in the minds of most of our leading politicians, and will form an interesting object of inquiry for future historians. During the first half of the nineteenth century, the medical press may be said to have struggled out of chaos into existence; and another Sprengel, in writing its history, will have to take into account the influence of periodical medical literature on the progress of medicine both as an art and as a science, which has not yet been duly appreciated. The vigilant control which it has exercised over the practitioners of the art, has been of great service to society, for though they have the power of protecting themselves—even if they do not exercise it—against neglect or malpractice, yet when the poor are concerned, what other protection can they find but in the loud-toned voice of the medical press? With regard to the science of medicine, we believe that the vast improvements which have taken place throughout Europe and America during this period are mainly due to the same fostering hand. It has kindled in the minds of thousands a spirit of observation previously dormant, making every journal a valuable mine of facts and opinions, at the service of the master-minds who have the time, the energy, and the genius to mould them into profitable shape. Nay, more; the medical press has been the parent of most of the standard works of the day, many of which their authors would have been afraid to publish had it not been for the fostering dew of editorial praise. If such be the nature of a power which, to the best of our abilities, we have wielded for the advantage of the profession, it may be worth while to glance at the present state of so potent an influence, to which, when these words see the light, we shall have ceased to belong. In England, the medical press is now in a state of transition; most of its established organs are changing either their constitution, their form, or their editors; whilst fresh journals are springing up in the place of others consigned to oblivion. Out of courtesy, however, we will first glance at the sister kingdoms. In Dublin there is a quarterly journal, second to none in every valuable quality, and a bi-monthly one, which is edited with spirit, although the tenor of its recent remarks on English practitioners cannot be admired. In Edinburgh there are also two journals—a quarterly and a monthly. The former has become a bookseller's speculation, and now lives on its old reputation, and unless renovated by young blood must speedily die a natural death. The latter is the property of Messrs. Christison, Syme, Simpson, and Bennett, and is certainly conducted with great energy and talent; but its most striking peculiarity is the loudness with which it echoes every month the praises of one or other of its proprietors, whilst at the same time its editors lose no opportunity of bespattering with mud all other British medical journals, especially the hebdomadaries of London. In England, the most important arbiter in medical literature—the *British and Foreign Quarterly Review*—takes a new editor, who intends to introduce original articles; an alteration to be regretted, as it will draught from other journals their most important contributions, without improving its peculiar characteristic of reviewing in a style and to an extent which no other journal can aspire to. The *London Journal of Medicine*, a monthly periodical, dies for want of support, after a short career of profitless respectability. The *Medical Times* at one mouthful has swallowed up the *Gazette*, but, like Pharoah's lean kine, it does not seem to have grown the fatter. It, having used-up one editor, is now in the hands of a highly respectable gentleman, but he has received notice to quit, and another judge in *re medicâ* is said to be coming from beyond the seas. A formidable rival to the old standards has sprung up of late in the shape of the *Medical Circular*, which is a useful compilation from other journals, and has certainly its cheapness and pungency to recommend it. But towering above all still appears the *Lancet*—the

*Times* of the profession—as verdant and sapful as when first started by its energetic editor. Nevertheless, the spirit of change has come over our own Association, or at least an active division of its light infantry; and this journal is henceforth to be so altered as to enter the lists in competition with it. Two weekly journals are absolutely necessary to ensure freedom of discussion; and without that number we should, in London, share the fate of the profession in Edinburgh, where notoriously there is no free press. The *Medical Times*, backed by the staff of two old-established journals, and by the influence of the chief medical publisher of the day, cannot do much more than pay its expenses, and is mainly kept in existence for other purposes than as a merely mercantile speculation. Will the new series of this journal be able to take the place of the *Medical Times*, and compete with the *Lancet*, on the same terms and with the same weapons? Time will show. Will our members be henceforth more willing than they have been to enhance the value of their own journal by the results of their daily experience? We shall rejoice if such be the case, for we have henceforth a common interest with them in the success of our common property. And now one word for ourselves. We have brought the *Provincial Medical and Surgical Journal* to the termination of the first stage of its existence, and as it has hitherto been almost exclusively the organ of the members of the Association, it cannot be out of place to record our thanks for their support. We cannot view a change which renders necessary our severance from the *Journal* without regret. To feel otherwise, would be to appreciate too lightly the honour done to us by the Association in confiding its important interests to our care; and we own our regret is increased by the fact of our having indulged the hope of carrying out, by the aid of our friends, the most signal improvements in its composition and management. Henceforth, as an humble member of the Association, we fervently hope the change may realize the fondest wishes of those by whom it has been brought about, and that it may prove equally profitable to the Association and creditable to the gentleman who will in future occupy the chair we now vacate.—*Prov. Jour.*

With the opinions of our new contemporary touching medical journalism in general, past and present, we have not just now either time or space to deal; but we must find a little of both for a word on a "bi-monthly one in Dublin, which is edited with spirit, although the tenor of its recent remarks on English Practitioners cannot be admired:" meaning doubtless our peccant selves, notwithstanding the misdescription touching our periods of publication and numerical value. As our new Editor gathers experience in his calling, he will discover that THE DUBLIN MEDICAL PRESS will visit him on every Wednesday in the year; and we hope that amongst other improvements, he will introduce that of not ignoring our existence lest we might perchance detach a subscriber. As to our remarks on English Practitioners, we wonder not that they should be repudiated by the organ which speaks for them; but then the remarks may nevertheless be to the purpose. Pampered as these gentlemen have been with nauseous praise and fulsome flattery, a little plain truth may not prove amiss. We cannot, however, complain, seeing the castigation inflicted on our obstreperous brother beyond the Tweed and his ancient relative; nor yet, again, do we repine when we contemplate the semi-ironical sketch of London journalism as it is. Everything, however, to the contrary notwithstanding, we sincerely rejoice that there is a prospect of improvement in our department. We have had too much of "the trade" of late in our speculations, and the prospect of something less humiliating is refreshing.

## MORE ABOUT "THE GREAT CHEMIST."

Or all "the great chemists" that "some folks have read on," not one seems to have been so much indebted to the periodical press for a reputation as the "illustrious Professor of Giessen." BLACK, LAVOISIER, PRIESTLY, DAVY,



and FARADAY, have had a word of eulogium from time to time, but LIEBIG has had more than enough. How is this? Just because certain gentlemen would fain be considered little LIEBIGS, and can find no better method of winning the distinction, than interlarding their lucubrations with their hero's name. But let the be-puffed Professor beware, or he may some fine day find his reputation vanishing in some such vehicle as the froth of Bass's pale ale. Here, however, is the last:—

**LIEBIG MEDAL.**—A medal of considerable artistic merit has just been issued by the celebrated medalist, Ferdinand Korn, in Mayence. It has been struck in honour of the great chemist, Justus Liebig, whose numerous friends will be happy to learn that the artist has secured the right of disposing by sale of a number of copies. The medal is of a diameter of twenty Rhenish lines. The obverse presents a striking likeness of the great chemist. The reverse presents an allegorical composition, consisting of a number of figures, among which the four principal ones are the personifications of science in general, chemistry, botany, and mineralogy; the others, representing other sciences bearing upon chemistry. The whole is a noble and spirited work of art, and an adequate tribute to the great merits of M. Liebig.—*Lancet*.

### THE MUTUAL BENEFIT SYSTEM.

51, Mortimer-street, Cavendish-square, Dec., 1852.

SIR,—Having by a chemical investigation of tubercle, obtained (as I believe) a clue to distinguish true consumption from the many cases of pseudo-consumption often mistaken for it, together with a successful plan of treatment, I am desirous of extending my sphere of observation beyond the limits of my private practice. Should, therefore, any cases of chest disease fall in your way, I shall be happy to attend them *gratuitously*, and also any cases of liver disorder, obstinate dyspepsia, gout, dropsy, urinary disease, and generally all cases caused by, or associated with, chemical disturbances of the system or the secretions. If, in answer to my request, you send any persons to me for gratuitous advice, please to write the name of the patient on your own card, or on a slip of paper with your name and address, which will always enable me to send them my best attention.—Your obedient servant,

JOHN GARDNER, M.D.,

Editor of Liebig's Letters and Lectures.

To Mr. J. Brown.

P.S.—I shall not fail to recommend all patients you may send to me to take my prescriptions to you, that you may supply them with the medicines they may require.

Now, we execrate this Liebigian Editor for his barefaced avowal of such practices as this, but we execrate him because he lets out the secret, not because he does the trick. If he would do all this and more, with all due solemnity, and according to rule, no man would say wrong he did.

### THE TITLE OF APOTHECARY.

How often have we predicted that the attempt to change the name and character of Apothecary for that of Surgeon, Doctor, or General Practitioner, would end in failure. As the following tells, the title has become of such doubtful import that those who bear it know not what to do with it; yet the title, as titles go, is not so bad a one. The vender of culinary chemicals and toilet requisites calls himself Surgeon or Doctor, but we do not find many non-descripts assuming the title of Apothecary: it is too quiet a one for them:—

The title of "apothecary" is so liable to be confounded with that of druggist by the public, that I think those who have obtained a licence from Apothecaries' Hall have a claim to a better designation than that of "apothecary." The examination conducted at Blackfriars should entitle the candidate to at least a respectable title, and one which implies the possession of more than a mere knowledge of pharmacy. It is as searching and as extended as that of many an M.D. Why, then, should the term "apothecary" be preserved? Let the holders of the Apothecaries' diploma petition for a change of title, especially now that there is a Pharmaceutical Society. Why not have the title of "Licentiate in Medicine and Obstetrics" substituted? I am confident that

you will see the propriety of this change of name, as it is intimately connected with the dignity of a large mass of the profession, and therefore likely to aid in making the profession respectable in the eyes of the public.—*Letter in Lancet*.

### MR. KIRBY'S CASE OF FETID ABSCESS OF THE LUNG.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In the "Commentary" on this case, which appeared in the MEDICAL PRESS of the 15th instant, with the object of tracing the disease to its true source—viz., inflammation arising from cold, it was incidentally stated that the subject of the case "was imprudent enough to expose himself by dining out with a party of pleasure on an adjoining island, when he drank freely of rum punch, and returned home at a late hour, exposed to the night air." This statement I beg now to withdraw, as I find a construction has been industriously put upon it which it was never meant to convey. It was not intended to designate an act of intemperance, of which the gentleman in question would be incapable, but simply to describe the imprudence of an invalid in participating in the enjoyments of the healthy, and such as, under ordinary circumstances, might have been perfectly unobjectionable as well as compatible with the accepted rules of temperance and propriety.—I am, sir, your obliged servant,

RICHARD FAUSSETT, M.D.

Ballina, December 24, 1852.

### METEOROLOGICAL TABLE

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 19th,	55	42.5	29.800	.070
Monday,	20th,	55	49	29.750	.054
Tuesday,	21st,	50	44	30.020	.018
Wednesday,	22nd,	49	45	29.700	.050
Thursday,	23rd,	49	44	29.620	.190
Friday,	24th,	48	41.5	29.580	
Saturday,	25th,	50	41	29.550	.090

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet Dew T. Point	Rain.	Wind.
Dec. 19th,	54	36	29.533	53	52.5	.194	SW
20th,	54.5	46	29.445	47.1	44.9	.196	WNW
21st,	50	38.5	29.768	45.7	44.2	.004	W
22nd,	48	39	29.472	47.4	46.3	.058	SW
23rd,	48.5	38.5	29.389	45.8	44.6	.596	SW
24th,	49	38	29.325	45.1	43.3	.120	WSW
25th,	51	39	29.290	42.4	41.2	.135	SW

M. W. HANLON, M.B.

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By ANDREW ELLIS,

Fellow and late President of the College of Surgeons; Surgeon to the Royal Infirmary, Jervis-street; Professor of Surgery in the School of the Apothecaries' Hall of Ireland, &c. &c.

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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—Dec. 4.

Dr. HUTTON, President of the College, in the chair.

#### CASE OF DISLOCATION OF THE EYE.

By WILLIAM JAMESON, M.D., F.R.C.S.,  
Surgeon to Mercer's Hospital.

DR. JAMESON said he would detain the Society but for a very short time in detailing a case of dislocation of the eye which had lately come under his observation in Mercer's Hospital:—Peter Nowlan, *ætat.* 30, a powerfully able and muscular man, a corn porter, was admitted into Mercer's Hospital on the 3rd of November, at half-past twelve at night. His wife informed me that he came home that evening at ten o'clock in a most intoxicated condition, and while staggering about his room, struck his right eye against a small iron hook or nail that was in a dresser, which entered at the outer angle of the upper eyelid of that side, and when she went to his assistance discovered his eye protruded from its socket. She was most anxious to remove him at once to hospital, but could not succeed in prevailing on him to go until half-past twelve at night, when in a few minutes after this I saw him.

He was very boisterous and unruly, had a large check apron held close up to his eye, which he kept constantly rubbing and pressing against it. On its being removed, he presented a most peculiar, and I might add, frightful appearance. There was the right eye protruded out of the orbit, firmly fixed and immovable, staring, elastic to the touch, and devoid of all power of vision. The cornea was dry, cloudy, and rather opaque, pupil moderately contracted, and uninfluenced by the light of a candle. There was no extravasation of blood, nor was there any vascularity of the conjunctiva, although its reflection from the upper lid on the globe of the eye was partially torn through. The inferior margin of the upper lid was not visible, as it was placed behind the globe and spasmodically closed.

With difficulty I could get him restrained, as he was such a powerful man, but having accomplished it, I then, with two fingers of my left hand, elevated the upper lid, at

the same time, with the finger and thumb of my right, pressed the ball of the eye, and immediately it was drawn back with a distinct snap, and the lids closed over its anterior surface. I now, for the first time, observed the small wound before alluded to at the outer angle of the upper lid, but could not ascertain or form any conjecture at the time what amount of injury he might otherwise have sustained. I therefore had him conveyed to bed, and ordered cold to be assiduously applied to the part for the remainder of the night.

4th: The following morning, at visiting hour, we found him sober, but recollected little of what had occurred. His eyelids were a little swollen; there was some slight vascularity of the conjunctiva; the cornea was clear, shining, and moist, and the tears ran down the cheek; he could distinguish the day light; complained of pain in the head, and a deep pain in the globe of the eye, with full pulse. He was ordered to have *℥xvi.* of blood taken from his arm, bowels to be freely opened, and the cold to be continued to the part.

5th: Lids less tumid; pain and vascularity of conjunctiva almost gone; complains of the sensation as if gravel were between the lids; vision improved, but sees objects imperfectly, as through a thick haze. Ordered the tart. ant. mist., low diet, and the cold application to be continued.

6th: All pain gone; conjunctival vascularity less; sensation as if gravel were beneath the lids gone; vision nearly restored; has complete power over all the motions of the eye. Continue all.

7th: Convalescent; no suffusion; no pain; vision complete. 9th: Discharged cured.

The foregoing case I consider to be one of great interest, when we reflect on the novelty and nature of the accident, and the mode of its being inflicted. In the first instance, the great escape the orbital plate of the frontal bone had of being pierced, and consequent injury to the anterior lobe of the brain. Again, the length of time the cornea was left uncovered by the palpebræ, being two hours and a half, and all that time coarsely rubbed by the apron. The



great state of tension the optic nerve must have been kept in without permanent loss of vision. The escape the muscular attachments had of being torn from their origins, which evidently must have been the case from the subsequent perfect control retained over all the motions of the eye, as soon as the very slight amount of inflammation produced by the accident was removed. The powerful contraction of the orbicularis muscle behind the globe, with the complete restoration of vision. And finally, the trifling amount of constitutional disturbance and local inflammation that followed what appeared to be at first sight so very grave an accident to so very delicate an organ. These, I say, are points which add considerably to the interest of the case.

Dr. JACOB said the Society were greatly indebted to Dr. Jameson for the very interesting case he had just brought under their notice. As far as he could recollect, one of exactly the same kind was scarcely to be found on record. He thought it was a case which ought not to be dismissed from their consideration, without some suggestion to account for the occurrence of such an accident. He would solve the matter in this manner: Some persons were born with very large eyes and shallow orbits, and often, while examining the eyes of such persons, he found that by pressing the lids above and below, he could with ease get a view of the back of the eye. It was not that he merely saw one-half of the eye, but by a little manipulation of the eyelids, in persons with a shallow orbit and a large eyeball, he could obtain a view of the posterior part of the ball. Now, if by means of violence, the lids were tucked in above and below, they would grip the back of the eye and produce a downright protrusion of the organ from the orbit. He could not conceive any other way in which the accident could happen, because, as they might recollect, neither the muscles nor the optic nerve were torn in the case described by Dr. Jameson.

Dr. JAMESON.—The circumstance of the eye being drawn back with a distinct snap, shows that the muscles were at least on the stretch.

Dr. JACOB.—Yes, that is quite evident.

DECEMBER 18.

Dr. HARGRAVE, Vice-President of the College, in the chair.

ON POISONING BY THE BERRIES OF BELLADONNA.

By JOLLIFFE TUNNELL, Esq., F.R.C.S., M.R.I.A.

Mr. TUNNELL stated that two instances of poisoning by the berries of the atropa belladonna, or deadly night-shade, had a short time previously been admitted under his care into the City of Dublin Hospital, which he considered might prove interesting to the members of the Society and elicit discussion of a useful nature upon the active principles of this plant. He had accordingly brought notes of the cases, and would detail them to the Society.

The first was that of Thomas Penrose, ætat. 9, a stout, healthy-looking lad, who was brought to the City of Dublin Hospital, on Sunday evening, September 26, 1852, at seven o'clock, by his father, under suspicion of poisoning. He was violently delirious, laughing, dancing, and throwing his arms about, his eyes having a peculiarly wild and bright appearance, whilst the pupils were so much dilated, that the iris was only barely perceptible, as a fine ring or border round about. He continued grasping at imaginary objects, and crying out incoherently, not making use of any expression of suffering or uttering words relative to his being in the hospital, but pouring forth a string of incoherent broken sentences. He did not appear to recognize his father, or appreciate what was going on around him. The movements of his limbs were only partly voluntary, but the hand was constantly applied to the vertex, as if to remove something that was itching or annoying the scalp.

Upon questioning the father, he stated that the boy went away at noon for a walk, and returned about half-past three, when he sat down and appeared to be unusually silent. His father noticed this, and further remarked that there were small blisters round his lips. (These, on admis-

sion into hospital, had assumed the form of white spots upon the inside of the mouth and tongue.)

When questioned by the parent, he confessed to having eaten freely of some berries which he found lying on the pathway of one of the roads in the outskirts of the city. Shortly after he complained of soreness of the mouth and dryness of the throat, and subsequently became unsteady in his gait and confused in his ideas. Warm water was then freely given, and he vomited some gluey-looking matter, with three or four berries of a blackish red colour. Soon afterwards he became insensible, and was then conveyed to the hospital.

An emetic, consisting of a scruple of the sulphate of zinc, was administered by the resident pupil, Mr. Webb, on admission, the hair of the head was cut close, and the patient was put to bed.

On visiting him shortly after, I found his breathing slow and oppressed, but not stertorous; the pulse regular, 112; the surface of the body and extremities naturally warm. The zinc having had no effect, I directed an ounce of vinegar, with three ounces of tepid water, to be given to him, which he readily drank, and this to be followed by a second scruple of the sulphate of zinc.

Eight p.m.: The zinc was taken without producing any attempt at vomiting, and he seemed to be losing power. He was brought therefore to the edge of the bed, and a large can of very cold water poured over and upon the head. This caused much struggling and violent delirium for the while, but being followed by the admission of a continued stream of cold air, kept playing by means of a bellows on his head, he became more tranquil, and lay quiet, merely muttering and moving the hands about.

At nine o'clock, he had not improved, the delirium had returned again, and with more violence even than before. As there appeared to be no likelihood of the zinc acting, I introduced the stomach-pump, and injected forty ounces of tepid water, which, rushing up by the side of the tube, brought away much viscid matter, with a number of small brown, nodulated seeds, corresponding in character to those of the berry of the belladonna plant.

He suffered very little inconvenience from the use of the stomach-pump, and did not show signs of dyspnoea or distress, but the vomiting and evacuation of the stomach did not give relief. Two drops of croton oil and five grains of calomel were accordingly placed upon the tongue (for the insensibility had so increased that he could not be made to swallow), an injection of two drachms of sal volatile, with four ounces of water, was also thrown up the rectum, and the cold douche reapplied to the head.

Ten p.m.: No amendment; coma supervening; the extremities, hitherto warm, are now showing disposition to grow cold, and patient beginning to sink.

Mustard sinapisms were therefore applied to the posterior surfaces of either leg, a bucket of scalding water was sent for, and a blanket steeped in it. (This having been well wrung out, so as to be almost dry (a sheet in fact of woollen vapour), the patient was enveloped to the armpits in it. By half-past ten o'clock there was considerable change. The application of the scalding blanket has produced reaction; the face has become flushed, and the delirium again set in. Three leeches were accordingly applied to the right temple, and on their removal the use of the douche was resumed, each application being followed by the continued play of the cold air upon the head; the wet blanket also was removed, and a dry one substituted for it, in which he was tightly rolled, and the whole kept well in place by being bound round by a roller bandage, the jactitation of the limbs preventing any ordinary bedclothes from being kept on. The sinapisms were suffered to remain.

The following morning the delirium had decidedly decreased, and the pupils exhibited a trace of marginal iris, though totally insensible to the flame of a candle held close. Seven a.m.: Delirium and jactitation persistent; no sleep; no action yet from the bowels, the croton oil was therefore repeated, two drops being rubbed up with five grains of calomel and placed upon the tongue.



At nine o'clock a.m., he, for the first time, exhibited symptoms of consciousness, having put out his tongue upon being desired to do so, though the incoherent muttering and talking still continued. The countenance had a peculiarly wild and cunning expression; he looked as though he knew what was going on around him. The pulse had increased in frequency to 120, and was full; no urine had been passed since admission, and percussion over the pubis denoting the bladder to be distended, the catheter was therefore introduced, and some high-coloured clear urine drawn off.

Iced water was kept applied to the head, and a tepid foetid enema administered. A second foetid injection was thrown up at noon (the first not having acted), which produced a full copious stool, but having been removed by the nurse, I was unable to ascertain whether it contained any berries or not. The delirium continued until six p.m., when he fell into a quiet sleep, and awoke from it at midnight much improved, and the jactitation of the limbs diminished. The pupils were less intensely dilated, though still perfectly insensible to light.

On the 28th he was conscious, having slept the entire night, and awoke as from a dream, he having no recollection of what passed the day before, but referring all to the day preceding it. The bowels now acted freely, discharging dark copious stools, of moderate consistence, and the urine was passed easily, and of healthy character. He complained much of dryness of the tongue, with soreness of the throat and fauces; and upon examining the mouth, two oval spots of ulceration were visible (each about the size of a large letter wafer), covered with a tenacious yellow secretion, situated one on either side, at the commencement of the soft palate.

This condition appeared to have arisen from the contact of the croton oil, it having been left here after being applied to the tongue. The latter organ was morbidly clean, quite moist, and its papillae contracted. The pupils were scarcely less dilated, but he could discern objects; the pulse had reduced to 110; the calves of the legs were blistered by the mustard and hot vapour. He was ordered to take a couple of drachms of the acetate of ammonia solution in water every four hours, and for his diet some bland gruel. A solution of the nitrate of silver, twenty grains to the ounce, was applied to the ulcers of the mouth, and a solution of gutta percha in chloroform to the legs, with water-dressing by wet bandages outside.

On the 29th he was sensible, and could distinctly see objects at the end of the ward. The pupils, however, were still greatly dilated, and totally unaffected by light. When examined under sleep during the night, they were found considerably contracted. The tongue retained the same condition as yesterday, moist and soft, without a vestige of fur upon it. He was ordered to omit his saline medicine, and have good beef-tea thickened with arrow-root.

From this date he gradually improved, but for some days continued debilitated, and exhibited great languor; the countenance sunk, and the surface of the body having a dirty yellow, bilious tinge. The bowels acted during this time naturally, and though slow, his convalescence was unimpeded.

The legs were longer than usual in renewing the cuticle which had been removed by the sinapisms, owing to his having been scalded when an infant. The use of the gutta percha in chloroform as an application, answered very satisfactorily in this case. On the 11th of October he was discharged.

The second case was that of Joseph White, æt. 14, an intelligent-looking, well-made boy, brought to the hospital the succeeding day, September 27th, at two p.m., in a semi-conscious state, being unable to reply to questions put to him, or give any account of what he had been doing, but opening his mouth and exhibiting his tongue when desired. His eyes bore a peculiar bright appearance, wandering from side to side, and up and down, with the pupils intensely dilated, the limbs in perpetual jactitation, the motions partly voluntary, partly involuntary,

and very rapid. The delirium which accompanied this state had reference to his ordinary occupation—viz., that of a printer's boy. His pulse was 80, regular and soft. His father, who brought him to the hospital, stated that he had gone out for a walk at noon the day before, and returned home shortly before two: at three he dined heartily off bacon and potatoes, and at seven o'clock sat down to his evening meal of bread and butter, which he ate, but was observed by his mother to spill his tea. Her report is, that "he looked *stupid-like*, and shortly after she noticed that he slunk off, and went quietly to bed. He slept quietly until one a.m., when he got up and went about the house, apparently without any object, except that he would stoop down and pick, as if he was gathering straws. He next began to sing, laugh, and whistle, shaking every joint of his body, and dancing like one out of his mind."

His father attempted to quiet him, but without effect. He then gave him some whiskey, which did not appear to produce any alteration in the symptoms. He continued in the same condition up to noon, when some boys told him that his son had been eating poison berries the day before, on hearing which he brought him to the hospital.

He was put to bed, and the hair cut close, after which the cold douche was applied to the head. He was made to drink freely of vinegar and water, immediately upon taking which vomiting ensued, and he threw up the food ate on the preceding day in an undigested state, together with the husks or skins of a black shining berry, and a number of small brown seeds, which, under the lens, exhibited a nodulated appearance, like the top of an ordinary sewing thimble. With the vomiting, a marked alteration took place in the condition of the iris, the pupil becoming considerably more dilated than before.

A scruple of the sulphate of zinc was then administered, to secure full and perfect emesis, but no further effect was produced; an aperient, therefore, of croton oil and calomel was ordered to be taken, to ensure speedy clearance of the alimentary canal.

At two p.m., he was conscious to some degree, and could reply to questions asked, stating that he ate a number of red and brown berries the day before, after taking which he got scalding of the throat. Delirium now continued at intervals, and he became very restless, endeavouring to leave his bed, smiling, laughing, and picking at imaginary objects. Iced water was applied to the head, and a cold stream of air kept playing on the part, by means of bellows, through the night.

28th: He had slept soundly for some hours, and during this time the pupils were examined and found *as dilated as when awake*. He was much better this morning; quite conscious, though the motion of the extremities continued to some degree; the pupils as large as yesterday, and vision indistinct; one motion had taken place from the bowels; the throat was sore, and the fauces exhibited considerable redness, with slight ulceration of the tonsil; the dryness of the mouth and pharynx was much complained of. Cold applications continued to the scalp, an enema of turpentine administered, and a bland diet prescribed.

29th: He passed a good night, sleeping soundly; the pupils were examined several times, and on each occasion found contracted; to-day they were less dilated than yesterday, but still very large and barely moved on the application of light; the bowels acted frequently, and the urinary secretion was perfect, and voided without any difficulty; the soreness of the mouth and fauces had reduced, but the tongue had a very peculiar condition. It was moist and soft, and clean to a degree at the tip and edges, whilst running down the centre was a fur resembling a silver gray moss; the expression of the countenance that of languor, with a somewhat vacant look. Beef-tea and gruel were ordered for diet, with coffee at the breakfast and evening meal.

30th: The sensibility of the iris was now considerable, and the patient might be regarded as convalescent.

October 3rd: He was this day discharged from hospital quite well.

The quantity of berries eaten in this case was stated by



the boy to have been about as many as his hand would hold. He found them lying strewed along the footpath, as if they had dropped from a handkerchief whilst being carried along.

## REMARKS.

In relation to the foregoing cases, Mr. Tufnell said that there were some points of interest on which he would beg to offer a few remarks. The first was as to the frequency and fatality of poisoning by deadly night-shade. He believed of all the narcotic acrid plants it was the one whose fruit most frequently tempted children and others to partake of it, but occasionally the berries of the garden and the woody night-shade were also picked and eaten, as well as those of the daphne mezereum or spurge laurel. He found upon referring to the journals, cases recorded of poisoning by each of the plants that he had named, the fruit having been plucked by the individual, which was not however always the case, for in the autumn of 1846, several persons were poisoned in London, and two died from the effects of eating tarts made of the berries of the atropa belladonna or deadly night-shade, which were hawked about by a man named Hilliard, who sold them openly in the streets, believing them to be shoes. He was tried, however, for manslaughter, and convicted, his defence being that the offence was committed in ignorance, being unaware of the real nature of the berries, and that he had partaken of them himself as he went along. Now, in the cases detailed to the Society, death had very nearly ensued in one instance, and this owing to the negligence of some individual, for from the way in which the berries were found by these boys (lying strewed along the footway), it was evident they had been dropped by some party who was carrying them along.

As to the fatality attendant upon the swallowing of these berries, authors greatly differed. Thus, Haller was found saying that only three or four could be eaten without danger, whilst Christison mentions a case in which a pound were devoured by a lad, and recovered from, although medical treatment was not resorted to until next day. Age and constitution could alone determine the quantity that may be taken by any individual, as the cases then before the Society would prove; one lad, of nine years of age, being barely saved from death, although he had swallowed only a few, and been placed under active treatment within seven hours, whilst the other boy, of 14, had consumed upwards of a handful, and had had nothing done for him for a period of more than twenty-four hours.

Mr. Tufnell said he had spoken of three other kinds of berries as being sometimes eaten by children, and as having injurious effects—viz., those of the solanum nigrum or garden night-shade, the solanum dulcamara or woody night-shade, and the daphne mezereum or spurge laurel. The two former, as belonging to the order solanaceæ, had symptoms nearly allied to those of the belladonna—viz., giddiness, tremulous motion of the limbs, dilatation of the pupil, double vision, loss of sight, thirst, burning of the throat, convulsions, extravagant delirium, ending in sleep, and recovery, or coma and death. The other, the mezereum, as an acrid poison, causing burning of the mouth, exciting excessive vomiting and purging, creating great general irritation, convulsive movements of the limbs, and death by violent inflammation of the stomach and intestines; the pupils of the eye being contracted.

The uniformity of the symptoms of poisoning by the berries of the belladonna, were such as to render the diagnosis easy, and were well marked (Mr. Tufnell observed) in the cases he had read; and if enumerated, would be found to bear out the faithfulness of the description given by Dr. Taylor in his excellent work upon poisons. Thus: "Dryness of the throat and fauces, impaired vision, objects seeming double, and running backwards and forwards, suppression of the salivary secretion, inability to swallow from want of moisture, distressing sensation about the pharynx, great thirst, stumbling or staggering in walking, with giddiness and vertigo, eyes fixed, brilliant, and dazzling, pupils dilated to extreme degree, inability to hear or speak plainly, thoughts agreeable and vivid, with

fantastic spectacles apparent in the mind, a wish to be in constant motion, fingers perpetually in action, stomach and bowels indolent, neither vomiting nor purging taking place spontaneously, and rendering them almost insensible to medicine, attempts to get out of bed, followed by disposition to sleep." All these presented themselves more or less in both of the cases under consideration.

As to the treatment of poisoning by the berries of narcotic acrid and acrid plants, one main difference was found to exist. In the former there were extreme sluggishness, a torpor of the bowels; in the latter, irritability to a degree, vomiting soon after being swallowed, and diarrhoea at a later stage. Widely different treatment must therefore be had recourse to.

In poisoning by belladonna, then (or in fact any of the order of the solanaceæ), early vomiting was the first object to be produced. For this purpose, sulphate of zinc was in Peirce's case given, two doses of a scruple each, and no effect whatever produced; vinegar and water (as recommended by Dr. Thomson with the view of rendering the emetic effect more certain) was administered freely during the intervening time, and yet without emesis being induced. With this fact established, then, it became a question whether this was a practice to be recommended or not? Whether, in fact, the admission of acetic acid into the stomach upon the chewed berries was not likely, if retained there for any time, to extract the atropine or active principle of the plant? There could be no denying that in many instances the use of vegetable acids had been productive of the happiest results, lemon-juice, in poisoning with hyoscyamus, having frequently acted as an antidote, and in White's case, vomiting having ensued upon the vinegar's being taken prior to the administration of the sulphate of zinc. The guide in these cases as to the use of vinegar, must (Mr. Tufnell thought) be the stage of poisoning present—the state of the patient at the time. If, under the full influence of a narcotic acrid poison, when much torpor of the stomach might be expected, then to withhold its use, if suffering only to a slight degree, then to administer it, in conjunction with emetics, or alone, if other remedies were not at hand.

The stomach-pump, when procurable, should, in Mr. Tufnell's opinion, be resorted to without delay, if after a second dose of zinc or other emetic substance, free vomiting was not produced, of course premising that a stomach-pump could be procured. If it could not, and emetics failed, the practitioner had then to endeavour by croton oil purgatives, aided by injections, to expel the offending matters from the stomach and intestinal canal. Here, however, time was required for their action, in addition to the fact that the same influence which was presiding over the stomach was acting upon the muscular coats of the intestines, and preventing their peristaltic action being induced. It was necessary, therefore, to look round and see if any antidote for these vegetable poisons could be found possessing sufficient action to be desirable of adoption. Dr. Garrod, in the *Pharmaceutical Journal*, had written an article upon the use of animal charcoal as a successful antidote to vegetable poisons, its action being to combine with their poisonous principles, and render them innocuous. Dr. Garrod had tried it to some extent, and was satisfied with the results; using ivory-black digested in dilute hydrochloric acid, then washed and dried. This being triturated with warm water to the consistence of cream, was given to the patient, the quantity to be administered being in the proportion of half an ounce to a grain of the alkaloids, such as strychnia or morphia, or to a scruple of nux vomica or opium, the powders from which these alkaloids were made.

Vegetable charcoal he had also tested, but found efficacious only to a very small degree. The use of both kinds he found had the effect of neutralizing the emetic properties of ipecacuanha, as being a vegetable, but they did not materially lessen the action of sulphate of zinc. Charcoal, therefore, if employed in conjunction with vegetable emetics, must be subsequently to their use.

Tannin might also be tried, from its tendency to precipi-



tate the alkaloids, and if oak-bark and nut-galls were not procurable, a strong decoction of black tea might be tried.

The other remedies employed in the cases then before the Society, were cold affusion to the head, and stimulants to meet comatose tendency—viz., strong coffee given by the mouth, and ammonia injected into the rectum. There was another used in Penrose's case, which Mr. Tufnell could confidently recommend—viz., enveloping the whole body from the neck to the toes in a blanket wrung out of scalding water. In the collapse of cholera, he had found it rouse the vital powers when all else had failed; and it did more than this, for its sudden application to the surface arrested the serous drain which was running off from the capillaries of the stomach and bowels, the life blood of the patient.

It was an heroic remedy, and sometimes had the effect of removing the cuticle from the calves of the legs and nates, and other convex portions of the body, and was not therefore to be unnecessarily employed, but in fitting cases would be found a very valuable agent. In the instance, then, before the Society, sensibility had ceased, the vital powers were fast failing, and the extremities had grown cold, yet by its application the patient was brought round.

There was only one other point to which he would allude, but this, in a physiological point of view, was of great interest—viz., the action of the iris during sleep, and the relative difference in the condition of the pupil at that period and when awake, in persons poisoned by belladonna. Attention to this fact had first been called by his colleague, Professor Geoghegan, and to its accuracy he could attest, as he had visited both patients in the middle of the night for the special purpose of noting this point, and had found in each instance a marked diminution in the size of the pupil and degree of contraction from what existed when the patient was awake. So far as Mr. Tufnell was aware, he believed that under the ordinary local application of this agent (for the purpose of dilating the pupil for operation, or in iritis), the radiating fibres continue to act, and keep the opening enlarged during sleep, as when awake.

The President said the cases just introduced to their notice were of a most interesting character, and had been detailed with very great accuracy in Mr. Tufnell's valuable communication. Some points were suggested by the paper that deserved the attention of the Society, and one of these was the peculiar fact of the iris being dilated almost to annihilation, when the patient was awake, and being contracted during sleep. If his memory was correct, there was but one other case on record of poisoning by belladonna where the iris was contracted during sleep.

Dr. Jacob said the general impression upon his mind was, that contraction of a pupil artificially dilated could not exist during sleep. When children are brought to him with cataract, he drops a solution of the nitrate of atropa into the eye, and in the course of half an hour finds the infant asleep, and the pupil fully dilated; but on no occasion has he observed it to contract again. He thought that no more interesting or remarkable physiological phenomenon presents itself to the physician than the unaccountable one of the dilatation of the pupil by means of belladonna. They might say, if they pleased, that it paralyzed the sphincter, or stimulated the dilating muscle; but what, he would inquire, was the local influence which operates in this manner? He (Dr. Jacob) had been astonished at the amount of ignorance he had seen displayed by medical men with reference to the effects of this poison (for a poison it certainly was) upon the iris. There seemed to be growing up a queer notion that a considerable difference existed between the action of a common solution of belladonna and that produced by atropa, which, he might observe, was the product of the extract itself. Now, it was plain that when they used a solution of belladonna, the dilatation was due to the presence of atropa, unless it could be shown that two distinct agents were present capable of producing the same effects. It was downright nonsense to assert that atropine had any different action from extract of belladonna. True, it was

a very convenient application; but they must not forget that when they dropped a solution of the extract of belladonna into the eye, they were in point of fact using a solution of atropa; and yet, with a knowledge of this obvious fact, it was announced in books that somebody had made the discovery of the dilatibility of the pupil by atropa. He used sometimes the atropa and sometimes the common extract of belladonna. One grain of this salt dissolved in an ounce of water would be found sufficiently strong to dilate the pupil. It had been said that when atropa was applied, the pupil would not contract for seven or eight days. This was true in the case of some young people, in whom the effect continued for a length of time, but in other instances the pupil would contract in twenty-four or forty-eight hours, whether they used the one preparation or the other. With respect to the alleged influence of atropa or belladonna extract on muscle, or that it acted on the sphincter ani or uterus, he (Dr. Jacob) was firmly convinced that no well-authenticated fact could be adduced to prove that belladonna exercised any such influence. They had before them the fact that when they dabbed the brow with it, although the pupil was dilated, the orbicularis palpebrarum remained entirely unaffected. He was induced to throw out these few remarks, not because they were intimately connected with the cases before the Society, but because the subject was one that required further investigation, involving, as it did, questions of the highest importance, both in a physiological and pathological point of view.

The President said he fully concurred in the remarks which fell from Dr. Jacob as to the circumstance of belladonna not exercising any influence on the sphincter ani muscle. He had often used it himself for that purpose, and in no instance whatever did it produce the desired effect.

Dr. FLEMING said, that not having been present whilst Mr. Tufnell was addressing the Society, it might be thought unreasonable, on his part, to offer any remarks upon the interesting subject under discussion. Perhaps, however, he might be allowed to do so, inasmuch as observations, with respect to the use of belladonna, as a therapeutic agent, might to a certain extent enable them to satisfy themselves respecting the physiological effects consequent upon its application medicinally, and the results of its administration as a poisonous agent. Belladonna had been used both in medicine and in surgery: in medicine, principally, he believed, in the advanced stage of pertussis or hooping-cough; in surgery, both locally and generally; locally, in reference to some particular affections at the lower part of the anus; and it had been strongly recommended by the late Baron Dupuytren in those cases, which implicated the action of the sphincter muscle, with or without fissure of the anus. Now, he (Dr. F.) had used the preparation of belladonna recommended by this gentleman, and as far as his limited experience went, it did not produce relaxation of the sphincter muscle in that satisfactory manner which he had been led to expect. In one instance, which came under his observation, a decidedly specific or poisonous effect resulted from the application of the ointment within the verge of the anus, and in other cases vision was impaired, and delirium, with other unpleasant symptoms, made their appearance. In these cases he took care to examine the condition of the pupils, and in every instance they were dilated to a remarkable degree; but it did not occur to him, at the same time, to watch the state of the pupils during sleep. It was, however, a curious fact, and he thought Dr. Jacob would bear him out in the assertion, that the dilated condition of the pupils would remain even after the specific agent had been discontinued, sometimes for days together. He had met with cases where the pupil remained dilated (more frequently after the use of the solution of atropine) for two, three, and four days, to the great annoyance of the patient, and he believed that this state of the pupil was more likely to continue after the use of the atropine, than after the application of the simple extract of belladonna. The atropine appeared to possess this advantage in ophthalmic surgery—that its



effect was produced within an incalculably short space of time. Within ten or fifteen minutes, the pupil would, in all probability, be fully under the influence of a solution of atropine, dropped into the eye. But as far as his experience went, full dilatation of the pupil would not be produced so rapidly—by the external application of the extract of belladonna—by its internal application inside the eyelid—or by the employment of the well-known collyrium (containing belladonna) used in hospital practice, the strength of which was about one grain to an ounce of water. The internal use of belladonna was now freely recommended in cases of traumatic tetanus. On a late occasion, he gave it in a case of this kind, but its administration was followed by almost poisonous effects, the patient being a child, not more than three years old, who was sent to the Richmond Hospital. The age of the patient was a peculiar feature of this case; for it was very rarely that traumatic tetanus occurred at this early period of life. A thorn or nail stuck in the sole of the foot, and the symptoms of traumatic tetanus set in at so late a period as five weeks after the receipt of the injury. Under these circumstances, they would know how, within certain limits, to estimate the value of the remedies they employed; because the later the supervention of the disease, the more likely was Nature herself to succeed in curing it, or at least the more likely were the remedies to produce a favourable effect. Having heard Dr. Hutton (upon whose experience he placed the greatest reliance) state that he found belladonna extremely serviceable in cases of traumatic tetanus, he (Dr. F.) resolved to give it a trial in the case of this child. The preparation he used was the extract, and the menstruum, water. The quantity was two grains of the extract in two ounces of water, and at first he only gave the sixteenth part of a grain every second hour, the amount being subsequently increased to the eighth, and finally to the sixth of a grain. It did not appear to produce any visible effect in the first instance, but when he increased the dose to the sixth of a grain, he observed that although the symptoms diminished in frequency, they had positively increased in intensity; and he was, at the same time, struck by the uncomfortable and irritated condition of the child; which became so unmanageable that its mother could scarcely control it. Some effect was produced on the pupils, but not to the extent of dilatation; and there was an eruption on the skin, closely resembling that of scarlatina, which he attributed to the action of the belladonna. The effect of the belladonna in this case was, therefore, to control the frequency, but not the intensity of the fits.

Dr. BAGOT wished to offer one remark upon that part of Mr. Tufnell's paper which related to the non-action of the sulphate of zinc, used as an emetic. It was a matter of much importance to possess some medicine which would act suddenly and efficiently as an emetic, in cases of narcotic poisoning. Having tried the sulphate of zinc in a great many instances, he must confess that it did not act satisfactorily as an emetic. It was stated in books, as well as in lectures, that it was an exceedingly rapid emetic; but according to his own limited experience, it was quite the reverse; for he had seldom known it to act in a shorter time than ten or fifteen minutes, and he could mention instances in which, being administered to patients suffering from poison, it failed altogether in producing the desired effect. He remembered trying it in the case of a gentleman, on whom he wished to produce very rapid vomiting; but though he gave him a scruple of the sulphate in the first instance, and afterwards half a drachm, vomiting did not follow. In order to produce rapid emetic action, he had lately employed a combination of hippo and mustard, with very considerable success. Eight or ten grains of hippo, with one teaspoonful of mustard, would be found in many cases to act with sufficient rapidity, yet in such a manner as not to produce much prostration of strength.

Dr. JACOB, in reply to Dr. Fleming, repeated his conviction that there was no difference, except one of strength, between a solution of belladonna and a solution of atropa. If they put two grains of the nitrate

of atropa into one ounce of water, or dissolved one drachm of the extract of belladonna in a similar quantity of water, they would find that the action of both solutions was precisely and necessarily the same. A grain of the one or a drachm of the other would be strong enough to dilate the pupil, but two grains or two drachms would be sufficient for all purposes; the dilatation, however, would not take place in ten minutes: he had seldom known it to occur so early as a quarter of an hour after the application of the atropa or belladonna, and in the generality of cases, half an hour was required for the purpose. It was said that dilatation of the pupil was not attended with a defect of vision, but he (Dr. J.) knew very well, having tried the experiment on himself, that it would cause a temporary defect of vision, which, however, usually disappeared in the course of the following day. In his own case the dilatation lasted twenty-four hours, the pupils contracting again after a night's rest.

## IODINE INJECTION OF THE JOINTS.

By M. VELPEAU.

AMONGST the affections of the joints, effusion into them is a very common affection, but is only serious as a symptom of the disease which accompanies it. When it occurs as a serous interarticular effusion, without any marked material lesion, recent hydrocs articuli is easily cured by rest, bleeding, and topical applications, such as solutions containing muriate of ammonia or chloride of sodium. When the effusion resists these means, M. Velpeau applies a large flying blister, repeated every fifteen days, and then uses frictions with mercurial or iodide of lead ointment (the latter being preferable to the iodide of potash), aided by compression, the administration of calomel in small doses, and especially rest. There is another remedy now used—namely, the injection of tincture of iodine. M. Velpeau has only tried it twice this year; but from these two cases, it is plain that the injection thus used is neither very painful nor dangerous, and that when thus cured, the joint is not ankylosed. In one very bad case particularly, the injection was not more painful than when used for the cure of hydrocele, and succeeded where the other means referred to had failed. It is necessary that the treatment by iodine injection should be made more generally known, as it is not usually practised. The two points which deter surgeons from using it are, the fear of throwing an irritating fluid into a large joint, and of ankylosis taking place in case of success.

Now, both these dangers are imaginary. There is no previous incision, but a simple puncture made. Since 1839, M. Velpeau has used this plan twenty-five times. M. Bonnet perhaps as often, so that with cases of the same kind, related by Berard, and since, by M. Jobert, Maligne, and other surgeons, there are more than one hundred cases of these joints having been punctured and treated by the iodine injection, and none of the patients have had any unfavourable symptom. The swelling, with slight redness, which appears after the operation, only shows that a natural process is going on, such as takes place in a hydrocele, and is resolved without the application of leeches, &c.

As to the danger of ankylosis, it is equally imaginary. M. Velpeau has seen these patients long after the operation, and in all the movements of the joints were preserved. It is, in fact, in these cases, as in hydrocele, the cure can be effected without the obliteration of the serous sac; or if adhesions do take place, they yield after a time, and the function of the joint is restored, so that this is no serious objection; and, as on the other hand, there is complete cure in one-half the cases, and very marked amelioration in the other, it is to be concluded that the iodine injection, under such circumstances, when as yet there is no induration, is suitable, and the more so, as its use does not prevent that of other accessory means of cure.—*Presse Médicale de Belge.*



ON  
SOME OF THE MORE IMPORTANT CHEMICAL  
DISINFECTANTS.

By GEORGE WILSON, M.D., F.R.S.E.,  
Hon. Member of the Pharmaceutical Society of Great Britain.

I CONSIDER it an acknowledgment due from me to the Pharmaceutical Society of Great Britain, which has honoured me with its diploma, that I should contribute a paper to the proceedings of its Edinburgh section, with which I stand more immediately connected. I have selected a subject, of special interest at the present moment, when we have reason to apprehend the appearance of cholera on our shores, but which is at all times a subject not less important than it is difficult. To discuss the entire question of disinfection would require many papers. I can only refer at present to some of its relations.

The term *disinfectant*, in strictness of language, can only be applied to those agents or substances which destroy or decompose infectious or contagious matter. But it is usually employed in a wider sense, so as to include, not only *disinfectants proper*, but likewise *antiseptics* and *deodorisers*. Any attempt to draw a sharp line of demarcation between these three classes of agents, is rendered impossible by our almost total ignorance of the nature of contagious matter. Some substances, such as chlorine and sulphurous acid, possess at the same time, disinfectant, antiseptic, and deodorising powers. Some, like common salt, are probably simply antiseptic, of others, such as the salts of the heavy metals, which are in high repute as deodorisers, it may be questioned whether they are of any value as disinfectants, although with some persons they rank at the head of the list. Without insisting at present on this, it may suffice to define the bodies we are about to consider, thus: A disinfectant is an agent which effects the chemical decomposition of organic poisonous matter—the term poisonous being used in a wide sense to include all the known or supposed causes of the development of disease, which are referred to under the names of miasma, malaria, infectious virus, contagious matter, &c.

An antiseptic is an agent which prevents or arrests the development of organic poisonous (or non-poisonous matter) without effecting its chemical decomposition.

A deodoriser is a substance which destroys odour, by decomposing or combining with, or absorbing odorous matter. Chlorine, for example, decomposes sulphuretted hydrogen, whilst a salt of lead decomposes it, and charcoal simply absorbs it.

Before considering the relative merits of particular substances belonging to these classes, it is necessary, however, briefly to discuss the important question—does the poisonous organic matter which occasions certain diseases, occur in the solid, liquid, or gaseous form? The certainty that prolonged exposure to a vitiated atmosphere, such, for example, as that of a fever ward, produces disease, has led to a conclusion in which probably all concur, that the air is one of the chief media through which disease is propagated, and this connexion has in turn led to the much more doubtful inference that infectious matter is truly gaseous or vaporous. This view has probably been strengthened by the recent extensive study of the properties of anæsthetics, and by the many observations which have been made on the rapid and powerful action on the body of substances which enter it through the lungs. It has certainly also been deepened by the opinion, widely prevalent, that the gases which are evolved from cesspools, sewers, and stagnant waters in general, particularly sulphuretted hydrogen, hydrosulphuret of ammonia, and marsh gas (light carburetted hydrogen) are the *direct* and *specific* causes of ague and fever.

If this opinion were well founded, the limits and best modes of applying disinfectants could be determined without much difficulty, and our control over infectious diseases would certainly be much greater than it is.

I think, however, that we may with confidence affirm that the great majority of diseases are not propagated by

gaseous poisons. The recent tendency to advocate an opposite opinion, has been mainly occasioned, I believe, by an opinion expressed by the late Professor Daniell to the effect, that the fatal fever of the African coast is occasioned by sulphuretted hydrogen. This view was founded on an analysis of water brought from that coast, and determined the ventilating arrangements fitted up in the vessels which formed the disastrous Niger Expedition. It appears to have been extensively adopted by medical men.

During the frequent prosecutions for nuisance, under the new police act, which took place in this city and elsewhere, during the last visitation of cholera, it occurred to me, and to other chemists, to be constantly met by endeavours on the part of the prosecutor to compel an acknowledgment that sulphuretted hydrogen, hydrosulphuret of ammonia, and marsh gas or light carburetted hydrogen, which are confessedly given off by sewage waters, are the *direct* causes of fevers and other diseases. So long as this idea prevails, and men rest satisfied with it, as the true explanation of the mode in which fevers and similar maladies originate and are disseminated, they will cease to prosecute inquiry into the matter. It is most important, therefore, to discountenance the notion that we are acquainted with the true *materies morbi*.

That neither sulphuretted hydrogen nor hydrosulphuret of ammonia produces any special disease, may be sufficiently demonstrated by the impunity with which persons are known to expose themselves to much larger quantities of these gases than can possibly act on those who suffer from exposure to marsh miasmata. In these, the nicest tests have failed to give the slightest indications of sulphuretted hydrogen, and yet a few hours exposure to such miasms has been enough to develop fever. On the other hand, in every analytical laboratory, sulphuretted hydrogen and hydrosulphuret of ammonia are daily respired for weeks or months together by those engaged in analysis, yet analytical chemists certainly are not specially subject to fevers. At the Bonnington Chemical Works, where the ammoniacal liquor from the Edinburgh Gas Works is largely converted into sulphate and muriate of ammonia, the workmen are exposed to the hydrosulphuret of ammonia which forms so considerable a part of the liquor, and when it is neutralized with sulphuric and muriatic acid, sulphuretted hydrogen is given off in such abundance as to blacken the silver coins and watches on the persons of the bystanders, and even (along with the carbonic acid simultaneously evolved) to render them temporarily insensible if they incautiously respire the gases. Yet no special malady is known to result from this exposure, and the Bonnington Works enjoy the reputation in the neighbourhood of protecting it from the inroads of endemic and epidemic diseases. Similar observations as to the non-deleterious effects of exposure to comparatively large volumes of sulphuretted hydrogen have been made at the metal works, where a superficial tarnish of metallic sulphuret is removed by washing with acids, and the workmen are freely exposed to the sulphuretted hydrogen evolved. I need not say, that I do not wish to affirm that this gas or its combination with ammonia, is not a powerful poison, if respired alone, or to deny that the continued entrance of either into the body, must debilitate it and prepare it for yielding to the attacks of disease. But that it is the cause of the fevers, which a very short exposure to the so-called malaria of certain districts infallibly occasions, I altogether disbelieve.

The alleged noxiousness of diluted marsh gas (light carburetted hydrogen), admits of more easy disproof, for were it the deadly agent it has been declared to be, our colliers who are exposed in coal pits to much larger volumes of it than any other class of persons, should be to a corresponding extent sufferers from the diseases which it is supposed to occasion; but unless when its mixture with air explodes, it is destitute of any injurious action on the pitmen, who are a healthy class of the community.

Another disease—namely, influenza, has been imputed by high chemical authorities to the diffusion through the atmosphere of a peculiar gas. Dr. Prout regarding sele-niuretted hydrogen as its cause, Schönbein attributing its



production to ozone. There is no evidence that either of these views is true, but much may be said in favour of the latter. The last severe epidemic of influenza spread over Europe with a rapidity which almost seems to point to a gas as the medium of its propagation. No one, however, has detected seleniuretted hydrogen in the atmosphere; and air largely impregnated with ozone may be breathed with an impunity which throws grave difficulties in the way of Schönbein's hypothesis.

Whilst thus, with the exception of influenza (if it is to be excepted), no gas is known to possess the power of developing an infectious or contagious epidemic or epidemic; on the other hand, as Professor Graham has justly remarked, such infectious matters as are accessible to us; for example, the matter of cow-pox may be dried in the air, and is not in the least degree volatile. Indeed, the volatility of a body implies a certain simplicity of constitution and limit to the number of atoms in its integral particle, which true organic bodies appear not to possess. Again, the source of such bodies being, at all times inconsiderable, they would, if vapours, be liable to a speedy attenuation by diffusion so great as to render their action wholly inconceivable. It is more probable that matters of contagion are highly-organized particles of fixed matter, which may find its way into the atmosphere, notwithstanding, like the pollen of flowers, and remain for a time suspended in it.\*

To these statements it may be added, that all chemists now acknowledge that volatility is not essential to the transference of solid bodies to the atmosphere, at least so far as those soluble in water are concerned; for observations on the largest scale have shown that the vapours of volatile liquids carry with them sensible quantities of all the solids which they dissolve; common salt, nitrate of potash, boracic acid, phosphoric acid, afford marked examples of this; but the list of salts soluble in water which accompany its vapour at temperatures at which when dry they are fixed, is endless.\* The significant word "*Malaria*," therefore, which embodies in a single term, the evil reputation which the air or atmosphere has acquired, as the vehicle of contagion, may still, if we choose, be retained, although we acknowledge that all accessible contagious matters are non-volatile liquids or solids. It may further be added, that with the questionable exception of influenza, no endemic or epidemic spreads with the rapidity and equability, so far as area of occurrence is concerned, which would characterize it, if it were occasioned by a gas subject to a force so powerful as that of gaseous diffusion. Professor Graham's argument is still more cogent, for, according to his views, if infectious matters were truly gaseous, we should never have endemics or epidemics, unless those matters were developed in immensely larger quantities than by universal acknowledgment they are. In truth, they elude every test, even when applied to large volumes of the most infected atmospheres.

From all that has been stated, it must be inferred, according to our present knowledge, that at least the great majority of the substances which are intended to be reached by disinfectants, are not volatile, and therefore are much less easily decomposed than if they were gases. We may also with reasonable confidence affirm, that they are organic products, and as such consist of carbon, hydrogen, oxygen, and nitrogen, or at least of two (if not always of three) of these elements; and that like all such compounds, they are readily decomposed by chemical reagents, especially oxidizing ones. There is no reason to imagine that infectious matters are difficult to decompose, *provided we can reach them*. The difficulty lies in reaching them. Assuming then that contagious matters are not volatile, and that they

contain (to take the most complex case) carbon, hydrogen, oxygen, and nitrogen, the principles which are to guide us in the application of chemical disinfectants, will not be far to seek. Oxidizing agents will plainly be of great value as they can readily convert hydrogen into water, and carbon into carbonic acid, and thus disintegrate and destroy the morbid matter. Substances having a great affinity for hydrogen, such as chlorine and its class, will plainly also be of great service. Substances having an affinity for oxygen will also be applicable to the destruction of organic poisons; and, finally, all reagents which by contact with organic matter can determine a new arrangement of its ultimate elements. All the powerful chemical disinfectants act in one or other or all of those ways. I shall refer to five of the disinfectants: 1. quicklime, 2. sulphuric acid, 3. potash and soda, 4. nitric acid, 5. chlorine, 6. aqua regia, 7. ozone. The value of *quicklime* and of the *caustic alkalis* as disinfectants, has certainly not been overrated, although it may be questioned whether our sanitary authorities have been wise in trusting to lime alone as a purifier. From the careful study of the process of natural and artificial nitrification, and from the results of the application of soda lime in organic analysis, we have learned that the caustic alkalies and alkaline earths decompose organic matter with the evolution of ammonia, which by oxidation may become converted into nitric acid. Woodwork or stone floors, to which a coating of limewash cannot be applied, requires only to be washed with caustic soda or soft soap, to obtain an effect identical with that which lime occasions.

2. *Nitric Acid* seems latterly to have fallen into disrepute, but certainly undeservedly. It acts more rapidly on many organic compounds than chlorine does, attacking their carbon as well as their hydrogen, and as it is not required in large quantity its application is not costly.

3. *Chlorine*.—Of chlorine, which is at present the favorite disinfectant, it is needless to speak. Its peculiar power of decomposing combinations of hydrogen, gives it, in one respect, a superiority over nitric acid, which does not decompose many of the gaseous hydro-carbons; but it should not be forgotten that it is only in the presence of light that this action of chlorine is fully displayed, so that its disinfectant influence is comparatively small in the case of dark or ill-lighted apartments, such as underground cellars, the lower cabins, or the hold of a ship, which are the very places where disinfectants are often most wanted.

4. *Aqua Regia*, as uniting the properties of nitric acid and of chlorine; each of which has peculiar virtues, the former in particular being a powerful oxidizing agent, the latter possessed of a great decomposing action over hydro-carbons, appears entitled to a high place among disinfectants. It can be cheaply procured by pouring oil of vitriol on a mixture of nitre and common salt, or by heating a mixture of nitric and muriatic acids.

One of the most rapid and effectual methods of disinfecting a large empty apartment such as an hospital ward, would be to place in one corner a vessel containing the materials for chlorine, such as oxide of manganese and hydrochloric acid, or oxide of manganese, common salt, and oil of vitriol; and in another corner a vessel containing nitric acid and a few fragments of copper, so as to evolve nitric oxide, which would spread through the apartment and form nitrous acid there, oxidizing everything oxidizable which it contained, whilst the chlorine specially attacked the hydro-genous compounds. The walls might then, if necessary, be lime-washed, with a view alike to destroy any adhering organic matter which had resisted the action of the gases, and to neutralise any traces of free acid.

5. The last of the disinfectants proper to which I refer is the singular substance ozone, which has a special interest, as being in all probability the great natural disinfectant. Its nature is still matter of speculation. Schönbein, its discoverer, regards it as a peculiar oxide of hydrogen; Berzelius and Faraday represent it as simply oxygen in a peculiar (or allotropic) state of modification; it has been suggested that it is an oxide of nitrogen; and quite recently M. Fremy has affirmed it to be what he calls "elec-

\* In virtue of this we may anticipate the administration of other medicines than anæsthetics by the lungs, although they may not be volatile. In cases of poisoning it would be of the greatest importance, if we could directly transfer to the blood an emetic or purgative, which we may hope to do along with the vapour of its solvent, aqueous or non-aqueous. Such a process, however, would be applicable only to medicines which act powerfully in small doses.



trized oxygen,"—i.e., oxygen modified in properties by the action of electricity upon it; a view not materially differing from that of Berzelius and Faraday. There are difficulties in the way of all these views, into which it is not necessary to enter. All that concerns our present subject is that, by different processes a substance can be developed in the atmosphere which possesses remarkable disinfectant and oxidizing properties. The oldest known method of producing the so-called ozone, is the exposure of air to a stream of friction or high tension electricity. Its odour may always be recognized in the neighbourhood of an electrical machine whilst at work. Another method is the galvanic decomposition of water, when the ozone accompanies the evolved oxygen. A third, and the most convenient method on the small scale is the exposure of phosphorus in moist air. By these processes and by certain others, air is made to acquire a striking power of oxidizing, bleaching, deodorizing, and disinfecting. We cannot doubt that every thunder-storm develops some ozone, and other processes also probably produce it. At all events the atmosphere frequently exhibits an oxidizing and bleaching power, at other times absent, which Schönbein, Faraday, and others, attribute to the development of ozone within it.

No one who has experimented on ozone will doubt its potency. I refer to it here because there are so many reasons for believing that it is the agent which prevents the accumulation in the atmosphere of volatile organic bodies, by converting them into water, carbonic acid, nitric acid, and ammonia, that we cannot avoid looking hopefully to it as destined to prove our disinfectant *par excellence*. Certain as we are that for thousands of years miasmata, malaria, poisonous effluvia, and every gas, vapour, and volatile body developed at the surface of the earth, must have found their way into the atmosphere, and that nevertheless its purity is not sensibly affected, we must regard the constituent or condition of the air, which has secured its purity during centuries, as one demanding special study. Further this constant process of disinfection has not interfered with the respiration of animals, so that we may fairly regard ozone as a substance applicable as a disinfectant in places occupied by human beings or by the lower animals. It is true that the power of producing influenza or catarrh has been attributed to ozone in excess; on grounds, however, almost entirely speculative. This view may or may not be true; but of this I am quite certain, that the well-known impunity with which electricians expose themselves for hours together to the action on the atmosphere of large friction machines, which the dullest nostril can discover to be producing abundance of ozone, is enough to show that a large impregnation of the air with this substance, neither affects respiration nor produces catarrhal affections. We ought, therefore, I think, to give special attention to ozone. It is not likely that we shall be long without discovering new processes for its production. It will be specially valuable for what are the most important, and, at the same time, the most difficult occasions for disinfection—namely, where human beings cannot be removed from infected apartments. Examples of such cases are found in a large ship at all times, and still more when its crew and passengers are attacked by disease; in the wards of an hospital, from which the sick cannot be taken; and perhaps most strikingly in a large factory, where hundreds of persons assemble daily together, many of most uncleanly habits, and at epidemic seasons fresh from infected rooms, whilst the apartments contain valuable metallic machinery, and fragile silk, cotton, linen, or woollen goods, which interpose an additional obstacle to the free employment of gaseous disinfectants. The condition of our ships as regards ventilation and wholesomeness is proverbial; and on inquiry of residents in Manchester and Glasgow I find, that where disinfection has been attempted in factories—which it rarely has—it has consisted in sending a man once a day through every room with a quantity of blazing pitch, which was supposed to fumigate into purity the atmosphere, whilst it set all the workpeople coughing.

How difficult it is to prevent the spread of erysipelas,

gangrene, fever, and the like in hospitals, every medical man knows too well. Ozone at least deserves a trial as a disinfectant in such cases.

*Antiseptics.*—The only antiseptics to which I shall refer are two. The first is sulphurous acid: it is a powerful antiseptic, for it resists thoroughly the decomposition or decay of organic matter. In reality, however, it as much resists the development as the decay of organic bodies, and thus it doubly prevents the evolution of organic poisons. Dr. Christison long ago pointed out how small a quantity of this acid is sufficient to destroy plants. In the wine countries it has been used from time immemorial to prevent the souring or acetification of the lighter wines, when kept in casks partially filled. Professor Graham, who strongly recommends it as a disinfectant, draws attention to the fact that at Manchester the offensive effluvia of the cochineal dye-vats, which resist the action of chlorine and nitric acid, are at once destroyed by sulphurous acid. My own attention was directed to it from the employment of it on a large scale by paper-makers and others to secure the preparation of pure gelatine, a substance peculiarly liable to enter into putrefaction. Sulphurous acid can be easily prepared by burning sulphur, or by heating oil of vitriol, along with charcoal or vegetable matter. Its corrosive action is very slight; its disinfecting action very powerful. The sulphite of soda is now prepared in quantity at different chemical works. The addition of a stronger acid sets free the sulphurous from its salts. As to its mode of action, if we concur with Liebig in believing that morbid matters resemble ferments in being active, only whilst undergoing a decomposition which is mainly determined by the oxygen of the air, we may suppose sulphurous acid to render the poisonous matter inert, by preventing its oxidation. This acid, moreover, is a powerful deoxidizing agent, and it may be by removing oxygen from organic poisons, that it renders them inert, by decomposing them.

Further, sulphurous acid can combine with certain elements of organic bodies, as we see in its temporary bleaching action on vegetable colours; and it may be thus that it neutralizes morbid matters. In one or other or all of those modes, this agent may act as a disinfectant; but at all events its action is very powerful, and it deserves much more attention than it has received.

The only other substance to which I shall at present refer, is pitch oil, one of the products of the distillation of tar. It is an antiseptic of the most powerful class, and very cheap, and if not used in excess it is applicable as a deodorizer, but its own strong tarry smell interferes with its extensive use.—*Pharm. Jour.*

#### ON THE INFLUENCE OF POSTURE IN THE TREATMENT OF EPILEPSY.

By MARSHALL HALL, M.D., F.R.S.

WE have only to raise one hand and arm high above the head, and allow the other to hang down, for a minute or two, and then bring the hands together and compare the syncopeal condition of the former with the apoplectic condition of the latter, to form an idea of the influence of posture in the treatment of diseases consisting of affections of the circulation, especially that of the head.

I believe ordinary syncope may pass into fatal sinking if the raised posture be continued.

I believe that simple apoplexy may become deeper and deeper, simply from the opposite course of retaining the patient in the recumbent position.

Sleep, which is a sub-apoplexy, may pass into epilepsy or apoplexy, solely from the fact of a recumbent position. As a preventive of epilepsy and apoplexy during sleep, it is of the utmost moment that the patient should habitually repose with the head and shoulders much raised. For this purpose both bed and mattress should be raised by means of a bed-chair, or triangular cushion, and the patient be prevented from gliding down in the bed by means of a firm bolster, four inches in diameter, placed under the sheet, under the front of the ischia. The trunk should be raised to an angle of 45 deg. or 50 deg.

In this manner the encephalon will be less oppressed with



blood, the sleep will be lighter, the disposition to epilepsy or apoplexy will be diminished.

This should be the patient's habit during the rest of life.

There are two other circumstances in which attention to posture is most important.

The first is the condition of the patient after certain fits of epilepsy, the respiration being impeded by rattles in the throat. The posture should be much raised; but besides this it should not be such that the saliva may fall into the fauces. The stupor and insensibility prevent the patient from swallowing. The saliva, therefore, if a just position be not adopted, accumulates and falls into the fauces, and a throat-rattle and dyspnoea, painful to witness, and dangerous to life, are the consequence. The posture of the patient should be such as to allow the saliva to flow out of the corner of the mouth. In one case such a change of posture relieved the patient immediately.

The second case requiring extreme attention to the posture of the patient is that of *Syncope Epilepsy*, or that form of epilepsy in which there is ghastly pallor of the countenance and other signs of syncopeal affection. The patient should be placed with the head low. If this be not done, the syncope may be speedily fatal, an event which actually occurred in an interesting case a few days only ago.

The patient was no other than Ann Ross, on whom Mr. Anderson had performed the operation of tracheotomy. Her fits had changed from those of the epilepsy *laryngea* to the abortive form. The reader may remember that the patient's age was thirty-six; that her case was hereditary, her father having been epileptic; and inveterate, her fits having recurred during twenty-four years; and that she herself was thin and pallid. She was seized with syncopeal epilepsy; was laid on the bed and expected to recover as formerly; was left; and was at length found to have expired! A low position and proper attention might have saved the poor creature's life.

I need scarcely observe, that what I have said of epilepsy applies to many other diseases. It is the principle of position which I wish to enforce; a principle the importance of which I believe to be still greater and still more extensive in application than is generally imagined.—*Lancet*.

#### REVIEWS AND NOTICES OF BOOKS.

AN ESSAY ON THE ACTION OF MEDICINES IN THE SYSTEM; being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal. By F. W. HEADLAND, B.A., M.B.C.S., &c. London. 1852. 8vo. pp. 346.

ON no question, perhaps, have scientific men differed more (the author remarks) than on the theory of the action of medicines. Either facts, essentially opposed and incompatible, have been adduced by the disagreeing parties; or, which is nearly as common, the same fact has received two distinct and opposite interpretations. "Many hypotheses, when tested, are seen (he adds) to be grounded on bare assertions, and to be destitute of logical proof; many others are attempted to be established on ill-sustained analogies." "Analogy, in such a case as this, may be used to increase probability already evidenced; but by itself it is no proof, for we often find that medicines are capable of producing the same result in very dissimilar ways."

The author's mode of treating his subject is somewhat novel. He first lays down a series of propositions (ten in number) respecting the action of medicines, and he then adduces proofs of the correctness of each. The great use of such an arrangement is, he considers, its distinctness; so that it may in any case be easily seen whether a proposition has been established or not.

Mr. Headland's first proposition is—"That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested." Of this there are four proofs; thus, "1st. When introduced at another part of the body, a medicine acts in the same way as when placed in the stomach. 2ndly. It is found by direct experiment that a poison will not act through the medium of nerves only, but that its passage in the blood is required. 3rdly. The course of the circulation is quick enough for the most rapid poison or me-

dicine to pass quite round the body from the veins of the stomach before it begins to operate." "The last and most conclusive argument to show that medicines pass out of the stomach into the system, is that they have actually been detected by chemists, not only in the blood, but in the secretions formed from the blood."

In the second proposition it is laid down "that the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change by a process of absorption through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins." "In the stomach there is (the author observes), in contact with the substance just introduced, a thin watery secretion containing acid and a matter called pepsin; this is the gastric juice. A large number of medicines are soluble in water; they are dissolved in this fluid. Some others are soluble in dilute acid; these too are dissolved here. Albumen, and matters like it, are reduced to solution by the aid of the pepsin, which is the principle of digestion. But there are some few mineral bodies, and many vegetable substances, as fats and resins, which cannot be thus dissolved by the juice of the stomach; they are soluble, more or less, in a weak alkaline fluid; and such a fluid is the bile, which is poured out into the first portion of the intestine."

The third proposition is "that those medicines which are completely insoluble in water and in the gastric and intestinal juices, cannot gain entrance into the circulation."

"Proposition 4. That some few remedial agents act locally on the mucous surface, either before absorption or without being absorbed at all. That they are chiefly as follows:—

Irritant emetics;  
Stomach anæsthetics;  
Irritant cathartics.

Proposition 5. That the medicine when in the blood must permeate the mass of the circulation so far as may be required to reach the parts on which it tends to act.

That there are two possible exceptions to this rule:—

The production of sensation or pain at a distant point;

The production of muscular contraction at a distant point.

Proposition 6. That while in the blood the medicine may undergo changes, which in some cases may, in others may not, affect its influence. That these changes may be of combination, as of an acid with an alkali; of reconstruction, when the elements of a body are arranged in a different way without a material change in its medical properties, as when benzoic is changed into hippuric acid; or of decomposition, when a substance is altogether altered or destroyed, as when the vegetable acids are oxidized into carbonic acid."

Having considered these preliminary points, we shall arrive (the author remarks) at the main point—viz., how medicines operate in the cure of disease. This is followed by a classification of medicines according to their supposed mode of operation. The author is of opinion that medicines which act after entering the blood, may be divided into four groups or classes, the action of each of which is well marked and distinct.

"The first class acts on the blood, and as a large number of diseases depend on a fault in that fluid, we may by their means be enabled to remedy that fault. They are the most important of all medicines; they are called *hæmatics*, or blood medicines. They are used chiefly in chronic and constitutional disorders. A second class of remedies are temporary in their action. They influence the nervous system, exciting it, depressing it, or otherwise altering its tone. They are chiefly useful in the temporary emergencies of acute disorders. They can seldom effect a permanent cure, unless when the contingency in which they are administered is also of a temporary nature. They are called *neurotics*, or nerve medicines. A third set of medicines, less extensive and less important than the others, acts upon muscular fibre, which is caused by them to contract. Involuntary muscular fibre exists in the coats of small bloodvessels, and in the ducts of glands. Thus, *astringents*, as these agents are called, are able, by contracting muscular fibre, and thus diminishing the calibre of these canals, to arrest hæmorrhage in one case (when a small vessel is ruptured), and to prevent the out-



pouring of a secretion in another case. The fourth class is of considerable importance. Some medicines have the power of increasing the secretions which are formed from the blood by various glands at different parts of the body. By their aid we may be enabled to eliminate from the blood a morbid material through the glands; or we may do great good by restoring a secretion when unnaturally suppressed; they are called *hæmatics*. Like *hæmatics*, their influence is more or less permanent. That of *neurotics* and *astringents*, particularly the former, is transient."

The following is the classification of medicines given by the author, founded upon his views of their mode of operation:

**Class 1. HÆMATICA.**

**Div. 1. Restaurantia.**

- Ordo 1. Alimentaria.
- 2. Acida.
- 3. Alkalia.
- 4. Tonica.
- 5. Chalybeata.
- 6. Solventia.

**Div. 2. Catalytica.**

- Ordo 1. Antiphlogistica.
- 2. Antisyphilitica.
- 3. Antiscrofulosa.
- 4. Antiarthritica.
- 5. Antiscorbutica.
- 6. Antiperiodica.
- 7. Anticonvulsiva.
- 8. Antisquamosa.

**Class 2. NEUROTICA.**

**Div. 1. Stimulantia.**

- Ordo 1. Stimulantia generalia.
- 2. Stimulantia specifica.

**Div. 2. Narcotica.**

- Ordo 1. Inebriantia.
- 2. Somnifera.
- 3. Deliriantia.

**Div. 3. Sedantia.**

- Ordo 1. Sedantia generalia.
- 2. Sedantia specifica.

**Class 3. ASTRINGENTIA.**

- Ordo 1. Astringentia mineralia.
- 2. Astringentia vegetabilia.

**Class 4. ELIMINANTIA.**

- Ordo 1. Sialagoga.
- 2. Expectorantia.
- 3. Cathartica.
- 4. Cholagoga.
- 5. Diaphoretica.
- 6. Diuretica.

The general mode of action of these four classes of therapeutic agents is laid down in the following propositions:—

"*Proposition 7.* That a first class of medicines called *hæmatics*, act while in the blood, which they influence. That their action is permanent:—

- 1. That of these, some, called *restoratives*, act by supplying, or causing to be supplied, a material wanting; and may remain in the blood.
- 2. That others, called *catalytics*, act so as to counteract a morbid material or process; and must pass out of the body.

*Proposition 8.* That a second class of medicines called *neurotics*, act by passing from the blood to the nerves or nerve-centres, which they influence. That they are transitory in action:—

- 1. That of these, some, called *stimulants*, act so as to exalt nervous force in general or in particular.
- 2. That others called *narcotics*, act so as first to exalt nervous force and then to depress it; and have also a special influence on the intellectual part of the brain.
- 3. That others, again, called *sedatives*, act so as to depress nervous force in general or in particular.

*Proposition 9.* That a third class of medicines called *astringents*, act by passing from the blood to muscular fibre, which they excite to contraction.

*Proposition 10.* That a fourth class of medicines called *eliminatives*, act by passing out of the blood through the glands, which they excite to the performance of their functions."

In the last chapter, the author considers, separately, some of the more important medicines, in order "to enable him

to illustrate some general principles of their action, and to show in what measure, they are applicable to special cases." The principal of these, which our limits permit us only to name, are cod-liver oil, quinine, iron, antimony, mercury, iodine, arsenic, chloroform, and digitalis. We cannot, however, conclude this short notice of Mr. Headland's work without adding that he has treated a very difficult subject in a novel and highly scientific manner; and no one we think is likely to question the soundness of the judgment or the correctness of the decision of the judges by whom the Fothergillian medal was awarded to him for this essay.

**MEDICAL PRESS.**

SALUS POPULI SUPREMA LEX.

DUBLIN: WEDNESDAY, JANUARY 5, 1853.

**MEDICAL REFORM.**

THE return of Sir JAMES GRAHAM to office reminds us of Sir JAMES GRAHAM'S Bill and "Medical Reform" for some time consigned to the historical records which chronicle *de rebus perditis*. It is now some seven or eight years since this Cabinet Minister and then Home Secretary, entertained this matter so seriously that, at his instigation, the Colleges of Surgeons of England and Ireland obtained new Charters to enable them to adapt their arrangements to the proposed new medical organization; and surely it is now high time to have it definitively settled whether or not we are to be left to the tender mercies of the Universities and Medical Corporations for relief in this matter. If, in 1844, a necessity existed for the changes so often suggested in schemes of Medical Reform, we can, without fear of contradiction, assert that the same necessity now exists in a ten-fold degree. The charters then granted, not having been rendered operative by the proposed and promised act of parliament, have proved not only powerless for the correction of abuses and the promotion of improvements, but absolutely have led to consequences which never could have followed under previous regulations; so much so, that the English College of Surgeons has been obliged to obtain another Charter, and that of Ireland is now engaged in making arrangements with a similar view. This result is not very flattering to our profession, indicating as it does some radical incapacity for self-government; but after all, where is the department that has been left to self-government without equally lamentable consequences? The three offsprings of academic nurture, Law, Physic, and Divinity, have proved by their acts that it is the same with all; and that nothing but the strong arm of inexorable law, set in motion by an overwhelming expression of public opinion, can restrain men from sacrificing public to private interests. We would not intimate that we entertain any great partiality for the scheme embodied in the Bill to which we allude; what we wish to express is, an opinion that the steps taken in 1844, at the suggestion of the Home Secretary, should either be retraced or followed up by legislation in the same direction. There is no use in concealing it, an executive government, directly or indirectly chosen by a narrow majority of even a large body of electors, must often have its efforts to correct abuses rendered ineffectual by the intrigues and clamours of a very small minority; and therefore is it that without an act of parliament to enforce obedience to rules, supported by charters and bye-laws only, no salutary control can be exercised. Abuses and malpractices become established either by neglect or collusion, until those profiting



by them acquire a kind of vested right to their fruits; and then be the evil consequences ever so great, they cannot be averted, so powerful is the resistance which a common interest enables a very small body of men to offer. Thus it is that discipline has become relaxed in schools, ostensibly under collegiate control but practically repudiating it; prescribed exercises are evaded; and even attendance itself is dispensed with, until the whole affair degenerates into a disreputable trade in certificates and an artificial preparation for examination. The mischief, however, does not rest here, for the seeds of corruption once sown spread in every direction; and thus combinations the most unexpected arise, and interests are identified in a way which no sagacity could have anticipated. A new state of affairs has arisen, and to this state the laws of a different one are inapplicable. Our profession was once under the salutary control of certain unwritten laws, whatever new-comers may say to the contrary. The law of opinion in fact exercised a powerful influence upon it; but be the cause what it may, that influence no longer operates to the same extent, and hence the necessity for something more stringent. We confess for ourselves that our sympathies are not with the new school of medical morality, which openly proclaims its belief in the worthlessness of character, and relies exclusively on more solid acquisitions. We, however, ask pardon of the gentlemen who seek nothing for their labours but money, and to obtain it hesitate not to support any policy which promises to promote that object. If they be not "too fond of the right to adopt the expedient," that is no business of ours as regards personal character; but as regards the characters of institutions and our profession at large, it is our duty to interpose.

### MEDICAL LIFE IN LONDON.

London, December 25, 1852.

At the close of the year, we would wish as much as any one to make the crooked ways of the profession straight, and rough places plain. We feel, however, some sort of "lustration" or purifying process is wanted, after having of late to touch such disagreeable if not disgusting topics. Would to heaven the abuses of the profession were not open, palpable at every turn, and that we might wind up with a few Christmassy words and plum-pudding. It is little use, however, to sacrifice truth for mere holiday effect: if you expel truth by force, as Homer and Colonel Sibthorp say, it will still ever return. Shams and nonsense may have their day, but "joy cometh in the morning." This morning, we believe, as far as London and its colleges and practitioners are concerned, is still a far way off.

We are all at present very busy discussing the evidence of the late supposed murder near Dublin. Notwithstanding yellow fever is at Southampton and quackery and bad practice in every street of London, we have a great deal of superabundant wisdom for people far off. Though individually of opinion that the man lately found guilty of murder in Dublin, was found guilty on insufficient testimony, we would rather be spared the work of supererogation of the *Lancet*. We should prefer a question of such moral and medical nicety not ranking as a matter of sale with the adulterations of anchovies. Medical men cannot be too guarded in their evidence. Robert Adams, it is felt, would be more at home in

some abnormality of the elbow-joint; but considering the case in all its bearings—the uncertain nature of the congestion caused by drowning, the difficulty of specifying, or even imagining, what other thing helped the death—the negative character of the medical evidence is more to be recommended than the opposite. If the jury were not fit to try the case, the medical witnesses should not be visited with the opprobrium of their incapacity.

A plum-pudding we intend at present as more germane to the season, unless the old figure of a pudding without a bag is best represented by the profession in London. We say little of the physicians, a body nearly unknown in practice, so completely have cheap diplomas and examining boards deluged the wide table-land of practice of medicine with quackery. A plum-pudding of the true Christmassy sort did we say? Sybaris in the arms of Lydia not more enchanting! With Horace, too, we might sing, stir up the fire, and bring out some of the four year's old wine from the Sabine jar; but we have not thought us of a pudding-bag; there is no cohesiveness or consistency; the materials perhaps excellent in their way—the mere elements of medicine and surgery in London the most beautiful the world ever saw—the citron, flour, eggs, and currants, so to speak, unexceptionable, and all the other materials as good in their way, but no skilled hand to put the jarring elements together. Churchill and Highley, the citron and lemon, in vain mixed up with the badly-made dough of clinical lectures and new books, which form the staple of medical reading and study; the *Lancet*, the basin to hold everything in which *Punch* might represent the "bubble bubble" of the pudding being mixed: everything professional broken to pieces with the other materials. Dr. Paris, of course, and the College of Physicians, the chips (in porridge), should we say, of cinnamon? Brown and flavoury some; the *Pharmacopœia* and poor Collier a grating of nutmeg, the most spicy thing in the profession since Abernethy and Sir Astley went out. The remaining essentials painfully remind us of a Chancellor of the Exchequer's budget—tea, bricks, house-taxes, and beer, that no magic in the web of our discourse can make to coalesce. Your unsteady old friend, the *Medical Times*, the fluid for the dough, keeping, like the *Lancet*, everything in hot water, and making even more ingeniously a mess of hospital lectures, essays, and leading articles. Alas! could the world but see, like the young salamanders in water, according to Hassall, the slime and abominations in the limpid springs of our journalism, the jealousies and meanness in Reviews, the cruelties practised by the *Legrees* of the press, they would abjure them for ever.

The editors of the hebdomadaries we willingly spare, whatever ingenuity they show in whipping the eggs of our pudding and mixing the batter: the eggs, the batch of medical contributors. Some, it may be, a little time on the shelf, and mouldy; others, really valuable; and many neglected, but characterized by that kind, gentlemanly feeling that should give consistence to the profession, and adorn it. Our Hunters and Jenners in the present pleasant age of unrestricted competition, our young men, who till they wear wigs and can pay the booksellers, have not the most ghostly chance of getting on in London.

We are forgetting the currants and raisins; though one is at a loss to find anything so good and pleasant in the dreary abysses of English medical literature as fruits coming from abroad. Rokitansky, Mulder, Oken, Kölliker, Biot, Scarpa, and other dried fruits sprinkled through Paget, Owen, Golding Bird, &c., well represent this part of our confection: the stones out of the raisins, of course we would get rid of, \* \* \* \* of whom and of which we know very little, and would wish to know less. We are very much inclined to agree, too, with our Edinburgh friends, that all that style of literature advances the profession very little.

The reader might wish to change the metaphor, being as



tired of it as ourselves, but we might be doing some silent good by going on to the end. According to various others, then, Sir Benjamin Brodie, Mr. Guthrie, Mr. Stanley, Dr. Marshall Hall, Mr. Skey, Mr. Simon, and others, are the hard grains it is advisable to pick out of our fruit before a plum-pudding is practicable. Curious, crotchety men we believe some of them to be, but crotchety generally in the right. Who, however, does not remember Lady Macduff? She, too, has done no harm; but placed in an imaginary

an earthly world, where to do harm  
Is often laudable; to do good, some time  
Accounted dangerous folly.

So with many of our friends aforesaid. Sir Benjamin Brodie, for instance, is the most learned man in the profession in London, but the man who has most enemies; Mr. Lawrence, perhaps, the most friends, without any boasted learning. Mr. Guthrie has done more for military surgery than any man who ever lived, and should now be at the head of the medical department of the army; but like Roly O'More's dreams, all our medical appointments here "go by contraries." The square pegs are ever getting into the round holes, and the round pegs into the square holes. Dr. Marshall Hall has been laughed at and ridiculed till it no longer "pays;" but his name is now known through the world, and his reputation, if he will only guard it safely, quite equal to Sir Charles Bell's. Men of a certain class deny any force to the excitomotor system of nerves, as Marshall Hall has not given a map and an anatomical description of them. The spinal cord is, no doubt, the centre of these actions. These men wilfully overlook the fact, but were poor Hall to have written from the swamps of the Lower Rhine, or from Vienna, and have a name no one could pronounce, the booksellers' shelves would groan with his discoveries. Mr. Skey is another of the hard grains of our Christmas' fruit; few men of the present day, however, can boast of such a strong masculine intellect. Sitting at the feet of his Gamaliel, whom he half worships (Sir Benjamin Brodie), the combined wisdom of these two great men is something indeed to think of. Mr. Skey laughs at all authorities of the olden time. Mr. South, on the other hand, with his placid mein and hair parted like a woman's, would frame and glaze the washing bills of the ancient surgeons; would revive *queues*, perpetual pills, red-hot amputating knives, and Ambrose Paré.

Some other of the men here (the discordant elements of London medical practice) are perhaps not less singular in their characteristics. As we may not have another opportunity of serving up our currants and raisins again, we may speak of them. A dash of sugar is required, but then there is Mr. Lawrence; a little suet shredded fine, Dr. Ramsbottom; Alfred Smeé, and a few fat general practitioners, cut up small; a piece of mistletoe is wanted of course, to stick a-top of our pudding, under the beamy smiles of which we may all love and greet each other, Professor Owen; some thorns to put under the pot, when we have procured a pudding-bag—thorns crackling as the manner of fools according to high authority, the homœopaths. With a little unanimity and honesty, this desirable consummation might be achieved. A little spirit to burn under the dumpling from the bitter beer testimonials and some of our useless museum preparations. We would wish a place for our prescribing chemists, but it would be very near the thorns under the pot. Then there are others which in time will also prove useful, one way or another. Mr. Coulson, if he would only not aspirate his vowels, invulnerable on the subject of lithotomy and lithotripsy; Bence Jones at St. George's, who would turn everybody's brain he talks to into sulphurets and phosphates; Dr. Robert Lee from the wintry side of the Tweed, old fashioned, but marvellous in industry, with one arch enemy, Dr. Snow Beck,

and one abiding fancy, uterine diseases; Loebeck, stern and unbending in practice; Bennett, fanciful, ever dreaming of the speculum; Golding Bird, insinuating, sharp, and puritanical, goes to church only five times on Sunday, but not to be approached as a good physician, especially in children's diseases; Fergusson, need we say, the *beau idéal* of a surgeon, simple, kind, and gentlemanlike, without humbug; Bransby Cooper the same; Babington, Addison, and Watson, the great pillars of medicine in England, without whom it would all tumble to the ground; Copland, not much known, but indefatigable, like the "busy bee," improving "each shining hour," &c.; at Bartholomew's, Lloyd, one of the "illustrious unknown," preferred by his friends to poor Sam Cooper as surgeon to that institution; Paget, the rival for Skey's place; and Skey adored and envied by every one; these all, no doubt, will be found in time among our "representative men"—when some connecting influence is discovered to bring together all the good men in London now sadly distracted—when nepotism, practising chemists, and genteel starvation are at an end; when the College of Surgeons, like the *lethysaurus* or *Dinornis* is reconstructed and remodelled—when the College of Physicians is no longer like a set of genteel catacombs, but common sense and proper professional thinking the rule of life most tolerated and valued.

Our fancies here are ended. Our Christmas fare may not be very digestible, as all orthodox plum-puddings are expected to be; but if we could instil into the minds of Irish readers the value of their simpler and less sophisticated science, the vast superiority of medicine as a profession in Ireland, our efforts may not have been in vain. For cheapness of living, agreeable society, and a thorough grounding in the various subjects that engage a student's four years, we unhesitatingly recommend Paris or Dublin; for utter sickness of soul, humbug, and insufficient teachers in various departments, we shall back London against the world. As a field for practice, we would say to every honest man leave your honesty at home. You will meet thousands of friends out of the profession: not one in it. Envy, bickerings, malice, and all uncharitableness, the well-recognized normal arrangement of everything and everybody. The Hunters and Harveys of to-day starving as of yore; the star of quackery, bad journalism, and colleges, the only one in the ascendant.

## CONSULTATION WITH QUACKS.

THE following, although not very intelligible, raises the question of "consultation with quacks," and with it the other question, "what is a quack?" Our belief is, that there is much more business doing in this way than people think. The correspondent of the *Lancet* says the Whitehaven Practitioners cannot be charged with mean practices; but, then, another says they "visit cases in conjunction with quacks":—

An unjustifiable attack has been made in last Saturday's *Lancet*, by an anonymous "Subscriber," on the medical practitioners of this town, in stating that some surgeons are "in the habit of visiting cases in conjunction with quacks and unqualified practitioners in the neighbourhood." I am proud to say that the medical men in Whitehaven are as particular in observing the honourable practice of their profession as those of any other town in the kingdom, and I am quite certain there is not one who can be charged with "mean" practices. Through the inefficient working of the Apothecaries' Act, there are several persons practising in the neighbourhood who are not "Licentiates of the Hall." The two nearest towns, Harrington and Egremont, have not a licentiate of the Apothecaries' Company residing in them. The poor-law appointment in the former place is held by a person who has no legal qualification, and in the latter (Egremont) by the possessor of a single qualification. These remarks will, I hope, be sufficient to remove the imputations of your correspondent,



whom I expect will not make such general charges on my professional brethren without sufficient reasons.

How is this in Dublin? Quackery, we know, within the pale, is not only no disqualification for consultation, but a positive qualification; without the pale, as when a man openly avows his disregard of all professional obligation, it may be otherwise. Is it true that the most barefaced and impudent advertising does not disqualify for consultation? Is it true that to openly repudiate all obedience to the unwritten laws which govern the conduct of professional men is held to be a venial offence?

#### CORRESPONDENCE.

##### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In your paper of the 8th of December, you give a code of "Pharmaceutical Ethics," framed by the Medical Society and College of Pharmacy of Philadelphia, U.S., and you commend its candid and patient consideration to the Dublin practitioners in this line. Now, sir, my object in writing to you is to show the Philadelphia faculty, who, as a matter of course, read the MEDICAL PRESS, that your recommendation of their code of laws will never be attended to as long as the present system of gross neglect, with regard to professional acquirement and legitimacy, exists within the States; because there is no man could respect the laws of a body, who allow Tom, Jack, and Jerry to practise physic and pharmacy in their country; never taking the trouble of inquiring whether he is a tinker or a tailor, but permitting him to practise, to the loss and detriment both of the legitimate practitioner and the public. This is too well known a fact to admit of even the least denial. I am myself cognizant of such a case at present in the city of St. Louis, Missouri, where a man, who was brought up to honest business in this good city of Dublin, went to St. Louis, and having the audacity to write Doctor before his name, is now nearly twelve months in practice as an apothecary and doctor, though he never lost one hour in the attainment of medical or pharmaceutical knowledge, and here is this impostor making his fortune; while men who have wasted years of toil and some hundreds of pounds before they could obtain a degree, are not able to get a crust in the same city. Now, sir, if a proper law was instituted by the legislature, I ask you would this be the case? If the colleges of Philadelphia had a branch committee in every city and town in the States, whose duty should be to go around annually and demand the diploma of every person calling himself a doctor, surgeon, or apothecary, and practising as such—if such an arrangement was, I ask you would this state of things continue? By taking the names and dates of the several diplomas exhibited, they could communicate with the colleges at home, and soon discover whether the holder of each diploma was its original possessor: thus would the chaff be separated from the wheat, and while the legal practitioner would be thus protected, the culprit, when exposed, would be greatly benefited by a three months' dance upon the treadmill, or twelve months solitary confinement; with a caution that if caught so offending again, the full rigor of the law would be brought to bear upon him.

To each sub-committee, some little trouble in the carrying out of the foregoing arrangement may be given for the first year, but there it would cease, for every year after it would be only the diploma of those who had commenced practice since the previous examination that they would have to inspect, and by men who love their profession as a noble and an honourable one, this task would be cheerfully performed; and believe me all quacks and impostors, glorying in stolen or borrowed imaginary plume, would very soon sink into their former insignificance.

When the Philadelphia colleges act thus for the safety and honour of their profession, then will their brethren at this

side of the Atlantic read with pleasure every paper and advice emanating from them, and America will bless the day that they came forward to save her children from being butchered and poisoned by these despicable wretches—these self-made M.D.'s and apothecaries of her Western States.—I am, sir, yours, A SUFFERER BY QUACKERY.

##### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—As I understand there is to be a meeting of the Medical Officers of Dispensaries held in Dublin next month, I respectfully suggest that the medical officers of each union should meet and appoint one of their body to represent them at the general meeting. They should also, in my opinion, subscribe in order to defray the expenses of their representative, as it would be unreasonable to expect that those living at a distance from Dublin should pay their own expenses.—I have the honour to be, sir, your obedient servant,

JAMES P. SHEEHAN, M.D.

Buttevant, December 30, 1852.

##### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—How is India-rubber made into thin sheets? How can its cut edges be firmly united? What is the best solvent for it? Can it be made into a soft plastic state and moulded? If so, how? Your reply in the next number of the PRESS will oblige

A SUBSCRIBER.

##### TO CORRESPONDENTS.

THE number and variety of claims on our editorial offices at this particular period of the year, places us somewhat in arrear with correspondents, but their communications are not forgotten. The doings in the Athlone Union must be noticed, and the more difficult matter further south well considered. To the case of the convict Kirwan we propose to return presently, when the letters of correspondents will be made available. The article to supersede the previous one arrived too late; we, however, pruned some thorny shoots, and the plant will do very well.

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852-3.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 26th,	47	39	29.450	
Monday,	27th,	52	44	28.900	.210
Tuesday,	28th,	46	37.5	29.500	
Wednesday,	29th,	57	38	29.120	.300
Thursday,	30th,	52	45	29.650	.026
Friday,	31st,	51	41	29.800	.025
Saturday,	Jan. 1st,	51	47	29.750	

##### PORTARLINGTON, QUEEN'S COUNTY.

1852-3.	Max T.	Min. T.	Barm.	Dry T.	Wet Dew T. Point	Rain.	Wind.
Dec. 26th,	47	34	29.296	47	45.9	44.7	.014 SW
27th,	52	42	29.685	46.4	43	38.9	.269 W
28th,	47	33	29.210	39.7	38	35.7	.001 WSW
29th,	49	32	28.797	49	47.9	46	.225 WSW
30th,	52.5	41.5	29.400	45.3	44.1	42.8	.015 WSW
31st,	49	36	29.571	49.5	48.1	46.7	.050 WSW
Jan. 1st,	51	43	29.471	47.5	45.8	44	.058 SW

LUXATION OF ACROMIAL END OF CLAVICLE.—M. Velpeau has seen now fifty cases of this luxation, and is satisfied that it is, as it were, natural to some persons. If these individuals should fall, they erroneously suppose that the luxation was caused by the fall. It is possible that this luxation is natural on one side, and not on the other. In all these cases, it is of no importance, so that when left to itself, it does not prevent the use of the arm, which it is necessary to be aware of, when it is recollected how difficult and even impossible it is to keep it reduced. In such cases, M. Velpeau does not needlessly inconvenience the patient, he merely applies the apparatus for fractures of the clavicle. This he removes the fifteenth day, and in a month after that the movements of the arm are restored.—*Presse Médicale de Belge.*



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# NEW FEATURE

## IN

# THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

COMMENCING WITH THE JANUARY NUMBER.

(PUBLISHED QUARTERLY, PRICE SIX SHILLINGS.)

### NOTICE BY THE EDITOR.

Some changes have been introduced into the current Number of the Review, which demand a few words of explanation.

The names of the reviewers are, in several instances, affixed to the reviews. It is hoped, by this plan, to make the criticisms even more valuable than formerly—since the reviewer will appeal more authoritatively to his own experience. A review is simply an inquiry into the validity of an author's statement by the aid of previously-admitted facts, or by the assistance of others known only to the reviewer as the result of his proper observations. To give these last their due weight, they must be authenticated. A writer who merely builds up his argument with well-known truths, or with the opinions of other men, may remain anonymous, but whenever he resorts to his own experience, he must guarantee it with his name. An unavowed statement is dead to science, and no one recognizes a veiled authority.

By far the most valuable kind of criticism is that in which a reviewer starts from the same point as his author, and treading in his footsteps, explores afresh the same country, confirms what is true, and corrects what is inaccurate. We have seen this mode of reviewing carried in this country to as high a degree of perfection as the employment of the incognito can ever permit. It remains to be seen whether it may not be made still more authoritative, and therefore more valuable; whether, in fact, it may not be possible to permit no statement to pass into the currency of general belief until a second name has been affixed to it, as a guarantee that the evidence on which it is made has been tried, and not found wanting.

By the adoption of this plan, also, it will be possible to bring more frequently before the profession the matured views of experienced men in various departments of medicine. At present, such reviews lose much of their weight, because their authors are unknown, and they are less numerous than they might be, since no one wishes to put the labour of years into an article which carries with it no evidence of its source.

It is not intended, however, to lay aside altogether the incognito. In some cases the addition of the name may, perhaps, be unnecessary; in others, inexpedient. Experience alone can show how far the interests of truth and science may demand publicity, or warrant secrecy.

In order to maintain the high character of the reviews, the aid of the most competent men will be sought; and no assistance that is worthy and honest will be disdained. This journal has never been, and will never be, the organ of a section or a party; it is a catholic work, in which all who love their science will be invited to join.

Some Original Communications are now, for the first time, introduced. A new and advantageous medium of publication is thus afforded, and the journal itself will gain in variety, interest, and utility. Occasionally, it is intended, also, to translate foreign papers of peculiar merit, of which an example appears in the present number.

The terms "Chronicle" has been substituted for that of "Periscope," as expressing more fully the intention of this part of the Review, which is to record as concisely, though as faithfully, as possible, the progress of Medical Science.

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"SALUS POPULI SUPREMA LEX."

VOL. XXIX.  
NO. 732.

DUBLIN: WEDNESDAY, JANUARY 12, 1853.

PRICE SIXPENCE,  
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By J. KIRBY, LL.D.,  
Ex-Professor of the Practice of Physic in the Royal College of Surgeons, &c. &c.

#### IRRITABLE TUMOUR OF THE BREAST.

Miss —, aged 30, thin and sallow, received a contusion in the right breast, which is very small, six months ago. She has since experienced much pain, for which she had leeches applied at different times, and other applications, advised, and always with relief.

She now complains of occasional pain, heat, and uneasiness in the axilla, shoulder, and arm of the same side. She is greatly afraid of cancer. The breast bears to be handled, and it seems to be in a healthy state; but two of the axillary glands appear to be larger than natural. Her bowels are costive. The menstrual period occurs regularly, but the discharge is deficient in quantity, and she suffers much on that occasion. She is ever looking at and feeling the bosom, by which circumstance her mind is constantly disturbed.

I prescribed some medicine and a mixture composed of inf. gent., comp. decoct., aloet. comp. and camphor, with an anodyne liniment to be rubbed to the shoulder and axilla. In some time she got perfectly well.

#### ON CARTILAGINOUS TUMOUR OF THE BREAST.

I have seen three cases of this disease, and as they were all in females under twenty years and unmarried, I presume it to be incidental to that period of life. They were of slender make, and their bosoms were of an unusually small size, scarcely raised above the surface, without any development of the mammary gland, and the nipple was deficient both in size and prominence.

These tumours were situated to the axillary side of the areola, and somewhat above it. In form they were roundish, about two inches in diameter, with an irregular but well-defined margin. They were of the thickness of the eighth of an inch, flat and quite moveable, both to the

parts beneath and above them. They seemed to be made up of many parts, which, however, did not allow of any reciprocal motion between them. There was neither heat nor discoloration of the skin, nor did handling cause any uneasiness either in them or in the parts beneath them. When raised they would bend like cartilage, but on the removal of pressure, they at once resumed their original form.

The existence of these tumours was accidentally discovered, and of course I could not collect anything of the manner of their growth or the duration of their presence. The axilla was free from any engagement. The bowels were regular, and the catamenia were natural. There was no evidence of any locally strumous affection, though these females had that complexion and those features which are esteemed as characteristic of a truly scrofulous disposition.

As it appeared to me that there was not anything in these tumours to demand any heroic treatment, nothing such was suggested, nor even hinted at. I merely covered them with a plaster composed of London soap plaster, strong mercurial ointment, extract of belladonna spread on mole-skin, and I desired it to be renewed as frequently as they disengaged them. I also advised pills made of pil. Plummeri, pilulæ ferri comp. and pil. aloet. compos., one of which was to be taken at night for some time, with the ext. sarsap. twice daily, and I desired them to use simple diet, to take wine sparingly, to avoid malt, to clothe themselves warmly, to be provided against cold, and to take much exercise on foot out of doors.

In less than three months the tumour had greatly declined, so that there was no necessity to make any change in a plan which so far answered very well.

One of these ladies wrote to me in some time that the disease had completely disappeared, and that she was now married.

The others I have heard of, and there was no perceptible trace of the tumour. Both have since been married, and all three made excellent nurses.

I have been consulted by many females, on account of diseased sensation in one of their breasts, which made



them very uneasy, although they were to all appearance in abundant health. Their bosoms were large, whether they had been mothers or not, and they complained of a morbid sensibility over the entire breast. They could not bear my touch, while they handled it carelessly and roughly themselves.

Comparing it with the other side, each appeared to be somewhat larger and hotter to the hand than the other. All had uneasiness in the shoulder and arm of that side, but the irritability and size of their bosoms prevented me from arriving at any conclusion on the subject of there being any disease or none. I assumed the latter, and I advised aperient pills, to keep the breast suspended with a handkerchief, to avoid all improper pressure and exercise of the limb, and occasionally, when they found the bosom hot, to bathe it in cloths soaked in an evaporating lotion. I also advised exercise.

Now, these females belonged to a class who enjoy all the luxuries of life. They rise late, having usually breakfasted in bed, on all the good things which can be spread before them. They have their toilet made by two o'clock, at which time they partake of luncheon and wine; they then ride out in their carriage for two hours; they then take a "siesta," dress for dinner, and partake, at a late hour, of whatever is then before them, with an eager appetite, and they drink more wine. When dinner was over they made themselves very comfortable with much luxury, laid themselves on their sofa, and fell to sleep until the hour came for retiring, when they had their arrow-root, or their gruel, seasoned with wine, for their supper.

Now, these females are oftentimes under the influence of evangelical feelings, and thinking it to be no sin to use the good things of this life without abusing them, they call for wine on many occasions. If the bowels are uneasy, or their head aches; if they are much excited, or are sunk in deep despondency, so then they may be said to be true and devoted captives to the bottle, which they believe to supply the place of every medicine on the surface or beneath the surface of the globe.

A visit to some aperient spa sometimes does these people much good, especially if the medical practitioner they consult is a rigid imposer of regimen, and a strict disciplinarian in the use of wine or any substitute for it.

In the cases I have seen I have always been able to trace their disease, or their deranged sensation in the bosom, to an overweening indulgence in vinous fluids, believing in its curative virtues. When they found themselves improved from its sparing use, matters amended considerably, and when it was given up altogether every unpleasant feeling disappeared, and every apprehension it so constantly produced vanished for ever.

#### ON THE SCIRRHUS TUBERCLE OF THE BREAST—ACTIVE SYMPTOMS, TREATMENT, AND DEATH.

Miss B——, Mountjoy-square, aged about 30, was engaged in a short and anxious attendance on her mother, who died of apoplexy.

In a week afterwards she called at my house to consult me about a tumour of her left breast, which she did not perceive until two days before the death of Mrs. B., whom she frequently lifted in her bed for one purpose or another. She thought it arose from a strain, and she disregarded it, thinking it would be well in a few days, but now she feels a rather sharp and pricking pain on motion of her arm.

The tumour, which is of a considerable size, is situated to the axillary side of the nipple, which is somewhat engaged, being slightly retracted. It is immovable, and is very hard and rather irregular. It cannot be circumscribed, but is lost in the mammary structure, of which it is doubtless a part. The whole breast is enlarged, and it sometimes is a partaker of the pain of the tumour, which is more like rheumatism than it is to any acute suffering. There are, however, periodic pains, which are occasionally exceedingly severe, but they do not occur except when menstruation is present, or the mind has been much disturbed. At a point near the nipple a small fluctuation is perceptible; the part is enlarged and of the size of a

walnut, the skin is bluish over it and very thin, the axilla is engaged. Miss B—— says her health is very good, and in every way perfectly regular; however, she is extremely pale and sallow, and I perceive she sometimes coughs, with little expectoration. She is cheerful and sleeps well.

The nature of this melancholy disease was sufficiently apparent. The breast and state of the axilla forbade an operation, while the slight cough, which did not attract her notice, to me bore evidence that the lung of that side was concerned. The case was hopeless. I could not say so to herself, and therefore I prescribed such mitigant treatment as was likely to be of service from time to time while she continued her visits at my house. At length she was obliged to give them over. She found the walk to oppress and hurry her breathing, and to give her a restless and troubled night.

The tumour now proceeded to shrink, but not by a suppurative inflammation, but by the rupture of little cysts or hydatids, which formed deep in the gland, and a thin, barely opaque fluid in copious quantity, showing their concealed size. The pains are much greater, and now they were variously described, while the surface of the tumour is free from much uneasiness or pain. As ulceration extends blood is sometimes discharged spontaneously, to the manifest relief of a sense of weight and fullness of the breast. The edges of the sore were slightly everted, but there was no cavity of much depth, such as Sir A. Cooper describes; perhaps, because the case proceeded so rapidly to a fatal close.

She was now troubled with great dyspnoea. She was easiest in semi-erect posture, which was prescribed night and day, always inclining to the diseased side. There is cough, but no expectoration. There are frequent spasms of the stomach and often vomiting.

Mr. Adams saw this case in its present stage. Nothing was done beyond pursuing the same course which had been adopted, with anodynes of one kind or other, and laurel water, and saline mixture to procure ease, and to prevent the vomiting. Soon after the arm began to swell, and was soon involved in a hard oedema, which was produced by the pressure exercised by the axillary glands, which were considerably enlarged. She had profuse sweats, which, at her wish, we endeavoured to prevent; in fact, she was now far advanced in phthisis. She retained all her faculties until the day before she died, being little more than three months from the time she first consulted me.

Sir A. Cooper observes, that "months and sometimes years roll on and the disease continues in its adhesive stage, and it often destroys without further change occurring." This is a truly just remark. I have a note of a Mrs. T——'s case of Upper Camden-street, who had this disease in its adhesive stage for more than twenty years, and she ultimately died of another affection. I also had occasionally under my care a Mrs. P——, who had this disease in its open ulcerated condition for fourteen years before it put a period to her existence.

#### HEAVY OR LOADED CATHETERS.

Since the year 1819, a memorable period, in which the late Mr. Wright and Mr. Daniell, with my friend Mr. Tagert, called on me to assist them in the deep emergency in which they were involved, by the operator (Mr. Wright) letting slip a gum-elastic tube which he was in the act of introducing into the bladder through the canula of the trocar used in paracentesis of that organ, as generally performed above the symphysis of the pubis, and I, descending by incision, separated the bladder from the posterior part of the pubis, as low as the crescentic junction of its anterior ligaments, and then incised it, though containing little fluid or not described the solid substance for which I was in search,\* I succeeded in the extraction of the canula, which was coiled and folded as a watch-spring upon itself; which circumstance marks the period as memor-

\* See Cases and Observations in Surgery. By J. Kirby, &c. Article, "Extraction of a Male Catheter from the Bladder by an Operation never before and never since Performed."



able, and thence I say that my mind was thoroughly impressed with the advantage of giving as much weight as I could to the catheters I possessed, whether silver or gum-elastic; and I have always advocated the use of a heavy or laden instrument as well adapted to find its way, unguided by much pressure, and even to overcome, if not hurried in the execution, a very permanent degree of indisputable spasm.

At first, these catheters were filled with lead, but each leaden stylet was provided with a very fine groove, that thus the urine might escape, and thus declare the instrument to have reached the bladder. Of late I have, in most instances, substituted gum-elastic tubes, without the usual openings near to their points. These aptly fitting, the catheter projects beyond its open extremity for from two to six inches, and admit both of an easy introduction and removal. The tube thus introduced into the catheter, I fill with quicksilver, and I afterwards see that it is properly stoppered.

Now this instrument has the advantage of considerable weight by which it enters the bladder, finding the course of the urethra, and permeating it without much difficulty, so that it arrives at its cavity without much guidance, and with more facility than the common catheter is found to do. When the part is in a state of comparative health its easy course may be readily conceived; but when there is stricture, it readily finds its way, and when once gets entry, makes a convenient curve, often much more efficient than the usual unsteady manoeuvre of applying its powers to overcome a spasm in cases of impermeable stricture.

#### ON DERMOID CYSTS AND PLASTIC HETEROTOPY IN GENERAL.

By M. LEBERT.

(Continued from page 376.)

##### DERMOID CYSTS OF SCROTUM.

Authors who have written on the subject, have reported cases where those cysts were found in the scrotum; notwithstanding, these cases are far from common. One of the most celebrated was that treated by Doctor Dietrich de Glogau; it was that of an infant which, shortly after birth, suffered first from difficult micturition, and afterwards from a tumour at the right side of the scrotum. When seven months old, the operation of circumcision was performed for a congenital phimosis and extirpation of the testicle, on account of the tumour which had increased considerably in size; it was four inches and three lines long, and two inches and four lines broad, and contained some quantity of bones of a true skeleton (pelvis, vertebrae, and long bones), as to leave no doubt as to its nature. The plate in the "Notices de Froriep," t. xiv., p. 15, shows in a most convincing manner an incomplete skeleton. This case occurs under different names in various works. We will now cite them, to obviate the bibliographical errors of the various authors who have mentioned this case. The original case was reported by Wendt of Breslau in his "Tabulæ Votivæ." Froriep makes mention of it twice in his "Notices," t. i., p. 287, and again t. xiv., p. 15. Friedlander describes it in the "Revue Médicale," t. viii., p. 361; and lastly, Michaelis mentions it in the "Journal de Gräfe."

Another case of undoubted inclusion occurs in the 13th volume of the "Notices" of Froriep, and was reported by Dr. Elk of Landshut. The subject of this case was a child of about a year old, born at Gilgenberg, in Austria, from which he extirpated a tumour five inches long by two and a half wide. The bones contained in the sac were manifestly those of a skeleton. The ribs, a dorsal spine, a thigh as far as the knee, an eye, &c., could be recognized.

Always admitting the well-established case of testicular inclusion, we believe that very often the question has not been examined with sufficient accuracy as to whether the contents of the sac were of new formation, or the debris of a fœtus. We will now mention some cases which will show to what extent this doubt is legitimate. Among the

more recent cases of inclusion, and one which has more particularly attracted the attention of pathologists, we will detail that one observed in 1840 at the Hôpital de la Charité by Professor Velpeau, and which M. Cruveilhier describes in his treatise on "Pathological Anatomy." The following is a succinct account of it:—The patient, named Gallochat (d'Esternay), who was 27 years of age, of a good constitution, suffered since his birth from a tumour at the right side of his scrotum, which, at the age of four months, was seen by Dr. Senoble, and which has not ceased to grow since. It is ovoid, hard, and of an osseous consistence in some parts, of the size of the fist, and situated behind and to the right side of the scrotum. The skin which covers it is whiter and thinner than that which surrounds it; it is completely insensible. There were several fistulous openings in it, through which fatty matter and hair came out. Of the tumour extirpated and dissected, M. Velpeau gives the following description: The external covering is cutaneous, as we have seen. In the interior were seen two small cysts containing albuminous matter, like the vitreous humour of the eye. A third cyst, about the size of a partridge's egg, containing a yellowish green matter, which M. Velpeau compares to meconium. A fourth sac surrounds a granular mass covered with hairs; and in this M. D'Arcet found epithelial scales and sebaceous matter. The fistulous opening of one of the cysts containing the green matter, allowed of the expulsion of a mass of hair, on which account this was compared to the anus. A number of articulated bones, one group of which resembled the scapula, clavicle, and humerus. Another larger, seems to be either the pelvis or the base of the skull. The third series seems to comprehend portions of the vertebra and indeterminate bones.

We find in this description only vague resemblances, without any precise anatomical characteristics. We would ask how it happens, that a fœtus becomes divided into cysts, and the meconium be separately encysted, whilst the pretended anus through which the hair was expelled constituted another fistulous cyst? There is, then, every reason to doubt, that in this case there was no fœtus; and besides, the osseous fragments united did not prove the existence of a skeleton, for we have seen that, even on this point, M. Velpeau is also vague. The fatty matter and the hair also are developed, as we have seen, under circumstances which would preclude the idea of inclusion. We will not enter on this discussion further here, seeing that we will return to the subject, when we treat of piliferous ovarian cysts.

M. Corvisart kindly communicated the following case, with a drawing, which had also been regarded as a case of inclusion, although the proofs appear to me to be entirely wanting in the following description, which I transcribe here literally:—"Arthur Berrot, aged twenty months, was born with something remarkable about his scrotum, but the woman who nursed him, and who was not the mother, was not able to give any particular account of it. This woman had him with her for two months. The scrotum of the child was then, she says, in the same state as it is at present; the little patient does not appear to be suffering. About a month ago the size appeared to increase somewhat. He was brought to M. Nelaton, who found an ovoid tumour, the size of a pigeon's egg, in the right side of the scrotum; the testicle appeared to be intimately connected with it. The tumour was hard, crimped here and there, transparent and indolent. A hydrocele was diagnosed, but a puncture made on the 19th of June, 1845, gave the sensation of various transverse septa; hardly any serosity escaped. On the 25th of June the tumour was extirpated, and the child recovered.

*Examination.*—The tumour was incised longitudinally. Although the spermatic cord was adherent to the tumour, there was no trace of testicle. The appearance of the tumour was not cancerous, but appeared to be formed of fatty masses, more or less compressed. Here and there a few cysts, containing a little serosity; examined by the microscope, it did not show any cancerous cells, fatty globules alone appeared.



The most remarkable appearances were the following :— Towards the inferior part was a sac containing numerous downy hairs, implanted in a white, hard, thick, dermoid tissue, forming a cup, which might be compared to hairy leather. Immediately adjoining is a second sac, containing hairs, stronger, longer, deeper coloured, analogous to the eyelashes.

Towards the centre of the tumour the knife grated on osseous points, and, on dissection, two triangular bones were discovered, situated right and left. Are these the scapulæ? On the right side was a long bone, articulated above and below with another long bone. To this last was articulated another long bone. Is there not here a humerus, an ulna, and a radius? A sort of aponeurosis or tendon, parts from the inferior extremity of the long bone, and is lost in the masses of fat on the right. On the left, it is united by an articulation to another long bone, and by another part with one of the triangular plates, which was slightly divided by a small cartilaginous portion being divided. Below, and to the right side, was found—first, a quadrilateral bone of a reddish colour, and below that a small osseous point, and finally, another above and behind this.

Above, and in the median line, a vesicle, containing serum was found, on which was implanted a long hair. Above the first triangular bone is a bone articulated with another, which bears on its superior part a beaklike process; a cyst is in the interior of these osseous expansions."

The above account describes, rather obscurely, and the exact drawing which accompanies it shows that there is a very distant resemblance; I should say an entirely imaginary one, with a fœtus, and minutely analyzed appears to be a collection of dermoid cysts, some of which contain hairs, and others unformed bones, united by cellular tissue.

By a little imagination, these pieces of bone might be compared to the bones of a skeleton, and their union by loose cellular tissue to articulations; for in true cases of inclusion the imagination has never such a vast field of interpretations of vague and insignificant resemblances; but the impartial observer immediately recognizes the fœtus in inclusions truly the result of conception.

A similar case, but still more instructive, is reported in the *Edinburgh Monthly Journal* by Mr. Goodsir. The following is a summary of it: The tumour and testis was excised by Mr. Duncan from a boy aged eight years. The testicle was much altered, and transformed into a fibrous tissue mixed with fat and grumous matter. Near the reflexion of the tunica vaginalis on the testicles, two club-shaped appendices were found covered with a cutaneous substance, and presenting thickly planted hairs, especially around the base. Some seemed even to proceed from the tunica vaginalis itself. In the substance of these cutaneous projections, especially in the larger, were soft masses of cartilage, with some vascular canals running through them. These cartilages are in part ossified, and in it may be recognized all the histologic elements of osseous tissue. Amongst the bones was one like an hour-glass, about half an inch in length. This is another case in which it would be impossible to refer the origin of the tumour to the result of conception. The tunica vaginalis gives origin to cutaneous projections, in the substance of which were found osseous and cartilaginous productions. We have before noticed under the head of enchondroma and cancer of the testicle, the great propensity of the testicle to enclose bones and cartilages; for our own part, we have met them in both scrofulous and cancerous testicle. All observant surgeons have confirmed this, and pathological museums are rich in cases of this kind. I also found an undoubted sebaceous cyst in a cancerous testicle. In a word, the testicle seems to partake, along with the ovary, of a very strong and varied heterotopic plastic force.

(To be continued.)

## CURE OF POPLITEAL ANEURISM BY COMPRESSION.

ROBERT S., aged 34, was admitted into Guy's Hospital, August 6, 1851, under the care of Mr. Poland, suffering from popliteal aneurism of the left leg. The patient is a wine cooper, and has been in the habit of lifting heavy weights; he belongs to a healthy family, and none of his relations have, to his knowledge, been affected with aneurism. The man is of temperate habits, and has all his life enjoyed very good health. About five months before admission, the patient was carrying a cask on his shoulder up some cellar-steps, he fell, and struck the inside of his left knee against a case or chest that was lying in the cellar; the cask, however, which he was carrying fell out of his way, and did not touch him. His leg was a little painful at the time, but he felt nothing of it afterwards. About three weeks after this accident, whilst tying his garter, the patient's attention was attracted to a painful swelling in the left ham. The tumour continued slowly to increase in size, but did not otherwise create any pain or inconvenience. A fortnight before admission, he for the first time observed a pulsation in the above-mentioned swelling, and during the night experienced some amount of uneasiness in the ham, as also shooting pains up and down the leg. The patient soon had the same unpleasant sensations during the day, especially when carrying a load. The tumour now inconvenienced him much, and when carrying things up the cellar, he was obliged to keep advancing with the right leg first, as he could not bear the weight of his left leg from the pain which it caused. From this time matters became gradually worse, but the man continued at his work till he was received into the hospital. He used to be able to walk, but the leg generally felt stiff during the first part of the morning, but this discomfort would commonly go off pretty soon.

On admission a pulsating tumour was observed in the popliteal region, on the left side, especially distinguishable when the leg was extended. It was of the size of an orange, and perfectly fluid. By pressure on the femoral artery not only did the pulsation cease, but the swelling would, by being slightly compressed, entirely disappear. Pressure upon the artery, below the tumour, caused the latter to become much more tense. A *bruit de souffle*, synchronous with the pulse at the wrist, was audible on a stethoscopic examination. No œdema of the leg or foot was noticed, but the superficial veins of the leg were congested: this latter symptom had, however, little value, the patient stated that the veins had been swelled for some years on both legs. As he was lying in bed, he complained only of a slight pain in the outer side of the popliteal region. The sounds and rhythm of the heart were normal, and the impulse is rather feeble; there was no cough, and no evidence of internal aneurism. Mr. Poland ordered infusion of digitalis in camphor mixture, and low diet.

On August the 9th (three days after admission), compression of the femoral artery by the clamp and pad was commenced. The leg was raised on a pillow and confined with sand-bags, so as to keep the limb at rest and relax the muscles, and oxide of zinc was dusted over the seats of pressure. The simple clamp instrument, somewhat modified, was applied over the femoral artery, just below the middle of the thigh, and the pulsations of the sac almost, but not entirely, arrested by the pressure. This was borne for an hour, when the patient complained of a little pain; a seven-pound weight was therefore placed on the artery in the groin, which contrivance completely commanded the pulsations, and thus allowed of the relaxation of the clamp. The man was now carefully instructed how to use the weight and instrument alternately, so as to relieve pain when necessary; he managed the apparatus perfectly, and the clamp came to control the artery more completely. It should, however, be noticed, that the weight at the groin commanded the artery with much more ease than the clamp, as the former did not give the patient so much pain as the latter. In the evening of this, the first day, the leg was warm, but felt numb below the knee, and also all over the



foot, except the toes. The leg was ordered to be wrapped up in flannel.

On the second day the sac was painful and tender to the touch; the weight acted well, but required to be held by an assistant, to relieve the patient, who could bear the weight for two hours, but the clamp only for twenty minutes or half an hour. His own feelings told him at once whether the pressure was properly applied or not, for when the circulation was controlled, he was much more free from pain in the swelling. This pain and tenderness were situated only on the outer part of the tumour, and diminished as the pressure was regularly used. The leg remained warm and somewhat numb. On the third day the patient had some sleep, as an assistant sat up and relieved him by holding the weight, which still acted admirably, and completely controlled the circulation. Pain down the leg was complained of, but the uneasiness in the sac was much less when the artery was completely under command. On the fourth day the sac had evidently become more solid, especially on the inner side, no pulsation being felt in that spot. There was much pain in the sac when the pressure on the artery was not complete. On the fifth day, Mr. Poland ordered four ounces of meat per diem; the tumour was getting harder. On the sixth day, the tumour was more solid, but still yielding to the fingers; it had lost all heat and tenderness; pressure was borne more patiently than heretofore, the more so as the improvement was manifest. On the twelfth day the patient could bear the clamp two, three, or four hours; he preferred it to the weight, and required no assistance at night; the groin was getting rather tender. On the fifteenth day the patient continued to manage the apparatus very well himself; the swelling in the ham was quite hard, not at all tender and painful, and when the pressure was removed from the artery, the tumour only appeared to move forwards, and not to dilate with the pulsations of the artery. On the twenty-first day the man began to show some impatience at being confined in his bed, though he still bore the pressure well; the sac was getting harder and smaller, but the sharp rough bruit, synchronous with the heart's pulsations, was still heard. Mr. Poland now directed that the digitalis mixture should be left off, and replaced by small doses of antimonial wine; the meat diet was continued. The pressure was also removed for an hour, and it was noticed that the pulsations of the sac had much decreased in force.

After this period the patient became guilty of a little carelessness. He was, however, on the forty-first day still progressing favourably; but the pulsations of the tumour were still evident on taking off pressure, though not perceptible until some minutes had elapsed; a few small arteries were now felt in front of the knee.

On the forty-eighth day the man's patience was almost exhausted; the tumour had become small and hard, but there still remained a slight pulsation on its outer side, which could easily be controlled by moderate pressure with the hand on the sac. Direct pressure upon the tumour was now tried by means of a small sand-bag placed over the swelling, the leg being allowed to rest upon it over the edge of the peg-box; pressure was thus exclusively made on the swelling without the establishment of collateral circulation being interfered with. On the sixty-fourth day the most moderate pressure was sufficient to arrest the circulation, and evident progress had been made; two large arteries were felt running over the sides of the sac. On the eighty-second day the pressure was intermitted for several hours daily. On the ninety-first day the sac was small and hard, but the circulation continued through the popliteal artery, communicating a pulsating feel to the aneurismal tumour. The patient was now allowed to get up during the day, and desired to wear the clamp outside his clothes; the pressure was, however, altogether omitted during the night. On the 102nd day the man left the hospital, with directions to use his clamp at night after leaving off his employment, which latter consists in superintending the packing of bottles. He could at the period of his discharge walk about without inconvenience, and had left off the clamp for three days, wearing only a small pad over

the tumour, fixed by a bandage. The swelling was then small and hard, of the size of a bantam's egg, with pulsations over the posterior part; but the beating was not felt laterally, and the sac does not dilate.

The directions given for the night were followed for a few weeks, and the patient then left off the instrument altogether. The man continued, however, to pay visits to Mr. Poland's house, once a month, up to September, 1852 (thirteen months after the treatment was commenced): he was carefully examined on each occasion, but no perceptible change in his condition was noticed. The patient improved in general health in the meantime, and continued his employment without any ill effect or inconvenience.

One month after this, the tumour was found hard and firm, about the size of a chestnut, and had pulsation communicated to it by the artery. The swelling felt like a gland lying over, and being adherent to the vessel; the pulsation not being the usual act of dilatation and distension, nor felt laterally, but only over the course of the artery. The sac was clearly consolidated by fibrinous deposits, but the artery was still pervious, not in the least obliterated, and it is very likely that the opening of the vessel into the sac was still patent.

On the 20th of October, ten months after his discharge, while the patient was lifting a truss of straw, his limb was in such a position that he produced much strain over the popliteal artery, and felt something give way in the locality of the tumour. The pain became suddenly very acute, but he continued with his work until obliged to desist, from the suffering endured in the leg. The patient now called upon Mr. Poland, with the idea that he had injured his joint, or was labouring under an attack of rheumatism. The knee was found extremely hot, painful, and much swollen, and the popliteal space filled with a tumour of the size of a bantam's egg, which pulsated freely in all directions. These pulsations were freely commanded in every direction, by slight pressure on the femoral artery. It was now evident that the popliteal trunk and old sac had suddenly given way at the former seat of injury, and that the present aneurism was the result of this second accident.

The patient was now re-admitted into Guy's Hospital, November 10, 1852, under the care of Mr. Hilton, just eleven months after his discharge. He was desired to use the same weight and clamp, and entrusted with the sole management of the treatment, as he was fully acquainted with the mechanism, from his former stay in the hospital. The clamp controlled the circulation in the vessel with slight pressure, and could be borne for several hours at a time without any intermission. On the loosening of the clamp, the weight was used in the groin. The patient could now sleep with the instrument fixed during the whole night, without any blood being allowed to flow through the artery. The pulsations in the sac stopped on the third day, but the treatment was pursued for three weeks, at the expiration of which perfect consolidation of the sac and obliteration of the artery were obtained. The patient left the hospital, December 7, 1852, in perfect health, twenty seven days after his second admission. The tumour was hard and solid, did not pulsate in the least, and was beginning to contract.

This case naturally suggests remarks of the most important kind touching the treatment of popliteal aneurism by compression. It seems, in the first place, rather strange that the cure which could not be obtained in the first portion of the treatment, by several months' perseverance, was accomplished, after the second admission, in less than three weeks. But as the aneurism was the result of an injury, it may be supposed that the opening in the popliteal artery communicating with the sac (probably situated on the outer side, where the pulsations and pain were always strongest), was, by the long-continued pressure, much reduced in size, though not completely stopped up; whilst the fibrinous layers within the sac were getting firm and compact. After the patient had been attending to his work for about ten months, a sudden jerk produced inflammation and great disturbance in the artery and sac; rest and pressure were now again used, and perfect consolidation and obliteration took place.



It is clear that this explanation cannot be supported by demonstrative proof; but if we may appeal to analogy, the correctness of this view will become apparent; and it is very likely that the vessel and aneurismal tumour would for a long time have continued to communicate, had the above mentioned jerk not taken place.

Dr. Bellingham, in his account of a case of this kind (DUBLIN MEDICAL PRESS, December 3, 1851), offers about the same explanation regarding the symptoms which have been described in this case—viz., continuance of pulsations, and diminution and induration of the sac. Dr. Bellingham says:—"In the details of this case, I have said that, after compression had been employed for a time upon the right lower extremity, it was discontinued before the pulsation of the aneurism had ceased, in consequence of the patient being obliged to return to his employment. Notwithstanding that the pulsation continued, the tumour not only did not increase subsequently, but actually diminished in size, although the patient had to work at a very laborious employment, in which he was obliged to lift and carry heavy weights; and during upwards of four years that intervened between the period at which the pressure was discontinued and the patient's death, it never caused the slightest inconvenience, and he continued to work until the enlargement of the thoracic aneurism compelled him to desist.

"The post-mortem examination shows why this was so; we find the aneurismal sac contracted and diminished in size, its parietes much thickened, and its cavity in great part filled up by fibrine deposited in concentric layers. A small portion of its interior still permitted the entrance of the blood which passed down the popliteal artery, the pulsation of which communicated to the sac gave the impulse which was felt at the part during the patient's life.

"It is a point of some interest to determine whether an external aneurism can be considered to be cured, although the channel of the artery at the seat of the disease is not obliterated, and a current of blood continues to pass through the vessel. We know that when aneurism of the arch of the aorta undergoes a spontaneous cure, the sac alone is filled up, while the artery for an obvious reason continues pervious afterwards. Now, the examination of this preparation, combined with the history of the case, afford evidence that popliteal aneurism may be so far cured that the sac can scarcely enlarge again, although there is no obliteration of the artery at the seat of the disease; and likewise that this desirable result may be brought about by making compression upon the artery on the cardiac side of the sac.

"It can scarcely, then, I think, be doubted, that aneurism in an extremity may be so far cured that it can neither enlarge again nor give way, although the blood continues to pass through the artery from which it springs, and an impulse continues to be felt at the part, owing to the pulsation of the artery being communicated to the sac. In the present case, there was an interval of above four years between the discontinuance of compression and the death of the patient, during which time, although the pulsation continued, the patient was able to follow a laborious employment, and never suffered the slightest inconvenience from the aneurism."—*Lancet*.

We rejoice to find that the London Surgeons begin to understand the treatment of aneurism by compression. Perhaps those of Paris may presently begin to think there is something in the practice.

CHOLERA.—The latest intelligence from Prussia is rather satisfactory as regards the progress of cholera, for although it has spread through the Polish territories, not only has its virulence abated, but the number of cases has also diminished. At Berlin three hospitals have been opened, and at Posen, from the 30th of July to the 29th of September, there were 2491 cases and 1233 deaths. All the public schools have been closed, and at Königsberg, M. Von Treschowitz and M. Waldow, connected with the legislature, have died. At Posen, the wife of M. Von Pattkamaner, the President, also died of cholera.

## ILLUSTRATIONS OF LARYNGEAL AND PHARYNGEAL DISEASES, WHICH ARE FREQUENTLY MISTAKEN FOR, OR ASSOCIATED WITH, PHTHISIS PULMONALIS.

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THE pharyngeal and laryngeal complications of phthisis pulmonalis are much more common than is generally supposed, and I believe that to them ought to be ascribed many of those symptoms which are generally attributed to the pulmonary lesion. Occasionally I have known laryngeal disease alone, mistaken and treated for phthisis; and when phthisis really exists, I have seen much benefit derived from a local treatment applied to the pharynx and larynx.

My attention was first directed to this subject by the following case:—

Case 1.—On the 11th December, 1849, Captain B. entered my room, to consult me regarding an occasional expectoration of blood, which caused him, but more especially his lady, much anxiety. He was a tall vigorous-looking man, between thirty and forty years of age, who had no cough or any complaint whatever, but from time to time had hawked up a small clot of blood about the size of a pea. On a few other occasions he had observed some mucous expectoration tinged or streaked with blood. His chest was finely developed, and its most careful examination failed to elicit anything abnormal. His appetite and digestive functions were excellent; and as commandant of a depot in the neighbourhood of Edinburgh, he had never experienced uneasiness from his professional duties. After repeated examination, I had no hesitation in stating that the lungs and large vessels were perfectly healthy, and that I hoped the expectoration of blood would cease spontaneously.

The origin of the blood in this case appeared to me at that time to be very mysterious. It was not florid. There was no reason to suppose it to be of pulmonary origin. There was nothing in his voice to indicate laryngeal disease. I did not examine the pharynx, not being then aware of the importance which ought to be attached to it. I was consequently left in great doubt as to the origin of the blood, and of the best means of removing anxiety from my patient. My uncertainty, however, was partly dispelled by the following case:—

Case 2.—I was requested by an assurance office, in July, 1850, to examine the chest of Mr. M., a merchant, aged about 30, who said he laboured under no kind of complaint, with the exception of occasional sore throat, and expectoration of mucus tinged with blood. He was tolerably stout, took long walks without uneasiness, and suffered from no difficulty of respiration or from cough. Repeated examination of his chest failed to elicit any physical sign indicative of pulmonary disease. I therefore certified that his lungs were healthy. In October, 1851, this gentleman called upon me again for advice, under the following circumstances. The soreness of the throat had latterly increased, and considerable cough was induced, after which he spit up mouthfuls of purulent matter, frequently tinged of a red colour. He brought me some of this sputum to examine, which consisted of mixed blood and pus, of a dirty brick-red colour. Examination of his chest again convinced me that the lungs were unaffected; but in the interval I had paid attention to the writings and practice of Dr. Horace Green of New York; and I now examined his throat, when the cause of his symptoms was at once apparent. The fauces and upper part of the pharynx were studded over with nodular swellings, varying in size from a pin head to that of a pea. Many of them were bright red and fungoid in character, probably the origin of the extravasated blood, whilst considerable patches of purulent matter adhered to several parts of the mucous membrane. I applied a sponge, saturated with a strong solution of the nitrate of silver to the affected parts. In three days he returned, having been much relieved, when the application was repeated. I have not seen him since.



These two cases convinced me that certain symptoms which have hitherto been considered as indicative of phthisis might have their origin entirely in the fauces, pharynx, and upper part of the larynx. The cough so occasioned, with the purulent expectoration, often tinged with blood, frequently so resembles that occasioned by phthisis, as not only to induce alarm in the minds of the patients, but frequently to mislead the medical practitioner. I have now met with many such cases, which have been mistaken for phthisis, and which have been treated for that disease without any effect, until local remedies were applied, when they, for the most part, disappeared, or became much better.

The following case illustrates still further the occasional similitude of laryngeal disease to phthisis pulmonalis, and the erroneous treatment to which error in diagnosis may lead.

*Case 3.*—Margaret Dickie, a staymaker, æt. 25, admitted to the Royal Infirmary, Sept. 9, 1851, labouring under occasional vomiting, frequent cough with hæmoptysis, and copious purulent expectoration. There was considerable sweating at night, and her general health, owing to want of sleep and the harassing cough, was much broken down. At the commencement of the winter session in November, I found her taking an acid mixture to relieve the sweating, a cough mixture to diminish the cough, together with cod-liver oil. The chest had also been blistered. Careful percussion and auscultation convinced me that the thoracic physical signs were perfectly normal. I then examined the fauces, which were covered with purulent mucus, but presenting here and there red and prominent follicles. The cough was also ascertained to be convulsive, the voice hoarse and broken, and, on placing the stethoscope over the larynx, a loud ringing sound accompanied the inspiration. From these facts I had no difficulty in diagnosing laryngitis; and on ascertaining that the woman was a prostitute, and addicted to drink, there could be little doubt that it was of syphilitic origin. The fauces were freely touched with a solution of nitrate of silver (3ss. to ʒj. of water). This was repeated on the following day, and on the next the upper part of the glottis was touched, causing severe convulsive cough. I subsequently passed the sponge, saturated with the solution, into the larynx every second or third day during the month of November, which at first caused very severe and prolonged convulsive cough, that gradually became somewhat diminished. On the whole, however, no great amendment was produced, although the expectoration and cough during the intervals were lessened. The local applications were then suspended, but it soon appeared that they had been beneficial in checking the symptoms, from their severity again increasing, especially the amount of expectoration streaked with blood, and the want of sleep at night, owing to the severity of the cough. In the second week of December, therefore, the topical applications were resumed, together with occasional blisters to the larynx, and once more a certain amount of benefit was obtained. But as this treatment, combined with the internal administration of iodide of potassium and bitter infusions, for a period of four weeks, seemed to produce no further improvement, she was dismissed on January 7, 1852.

In this case all the symptoms of phthisis pulmonalis were present, including emaciation, profuse sweating, cough, expectoration of pus mingled with blood, bad appetite, hectic, and in consequence cod-liver oil, cough mixtures, acid drops, wine and good diet were administered, and all without effect. Indeed her appetite was so bad, that the diet was not taken, and nutrition suffered. When a careful examination of the chest enabled me to form a correct diagnosis, the treatment was changed. The cough and acid mixtures were abolished, the stomach gradually regained its tone, her appearance slowly improved, and although, from necrosis of the ossified cartilages, the local disease was not removed, it was considerably benefited by topical applications.

*Case 4.*—Miss G., æt. 56, had been treated by a homœopathic practitioner, for three years, who informed her that

she was labouring under consumption, and at last that she had better go to Australia. Her friends, unwilling that this sentence of banishment should be carried out without further advice, brought her to me on the 19th of October last. I failed to discover the slightest alteration of the lungs, either by percussion or auscultation. On the contrary, repeated examination convinced me that the inspiratory and expiratory murmurs both possessed their natural softness and duration. There was, however, frequent cough with copious purulent expectoration. She had had constant sore throat since her childhood, and was labouring, in addition, under headaches, loss of appetite, constipation, leucorrhœa, excessive menstruation, hæmorrhoids, occasioning frequent hæmorrhage, so that she presented the anemic appearance, with all the symptoms of confirmed chlorosis.

When I informed her that her lungs were not diseased, and that her cough entirely depended on some affection of the throat, she could not believe me. She had so long been convinced that her case was one of consumption, and that nothing but a change of climate could be of any advantage to her, that I think it was with some reluctance she heard a different opinion advanced. To oblige her relations, however, she allowed me to apply the solution of nitrate of silver, first to the fauces and subsequently down the œsophagus. She then became convinced that there was a spot at the upper part of the throat which, when touched, gave rise to burning pain, induced severe spasms for a few moments, and subsequently left her free from cough, and enjoying remarkable ease. The applications were consequently continued every other day, and were conjoined with the internal administration of iron and vegetable bitters. Under this treatment she has much improved in health. I soon perceived, on passing the sponge, that there was a constriction at the upper part of the œsophagus, which I attribute to long-continued ulceration, followed by contraction, the termination of which causes me considerable anxiety.

Even when the lungs are decidedly tubercular, much of the cough and irritation may be owing to laryngeal complication, although, in the majority of cases, they are attributed to the pulmonary disease. I am satisfied that the constant cough and succussion of the chest so occasioned increases, if it does not actually sometimes induce, pulmonary disease, especially the most common of all phthisical complications—bronchitis. I was very much struck with the amount of cough in the following case, which was removed by paying attention to the laryngeal complication.

*Case 5.*—Dr. C., a medical man, aged about 25, had long suffered from delicate health, and latterly the fatigue of his practice, which necessitated long journeys on horseback, frequently in the middle of the night, had induced constant coughing and thoracic pain. He had found such remedies as cod-liver oil, expectorants, demulcents, and anodynes useless. On examining his chest, there was slight dulness on percussion under one clavicle, somewhat harsh inspiration, and prolonged expiration in the same situation, with a little increase of vocal resonance. The disease in this case was evidently incipient, and yet I noticed the violent suffocative cough, followed by expectoration of purulent mucus, and was struck with the evident disparity between the incipient pulmonary lesion and the advanced cough and expectoration. This was explained by inspection of the fauces, which were red, rugous, and covered with patches of pus. Further, it was clear from the symptoms that the glottis was also affected. The local application every other day of a sponge saturated in a solution of nitrate of silver, was soon followed by the best results, and in a few weeks the cough entirely ceased, and with good diet he regained his general health, although the pulmonary signs remained unchanged.

The removal of the cough and expectoration in this case, although incipient phthisis was undoubtedly present, proves that the former were in no way caused by the latter, which continued to remain, notwithstanding the disappearance of his distressing symptoms. Expectorant and anodyne re-



medies in such cases are evidently useless and even injurious. Useless, because it cannot be supposed that squills, ipecacuanha, &c., by being introduced into the stomach, can act upon the follicular disease of the pharynx and larynx; and injurious, because these remedies, combined as they usually are with opium, occasion nausea, derange the appetite, destroy the capacity of taking food, and thus cause that diminution of vigour in the patient, so favourable to the development of the pulmonary tubercular exudation. In the following instance even a better result was obtained.

*Case 6.*—Dr. B., *æt.* 34, a medical practitioner in the island of Surinam, applied to me, during a visit he made to this country, in June, 1850. He had frequent cough and sore throat, with copious expectoration, increased by exposure to cold. There were also the usual symptoms of incipient phthisis. On examining his chest physically, I discovered comparative dulness under the right clavicle, slight crepitation with the inspiration, prolonged expiration, with marked increase of the vocal resonance; the left lung was healthy; the mucous membrane of the fauces was of a dark red colour, scattered over with prominent follicles. I applied the sponge first to the fauces and afterwards introduced it into the larynx every other day, with evident benefit. He also took cod-liver oil, with an alkaline and vegetable bitter mixture. In the autumn he returned to Surinam, and soon afterwards informed me by letter that his health was greatly improved. He again visited Edinburgh in August, 1851. The throat had latterly again become troublesome, from exposure to the inclemency of the weather; but on examining the chest, although there was still slight dulness and increased vocal resonance under the right clavicle, all crepitation had disappeared. He spent the following winter at Sligo, and this summer commenced practice in a large village in Perthshire. Last month he again visited me, and asked if he could venture to insure his life. On percussing the chest no dulness could now be discovered, a mere shade of increased vocal resonance remained, and the breath sounds were perfectly natural. Under these circumstances I considered his phthisis to be arrested, and had no hesitation in sanctioning his application to an Edinburgh life insurance company, which at once admitted him, without any extra premium. Now I am of opinion that the arrestment of the phthisis in this case was mainly due to the good effects of the applications applied to the pharynx and larynx, and that the diminution of irritation there, and the removal of the cough, enabled the exuded tubercle to become absorbed with more readiness than it would otherwise have done.

I could cite a considerable number of cases in which laryngeal symptoms have been more or less mistaken, for or complicated with phthisis, and which have been greatly benefited by a local treatment. At the same time, I need not say that there are a large number of cases in which no such complication exists, and that they must be judged of only by a careful auscultatory examination of the lungs and larynx, and by inspection of the pharynx. I have also had abundant opportunities of satisfying myself that many so-called cases of chronic bronchitis in persons of advanced life are entirely owing to throat disease,—a point, however, which has been so ably illustrated by Dr. Horace Green, that I need not dwell upon it here.

The propriety of local applications in cases of tubercular ulceration of the glottis or larynx has in this country been much doubted, although highly recommended by Dr. H. Green. The following case, in which the larynx was greatly involved, has served to persuade me of its occasional benefit:—

*Case 7.*—Mr. P., an advocate, spent the winter of 1851–2 at Torquay, and consulted me in March following. He was aged 39, and told me, in a hoarse whisper, that for three or four winters previously he had suffered from cough, with discharge of matter from the nose. During the summer he was quite well. While resident in Devonshire he gradually lost his voice, and his medical attendant there

had passed a sponge saturated with a solution of nitrate of silver every day,—a treatment, however, that had failed to arrest the aphonia, which, when I saw him, was complete. On examining his chest, I ascertained that there was impaired resonance under both clavicles, harsh and blowing murmur on inspiration, which, with spitting, left little doubt that the pulmonary organs had been long affected, but were now in a quiescent state. His countenance was expressive of much suffering; there was considerable emaciation, great weakness, much sweating; and he complained of almost constant spasmodic cough, which shook the entire frame. There was pain and dryness of the larynx and throat, frequent expectoration of purulent mucus, often streaked with blood. Difficult deglutition, especially of fluids, which never failed to excite cough and prolonged spasms. On placing the stethoscope over the larynx, inspiration was accompanied with a hoarse sound; and on inspecting the fauces and pharynx, the mucous surface was seen to be rough, sprinkled over with red prominent follicles, and streaked with adherent purulent mucus.

As this gentleman assured me that the sponge had been daily passed into the larynx by his medical attendant at Torquay, I did not hesitate to introduce it at my first visit. There followed, however, the most violent general spasms, the greatest difficulty in inspiration, rendering suffocation imminent, and then prolonged cough shaking the body, accompanied with purulent expectoration tinged with blood. The violence of the spasm somewhat abated in from two to three minutes, but he was unable to address me for ten minutes more. He then said that he had never experienced similar sensations previously, and was satisfied that the sponge had never been introduced into the larynx at Torquay, as he had been informed that it had by his medical attendant there. On visiting him the next day, I learned that the local application had been productive of the best effects, that the cough and spasms had entirely ceased, deglutition had been performed with more ease, and that he had passed a better night than he had enjoyed for many months. His appetite, I understood, was anything but good, and he had for a long time laboured under dyspeptic symptoms. I recommended him to remain quiet, not to speak, and to take a nutritious solid diet. In the course of the night the cough and spasms returned, and next day I again passed the sponge, which once more excited spasms and suffocation, but not to so great an extent as on the former occasion. I continued to pass the sponge every other day, and its good effects were well marked. In a fortnight it excited little irritation, and was invariably succeeded by a sense of ease, diminution of cough, which generally continued to the following night. He was now also enabled to swallow his food with more comfort and more abundantly, and in consequence his general strength was slowly improving. During the months of April and May, the local application was continued every second or third day. Towards the end of that month he was enabled to take short walks, and instead of my going to him at Morningside, he came into Edinburgh and visited me. I had great difficulty, however, in preventing him from endeavouring to speak, and he was continually exciting the vocal cords. Indeed there could be little doubt that the voice, though not distinct, was much better, and occasionally, on making an effort, he was pleased to hear himself utter articulate sounds. He now changed his residence, and it is presumed, from having slept in a damp bed-room, or from some other cause, a fresh attack of laryngitis was produced, attended with return of the cough, pain in the throat, and spasms, with fever and great restlessness at night. The pain was sometimes most severe on the right, at others on the left side, but was diminished by counter-irritants, and afterwards by the local application. In the middle of June, I found it impossible to pass the sponge fairly into the larynx, and it was singular to observe that the patient became worse, felt more pain, and especially complained of pain extending back to the ear. It was apparent to me, however, that the ulcerated surface was cicatrizing, although I felt some difficulty in understand-



ing how the glottis was impenetrable. It then occurred to me that probably fungous granulations were obstructing the orifice. One day towards the end of June, he told me that on making a deep inspiration he felt something vibrating at the orifice of the larynx, and it then appeared to me probable that a small polypus had formed there. A few days afterwards, in attempting to pass the sponge, it was ascertained that this was really the case, and he immediately spat up a fleshy mass, the size of a pea, with a small neck at one side. The next day the sponge entered as usual, without any difficulty, and continued to do so till the middle of July, when it again met with an obstruction. His general health, however, had greatly improved; the appetite was tolerably good; the pulmonary signs throughout had remained stationary. In the early part of August, he went to the country on a visit, and his health became much improved. During September he visited a hydropathic establishment, and submitted to a course of treatment, consisting of a wet sheet every morning, a sitz bath twice a day, a wet belt round his abdomen worn from morning until dinner time, and a saturated towel round his throat every evening, with walking three times a day in spite of all weathers. This heroic treatment caused the sweating and weakness, which had previously disappeared, again to return. He felt shivering on one occasion, after the sitz bath, and acute pain in the chest, violent cough and epistaxis, which fortunately subsided next day. On my seeing him early in October, he was pale, thinner than I left him, the voice, throat, and larynx were in the same condition; but he expressed himself as having been relieved of his occasional headache and dyspepsia. Towards the latter end of October, however, he complained of severe pain, deep in the nostrils, extending in the direction of the frontal sinus, and backwards to the ear on the left side. This continued to increase, and the discharge from the nose became more abundant, and formed inspissated moulds in the nares during the night, which were with difficulty discharged on the following morning. During the present month (November), two pieces of laminated bone have been discharged at different times, one from the left nostril, the other by the mouth, it having fallen backwards into the throat. At this juncture I thought it possible that surgical interference might facilitate the removal of a sequestrum, should one be present in the nasal passages, and on stating this to the patient, he requested me to consult with Mr. Syme on that point. The opinion of that gentleman was that the vomer was the bone diseased, and that no surgical interference was warrantable.

Such is the present condition of this case, which I regard as one of arrested pulmonary and laryngeal phthisis, complicated latterly with ulceration and necrosis of the nasal passages. The latter is the only active disease under which he now labours, and is the source of the slight pharyngeal cough which still lingers. The local treatment of the larynx has, to use his own expression, "made him a new man,"—and it is in this respect that the case is instructive. No doubt the severity of the hydropathic treatment exposed him to unnecessary risk; for had a fresh inflammation seized either upon his larynx or lungs, it would have been most injurious, if not fatal, and it must be obvious he very narrowly escaped this. On the other hand, his general health was no way improved by it, if we except the better appetite, dependent probably on the increased amount of exercise he was induced to take.

The cases now given have satisfied me that lesions of the pharynx and larynx ought to occupy the serious attention of practitioners in all cases of pulmonary diseases, and that the following conclusions may be drawn from them:—1st, that not unfrequently diseases, entirely seated in the larynx or pharynx, are mistaken for phthisis pulmonalis; 2nd, that even when pulmonary phthisis exists, many of the urgent symptoms are not so much owing to disease in the lung as to the pharyngeal and laryngeal complications; 3rd, that a local treatment may not only remove or alleviate these complications, but that, in conjunction with general remedies, it tends in a marked manner to induce arrestment of the pulmonary disease.—*Edin. Monthly Jr.*

## TWO CASES OF OPHTHALMITIS—ONE TRAUMATIC, THE OTHER IDIOPATHIC.

By HENRY HOWARD, M.R.C.S.L.,

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ON the 8th October, 1851, Mrs. B. brought her daughter, Miss B., aged 11, to consult me about her right eye, which had been perfectly blind for five years. The only history of the case that either mother or child could give was, that five years previously, by an accidental circumstance, it was discovered that the child was blind of one eye. The child never remembered having had any pain, and the mother was sure that the child never had any sort of a sore eye. If the strong light of a candle or the direct rays of the sun were brought upon her eye, she perceived light, but this was all. Her general health was perfectly good, although there existed all the signs of a strumous diathesis. The left eye was perfectly healthy; colour of iris blue. The mother was positive that there was nothing the matter with the child's eye when three or four years old. On examining the eye the only abnormal appearance that I could observe was, that the pupil was very small, of nearly a triangular shape, and blocked up with organized lymph; in fact, pure lymphatic cataract, presenting all the appearance to be found in a case the result of long-continued inflammation. The iris was something of a darker colour than that of the healthy eye, having rather a greenish hue. There was no increased vascularity in any part of the eyeball. I ordered the child a dose of purgative medicine that day, and on the next day I operated with the needle, through the cornea, with which I divided in pieces the lymph in the pupil, and afterwards a soft cataract which I found behind it. The ordinary treatment after such operations was adopted. It was followed by slight inflammation, and at the termination of six weeks, there was a tolerably fair-sized pupil, and sight much improved. There were yet, however, some bands of lymph crossing the pupil. There being no more improvement after two months than there was after the expiration of six weeks, I again operated in the same way, dividing the remaining bands of lymph. The same after-treatment was adopted, but on the third day traumatic inflammation supervened, the iris was perfectly green, and bloodvessels could be seen to traverse it even with the naked eye. The sclerotic was of a dark red colour, every part of it injected with blood, yet there was no pain, nor the slightest intolerance of light, and the child herself was perfectly unconscious that there was anything wrong, more than that she could not see so well as before I last operated. I put her upon calomel and quinine, one grain of the former and half a grain of the latter, every six hours. In three days mercurial fetor supervened, which action I kept up for a week by giving one grain of calomel every night; during the same week she took one grain of quinine in solution three times a day. At the termination of a fortnight all inflammation disappeared; absorption went on, and she received tolerably fair vision with nearly a circular pupil.

Case 2.—J. Q., a labourer, aged 40, received into the ophthalmic ward of St. Patrick's Hospital, April 20, 1852, stated that he had been under the care of Dr. —, for six months, for disease of his eyes, that for the first fortnight he suffered some pain in his eyes and slight pain in his forehead, but since that time he only suffered from scalding tears, and the pain caused by exposing his eyes to light. That for the last three months he could only discover light from darkness. During the six months he had used a great many bottles of wash for his eyes, but never took any medicine. On examination, I found that he could not observe my hand move between him and the window, yet he complained of intolerance of light when his eyes were opened and exposed to it. The sclerotic coat was of a deep red colour. The pupils were contracted to almost the size of a pin's head, and blocked up with lymph. Vessels could be distinctly seen traversing the surface of the iris, and crossing the lymph in the pupil.



The anterior surface of the iris was convex, and nearly in contact with the cornea, thereby obliterating the outer chambers of the eye. I must confess that I had but little hopes of benefiting this man, as from the history of the case, together with the appearance of the eye, I feared much that the retina had been either disorganized, or covered with lymph. I determined, however, to give the case a trial, and at once put him, after well purging him, upon one grain of calomel and half a grain of quinine every six hours, and applied extract of belladonna round his orbit once a day. On the twelfth day he was salivated, but from the sixth the inflammation began to subside and his vision to improve; the pupils about as large again as when he came into hospital; no intolerance of light. I kept his mouth sore for twelve days longer, by giving him one grain of calomel every night, and sometimes twice a day, during which time he took one grain of quinine in solution four times in a day. At the end of this time the pupils were about four times as large as they were when he came under my care; they were in shape very similar to the leaf of a shamrock or clover. The greatest part of the lymph was absorbed; but there were yet some bands crossing the pupil. I then put him upon the solution of biniodide of mercury ten drops three times a day (every ten drops of this solution contained the one-tenth of a grain of the biniodide of mercury), which treatment, with the daily application of the extract of belladonna round the orbits, I continued till the 12th of May, twenty-two days after his admission. At this period the iris began to lose its convexity, and the anterior chamber of the eye, consequently, too became large and of a normal appearance. The sclerotic coat had become perfectly white, and no more vessels were observable traversing the iris. One band of lymph remained across the left pupil, but none in the right. He could distinguish the different persons in the ward with him. His mouth having been kept slightly sore up to this time, I discontinued the biniodide of mercury and put him upon the hydriodate of potass, ten grains every eight hours. I also ordered his diet to be improved from soup to meat once a day. On the 25th of May, I discharged him from hospital, being at the time able to see the houses on the opposite side of the river from the window of the hospital—a distance, I should suppose, of two miles. This man called to see me early in the present month, and he stated that his sight was improving every day, so that he could then see nearly as well as ever he did. His eyes presented a very healthy appearance, with the exception that the pupils were irregular, and a slight band of lymph was still visible across the left pupil.

I consider these two cases of importance—first, because they prove how such inflammation of the eyes may go on so as to destroy vision, and yet present few of the diagnostic symptoms; secondly, the necessity of carefully examining the eyes when dimness of vision is complained of; thirdly, the necessity of a correct diagnosis; and fourthly, these cases prove how much disease the eyes will sometimes bear without being destroyed, and I consider the last case is a most satisfactory proof, that under certain circumstances even organized lymph will be absorbed by properly directed treatment.—*Canada Med. Jour.*

#### HÆMORRHAGE FROM THE EXTRACTION OF A TOOTH.

By S. A. SALTONSTALL, D.D.S., Columbus.

BELIEVING it to be quite common to report cases of interest in whatever department of our profession they may occur, I wish to communicate, in as few words as possible, the particulars of an extraordinary case of hæmorrhage which followed the extraction of the first bicuspid tooth on the right side of the upper jaw.

The subject was Mr. B.—of this place, a member of one of our best families, and a young man of superior attainments, and one of whom much of usefulness was anticipated in the future. I report the case at his own request, as he has recently returned from New York with the title of M.D. After removing the tooth and using a pledget of

cotton saturated with alcohol and pulverized alum, the bleeding, though profuse at the time of the application, ceased, and the patient left my office. Late in the evening the orifice began to emit a copious discharge of blood, and I was sent for to visit him at his father's residence. I used the cork and cotton, which checked for the time the flow of blood. The compression was ordered to be continued until the healing process should indicate the safety of removing it. On the second morning about day-light I was sent for with the word "Mas, John gwine to die." I then used the pure nitrate of silver, which afforded only temporary relief. Finding that this would not do I used sulphuric acid, first protecting the teeth with beeswax; this failed. I then proposed to apply the actual cautery in the usual way, which was objected to by the consulting physician, who argued that upon its removal it would bring away with it the coagulum, and only serve to increase the hæmorrhage. I began to think that my career as dental surgeon was to end very speedily. The father of the patient was now considerably alarmed, and said to me, "you must do something." At this moment an idea occurred to me that might probably succeed. I mentioned it, and all concurred that it would certainly do; the young man consented to submit to it. I took a piece of pure silver plate, and cut it in shape to fit between the teeth and cover the lips of the orifice about the eighth of an inch on each side. This was bent to fit the parts and heated to a white heat, and suddenly applied to the place, where it remained for several days. When it was removed, the coagulum came away with it. The orifice was examined, and a very delicate covering, resembling tissue paper, had formed over it. The success of this operation is mainly attributable to the firmness and presence of mind manifested by the patient. I took my position immediately in front of him, with an instrument bent the right shape to hold the silver, and held it in my left hand; then with an ordinary mouth blow-pipe and a spirit lamp, I applied the heat until the silver was sufficiently hot, while the patient held a napkin firmly over the orifice. At a signal understood by him, he removed the napkin, and I applied the red-hot silver, which arrested effectually the hæmorrhage.—*Amer. Jr. of Dent. Sci.*

#### ADHESIVE PLASTER AS A MEANS OF MAKING EXTENSION IN THE COMPOUND AND OTHER FRACTURES OF THE LOWER EXTREMITY.

By S. D. GROSS, M.D.,

Professor of Surgery in the University of Louisville, U.S.

WILL you be so kind as to grant me a little space in your valuable journal for a few remarks on the subject of adhesive plaster, as a means of making extension in compound and other fractures of the inferior extremity? I am induced to ask this favour, because the origin of this mode of treatment, which has lately attracted considerable attention, and which has been adopted with great advantage, in several sections of our country, has been ascribed to a gentleman who is in nowise entitled to the credit of it, if credit it deserves.

In my work on the "Anatomy, Physiology, and Diseases of the Bones and Joints," composed within a few months after I was invested with the honours of the Doctorate, and published in Philadelphia in the summer of 1830, is the following passage:—"In complicated fractures of the leg, it not infrequently happens that the soft parts about the ankle are so much contused, or otherwise injured, as to render it impossible to employ the usual extending bands. When this is found to be the case, the difficulty may usually be remedied by applying along each side of the leg, as high up as the seat of the fracture will admit, a piece of strong muslin, about two feet and a half in length, two inches and a half in width, and spread at one of its extremities with adhesive plaster. The part which is applied upon the limb should be confined by three or four circular strips, so as to keep it firmly in its place, and equalize the extending power. The free extremities of the extending bands should then be tied under the sole of the foot, and be secured to the block or bar which connects the lower ends of the splints. This mode of making extension, for which we are indebted to the ingenuity of my friend and preceptor, Dr. Swift of this place, will, I am fully persuaded, be found highly useful in practice, and satisfactorily obviate the inconveniences to which I have alluded."

At the time of writing the work here quoted, I was spending a few months at Easton, Pennsylvania, where I had an opportunity of witnessing the excellent effects of this mode of management. Since that period I have omitted no opportunity of employing it in my own practice; and I have never



failed, during the last thirteen years, to speak of it prominently before my classes in the University of Louisville.

Dr. Sargent, in his excellent little work on "Bandaging and other Operations of Minor Surgery," ascribes the credit of this method of extension to Dr. Wallace of Philadelphia; and the same statement is reiterated in that gentlemen's edition of Dr. Cruikshank's "Surgery," published at Philadelphia in 1848.

Within the last two years, Dr. Crosby of New Hampshire, has published a short account of this mode of treatment in the *New Hampshire Journal of Medicine*, illustrated by several cases, in which it appears to have been adopted with the happiest effect. In one of these, a compound fracture of the tibia and fibula, the counter-extending band was applied to the upper part of the leg, and the extending band to the lower part of the leg and foot; the plan answered most admirably, and caused not the slightest inconvenience to the patient. Dr. Crosby states that he healed two cases of fracture of the clavicle in children two years of age, with nothing but adhesive strips, with as good success as he ever had with the old methods, and with half the trouble. The same mode of treatment has been lately employed with great success in the New York Hospital in fractures of the inferior extremities.

My conviction is that this plan of making extension deserves to be much more extensively employed than it has hitherto been by my professional brethren. It is particularly applicable to compound and complicated fractures of the leg, but it may also be advantageously resorted to in all cases of fracture of the leg and thigh, in which, on account of injury, excoriation, disease, or excessive morbid sensibility of the ankle, heel, or instep, it is impossible to use the ordinary extending means.

The limb should always, as a matter of course, be shaved before the bands are applied; and the substance of which these bands are composed should be of the most pliant and unyielding character. The adhesive plaster should also be of a very superior quality. The circular strips should not completely encircle the limb, lest they impede the return of the venous blood, and the leg should be carefully bandaged from the toes up.—*Philadelphia Medical Examiner*.

#### DEATH FROM CHLOROFORM.

A PERSON named Henry Hollingworth, a factory operative from Newton-moor, near Hyde, has fallen a victim, at the Manchester Royal Infirmary, to the use of chloroform, administered to nullify the pain consequent upon a severe operation. An inquest was held on view of the body by Mr. Herford, coroner for the borough, when the following evidence was given:—Mr. J. W. Baker, house-surgeon at the Royal Infirmary, said the deceased was admitted on the 16th December, on account of a malignant tumour on the right thigh, to remove which an operation was performed, as it was looked upon as a cancerous tumour, though enveloped in much doubt, as those tumours often are. He was in a bad state of health when admitted, and everything was done to improve his health previous to the operation. A consultation, as I understood, had been held previous to his admission, and it had then been determined that the operation should be performed, of course with the consent of the patient. The consultation was of all the medical men of the infirmary. The deceased the day before the operation said he was ready for it, but wished to have chloroform. Almost every patient takes it. I said he should have it if he wished it, and that he would feel no pain, and that I would do all I could to support his strength. I did not give him any caution. We have given chloroform frequently, and never had a fatal case before. At eleven o'clock on Friday, the 24th December, the operation took place. There were present Mr. Jordan, as the operator, Mr. Peever, as his assistant in the operation, Mr. Wilson, Dr. Renaud, and Dr. Wilkinson (all members of the honorary medical staff of the infirmary), and myself. Mr. F. Heath, a qualified surgeon, administered the chloroform. The man was very much excited, struggled, and talked fast. The chloroform was administered slowly, and every precaution was taken to prevent any danger; and the medical men remarked two or three times how very long it was in taking effect. He at last became insensible in about seven minutes at least. Mr. Jordan commenced the operation by an incision into the skin covering the tumour. I was assisting the surgeon when Mr. Heath directed my attention to the patient's face. This was about five minutes after the operation had commenced. I then observed congestion about the face, but there was no stertorous breathing. His pupils appeared almost to have ceased to act. His breathing was becoming exceedingly slow, and he seemed to be sinking fast. I directed the attention of the operator and other medical men to these

symptoms. The operation was then suspended, and means resorted to for restoring animation, but the pupils had ceased to act, and had become fixed almost immediately. He gave one strong gasp, and then to all appearance was dead. In administering the chloroform successive doses were given until it took effect. Every dose consisted of a drachm, taken at intervals in an inhaler. Constitutions differ with regard to the effect produced by chloroform, but we use every precaution to prevent injury, and I am satisfied that the surgeons did their duty in the administration of the chloroform and in the operation.

Mr. Jordan was examined, and stated, in corroboration of Mr. Baker's evidence, that more time elapsed than usual before insensibility was produced, and then it was not complete, for after the incision was made, the man, more than once, said a cat was scratching him. Chloroform was generally administered in cases of operation, unless there were circumstances which, in the opinion of the surgeons, rendered it undesirable. Mr. Heath was a competent person to administer chloroform. The post-mortem examination showed that asphyxia, caused by chloroform, produced the death. There was a congestion both of the brain and lungs.

Verdict—"Died from the effects of chloroform."

#### CONVULSIONS CURED BY LANCING THE GUMS.

By V. M. SWAZEY, D.D.S.

IN July, 1847, while on a visit to some relations in Canada, I was requested by Mr. S., who had called at my uncle's with whom I was staying, to visit a child of his, which had been sick for several weeks, and the symptoms were becoming more and more aggravated every day. During the last three or four days, it had had several convulsions. The illness was supposed to result from teething. When I saw the child, the parents had nearly despaired of its recovery.

On examining the mouth of the child, I became convinced, from the inflamed and swollen condition of its gums, that the constitutional disturbance was caused by irritation produced by the advancing teeth. The child had a convulsion soon after I saw it; and as an old woman, a sort of doctress of the neighbourhood, had predicted the day before that it would die the next day, between ten and twelve o'clock, saying that mortification of its bowels had taken place, the afflicted mother supposed the infant was in the agonies of death. But the old woman seemed rather happy than otherwise, that her prediction was about to be fulfilled. Believing that lancing the gums freely down to the advancing teeth, was the only remedy that promised any relief, I took the child from the cradle, and with the consent of the mother, performed this operation. It was relieved almost instantly, and immediately, on being taken by the mother, it took the breast, and was soon lost in a quiet sleep. Its recovery from this time was uninterrupted and rapid.

The above case is similar to one related by Prof. Harris to the students of the Baltimore College of Dental Surgery, while the writer was attending lectures in that institution, during the session of 1845-6. I would ask, in conclusion, what causes the death of ten thousand children, annually, in the city of New York alone? Has not morbid dentition something to do with this fearful mortality? In cases like the foregoing, medicine may afford temporary, but will seldom give permanent relief.—*Amer. Jour. of Dent. Sci.*

#### NEW MODE OF TAKING COD-LIVER OIL.

I HAVE read Mr. Selwyn Morris's "New Mode of taking Cod-Liver Oil," and quite agree with his general principle of using a bitter infusion. I have been in the habit of recommending to my patients the use of pale or bitter ale as one of the best vehicles in which to take the oil, be it cod-liver or castor. This description of ale being intensely bitter, and tonic to boot, from the large quantity of hops used in its manufacture, serves the purpose admirably; and another advantage is, that it can be obtained more readily than a quinine mixture or an infusion of quassia; and, moreover, being a stimulant, the stomach is also beneficially excited to retain and digest the fatty oil. As an extempore vehicle, I have frequently used the concentrated infusion of gentian (of course diluted) with good effect; but when there is time to prepare an infusion, I would certainly give the preference to the quassia. NOTE.—We have received a letter recently from one of our patients who, whilst in Dublin, consulted Dr. Graves, was advised by him to take cod-liver oil, in infusion of quassia, which, no doubt, that eminent physician has found to conceal the taste of that valuable though disagreeable remedy.—*Canada Medical Journal*.



## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JANUARY 12, 1853.

## THE CASE OF KIRWAN.

Our readers have learned that this convict has escaped the extreme penalty of the law. How far this may have been owing to a conviction of his innocence, or to other considerations, we cannot say; but being somewhat of the same opinion as the writer of the following article, we copy it; although many of our readers must have already seen it. It is from the *Examiner*, a distinguished London newspaper:

The example of Mr. Kirwan shows the necessity for a court of criminal appeal. For the last fortnight the press has been teeming with letters disputing the justice of the conviction of this man. The writers have had the argument all their own way, for no one is disposed to undertake the ungracious task of depriving a criminal of his last chance of life. Justice has therefore had no champion in this one-sided discussion, and the end consequently is a reprieve. Now upon what consideration can this step have been taken? Lord Eglinton, who had virtually ceased to be Viceroy of Ireland, can hardly have thought himself authorised to decide on a question of life or death, or of the justice or injustice of the judgment of a judge and jury. Lord St. Germans having barely taken his place in the Viceroyalty, can hardly have had time for the investigation warranting the arrest of the sentence of the law. But supposing there had been no interruption of the business of the department, the conclusion would really not be a whit more satisfactory than it now appears. What we have seen in the press roughly represents the proceedings in Dublin Castle; where the argument against the verdict is all one-sided, justice having no advocate, and the field being in the sole possession of the appellant, untroubled with any respondent. Yet the interests of justice in such cases are the most important interests of the public, involving its protection against the most heinous of crimes. We may be told that the convicting judge is consulted; but with life and death at stake a judge has seldom the firmness to maintain his opinion forcibly, and generally gives it the faintest expression. With a Court of Appeal, justice would be allowed its protesting voice, and strained arguments for the prisoner's innocence would be met with rebutting arguments and evidences maintaining the conviction. The objection has been started that appeal would be made in all cases, and that thus there would in effect be two trials upon the charge of murder. But this is not necessary. The discretion of referring a case to the Court of Appeal might be vested in the Home Secretary or Lord Lieutenant, who, upon the same partial grounds on which he now exercises the prerogative of mercy, might relegate the inquiry to a competent legal tribunal. The Home Secretary's or Lord Lieutenant's doubts now are grounds of pardon; but with a Court of Appeal, his doubts would simply be grounds of reference to a tribunal for rehearing, in which the interests of justice would be guarded equally with the life of the prisoner, and the truth sought by a better process than a stunning repetition of *ex parte* statements and hardy surmises. As these matters are now managed, a convict who has facility in writing, and command of pen, ink, and paper, has his own fate in his hands, if he make an industrious use of his time, and ply the press actively with letters under different signatures. This is the modern benefit of clergy. Two or three letters every day, repeating the same story with confidence, impeaching the witnesses, and harping on the danger of taking the life of an innocent man, will loose any halter. The public ends by taking fright, and the thing is done. We have been much struck by the spirit discovered in some of the appeals on Kirwan's behalf. Here is a passage in one letter in the *Times*, signed "T. G.," in which the murder of the unhappy lady is discussed with such an odious flippancy and brutal levity that we might suppose it penned by the assassin himself:—"Mrs. Kirwan did die somehow or other out of the common way. She screamed before she died. Her body was bruised. It was found under peculiar circumstances. Her husband almost killed himself in seeking it, and mourned when he saw it. His grief was short and his after relief great. Of course there can be no doubt the husband killed the wife.

Yes, he killed her; but how? The doctors say in somehow that's not very clear, as by pressure, as Hercules killed Antæus—not a very likely story; rather impossible to be done now-a-days by living men, or if done, most unquestionably the pressure might squeeze out one scream, but would certainly prevent two. Or, perhaps, Mr. Kirwan sat on Mrs. Kirwan like a night-mare, and killed her so—not much more probable, unless Mr. Kirwan were as fat as Daniel Lambert or Mrs. Armitage, and Mrs. Kirwan as weak as the fasting woman at Tutbury. Or, perhaps, he ducked her head under water and kept it there, which would fully account for her vigorous screams; the faculty of screaming under water being probably peculiar to women. Or, perhaps, he strangled her by enveloping her head in a wet sheet—then it would be quite as easy to scream as if one were as free as air. Or, perhaps, Mr. Kirwan kindly took it off to give her an opportunity, and she requited his kindness by making no resistance, and leaving his person untouched and unwetted." There is the hideous zest of the Thug in these imaginings; and in most of the letters of the convict's behalf, it is remarkable that no touch of pity ever appears for the victim, who is sometimes treated almost despitely; as if it were her fault that her precious husband's life were brought in jeopardy. Let it not be supposed that we regard Kirwan's case as one of strong evidence, as it appears reported. But on the other hand, the arguments against the verdict are sophistical or purely conjectural. And, in this instance, we owe some deference to the court, that he had the opportunity of watching the bearing of the witnesses; which must be entitled to some weight, if evidence *ving voce* be of the virtue assigned to it. The case as it stands, however, is precisely one of those which would be satisfactorily disposed of by appeal if such a court had existed, as there are circumstances in dispute that might be cleared up on a new trial. It is denied, for instance, that Mrs. Kirwan's knowledge of her husband's infidelity was proved in evidence, or that it had been the subject of an angry quarrel, ending with deadly threats. An important point, too, not inquired into, is, the usual place for bathing, or places? Whether the Long Hole was the usual place? in which case it would seem extraordinary that Kirwan did not first seek his wife there. Further, a statement for the defence passed without comment, which called for observation—namely, that Kirwan was sketching till the boat arrived, though that was an hour after dark. The appointment of so late an hour for the boat, the business of the day having been one requiring light, is itself one of the many suspicious circumstances of the case.

We devote so much of our space to this extract, because it affords a remarkable contrast to the articles on the same subject published in a medical contemporary (*the Lancet*), which display an amount of zeal in the convict's behalf not very intelligible, if the object is merely the discussion of the medico-legal question. However it may be with the "discriminating" multitude commonly called "the public," we were not before aware that such demonstration of virtuous indignation and poignant sympathy was necessary to rouse the sensibilities of sober medical practitioners. It seems nevertheless that if "a sensation" is to be excited amongst "the doctors," it is to be excited by the same figures of speech which operate on the *profanum vulgus*; unless, indeed, it be that some other class in society was in contemplation when the appeals to which we allude were penned. The case, for instance, has not been soberly announced under the simple title of the prisoner's, the accused, the convict's, or the culprit's case; but the case of WILLIAM BURKE KIRWAN, in type of awful dimensions and most tragical aspect. We do not object; all we do is to remind our brethren that they require the same incentives as other people. We are also content to learn how much better they manage these things in England, notwithstanding the repeated evidences to the contrary contained in our reports of trials there: but we cannot understand how it is that evidence believed by two Judges and twelve Jurors is refuted by calling it "presumptuous swearing," except it be that the opinion of one man is better than the sentence of fourteen; neither can we see how asserting that "the



zeal of the witness did not add to the value of his testimony," proves that his testimony is to be set aside; for we know that zealous witnesses often give very valuable evidence. But if the witnesses were unworthy of belief, there is of course an end of the case: *cadet questio*, as the lawyers say. Then as to the Judge reminding the Jury that they must remain shut up all night if they could not agree to a verdict, we do not think it so conclusive of the prisoner's innocence; neither can we sympathize with the writer when he gives expressions to his agonies after the following fashion:—

Why remain the night? If the jury agreed on their verdict at half-past eight, at nine, or half-past nine, or at ten, why, in such an awful case, when a man was on trial upon the result of which his life depended, were the jury summoned and brought into court at the expiration of forty minutes, and thus disturbed in their early moments of solemn deliberation, and questioned as to whether they were likely to agree, and threatened, that as they were not likely to agree, with an intimation that they must remain during the night?

If telling a jury that unless they return a verdict they must remain during the night, be threatening them, then are many juries threatened, and many criminals nevertheless convicted. But the following argument is still more conclusive, and doubtless will go far to prove that Mrs. KIRWAN was drowned or died in an epileptic fit:—

Ah! we felt quite confident that the learned judge had gone home to dine; and, as the labour of refreshing an exhausted system occupied only about two hours and a half, probably he had left the notes of the evidence on the dinner-table in the hurry of his departure. Did the learned judge reflect on what might be the condition of the jury at eleven o'clock, they having been without refreshment up to that time, if he, at eight o'clock, was so reduced in energy, that it required two hours and a half to administer the necessary quantity of nutriment and stimulants to his frame?

When a man is exhilarated in the evening in London, he is said, in polite phrase, to have "dined;" and when he is a little more excited or unsteady, he is said to have indulged in "stimulants;" but unfortunately for the innuendo here, the learned Judge is what is vulgarly called a teetotaler, and could not have been in the state insinuated. Still, if it be necessary to set up such a theory as this, in order to convince those to whom the argument is addressed, that the prisoner is innocent, we cannot well complain. Advocates we believe are licensed to adapt their arguments and reasonings to the tastes and capacities of their hearers, and we conclude that in this case that course has been pursued; but then we cannot consider it very complimentary to the parties addressed. However, the affair is not to end here, for our zealous contemporary of the *Lancet* is not content with the gentleman's escape, but demands his "instant liberation;" declaring that "if his liberty be not at once announced," he will, incontinent, "return to the *frivolous* testimony which has been used against him!" This is an alarming intimation, and all viceroys, chief secretaries, and law officers had better look to it; especially as it is now announced, on the same high authority, that—

There exists probably no civilized community in the world, except Ireland, where a prisoner could be found guilty of a capital crime on such evidence as that brought forward in the case of William Bourke Kirwan, tried at the late Dublin Commission. From the opening statement of the crown prosecutor to the return of the verdict by the jury, the case consists of a tissue of unsupported assertion, overstrained conjecture, and absurdity.

If that does not settle the question we do not know what will, for of course no appeal can be from such immaculate authority. Ireland is, doubtless, an enigma among "civil-

ized communities," and the only place in the world from whence "unsupported assertions, overstrained conjectures, and absurdities" can emanate. We, therefore, come to the conclusion, that the effusion before us must be of Hibernian origin: for a more conspicuous "tissue of unsupported assertion, overstrained conjecture, and absurdity," it never has been our lot to encounter. It seems, however, that all discussion on this subject must now be at an end, for our contemporary, in his last number, triumphantly proclaims that "every doubt must be instantly removed by examining the further testimony." This testimony being certain affidavits made, since the trial, in support of applications for a commutation of the sentence "by, amongst others, the mother, the uncle, the cousin, and several friends of the deceased lady," to the effect, that "Mrs. KIRWAN was fully aware of her husband's connexion with Miss KENNY;" that "there could not be a more industrious, sober, or quiet husband;" that "witnesses, prepared to swear to these extenuating circumstances were not examined, either for the prosecution or the defence;" that "the deceased always spoke in the kindest manner of the conduct of her husband, and always appeared in the full and affluent enjoyment of comfort and respectability;" and also invariably stated, that "a more quiet, gentle, good-natured, or generous-hearted man never existed;" and also extolled "his tenderness, attention, and kindness to her when sick." There is also an affidavit of one ANNE MAHER, a woman servant, that "two years ago she was attracted by loud screaming up stairs, and found Mrs. KIRWAN working in a fit, and froth coming from her mouth," which fit "lasted about half an hour;" and a similar one from an artist of the name of KELLY, an assistant of KIRWAN's, who "remembers the deceased to have been attacked with two fits; one about two years ago, when KIRWAN and ANNE MAHER were present, and another in the latter end of June last." There is also a statement that the leading counsel for the defence, and three other gentlemen, "were not aware of these facts until it was too late in the trial to use them," but the words of that statement not being quoted, must be received with caution; and the more especially, because it is absolutely absurd to pretend that these gentlemen were not aware of these facts, the persons deposing to them being in court, summoned by the crown, and KIRWAN himself in the dock within a few feet of his attorney. Yet is this *ex parte* swearing "held to be sufficient to remove all doubts," while the evidence for the prosecution is pronounced to be little less than perjury. We ask pardon of our readers for dwelling at such length on this subject, but we wish to clear away all this rubbish previous to a rigorous scrutiny of a case which must hereafter be recorded as one of the *causes celebres* illustrative of forensic medicine. It is an ungracious task to write—we do not respecting it, but the character of our profession is more or less at stake in its discussion, and we cannot allow it to be trifled with. We do not presume to decide positively as to the prisoner's guilt or innocence, for the case is obviously one upon which a difference of opinion may be entertained by some; but we do presume to repudiate the arguments and sentiments to which we have been alluding, lest they should be construed into an expression of professional opinion. We may perhaps return to the subject presently.

Since the above was put in type, we find in a morning paper (*Saunders' Newsletter*), a communication made on



behalf of eleven of the twelve Jurors who tried the case, declaring, that "upon a full review of the evidence adduced at the trial, and all the reasoning brought to bear upon it since, they firmly adhere to their verdict; and also solemnly declaring that not one rational doubt has been suggested to their minds;" also, "that they hold all the circumstances of the case to have been perfectly incompatible with KIRWAN's innocence, and that he is guilty of the deliberately-planned murder of MARIA KIRWAN, his late wife." They also say that "they see strong reason to doubt that there exists any sworn testimony, which could be relied upon, that Mrs. KIRWAN ever had fits of epilepsy," notwithstanding the affidavits above alluded to; adding, that "they have been furnished with these documents but do not believe them." They also express their disbelief of the tale, that Mrs. KIRWAN's father died of epilepsy. At the same time, they also express their gratification that the convict's life has been spared, such result being to them, who found him guilty, a great boon; "though the verdict was wrung from them by irresistible and almost unresisted testimony, they could not cast from their minds the painful weight that consigned a fellow-creature to death." Moreover, they say that "no evidence was called for the defence, excepting medical testimony, which did not touch the circumstances of the case," and that they could not deliver a verdict founded on doubts they did not entertain; concluding by saying, that "this defence is due to themselves as honest, and, they believe, not mistaken men, to public opinion so industriously abused, to the ends of truth, and the sacred character of trial by jury;" admitting that in making it they pursue an unprecedented course, but that "it has been forced upon them by a repetition of malignity and falsehood from a portion of the press which in either country it is seldom led into."

### GRATUITOUS MEDICAL SERVICES.

Our readers must by this time have perceived that we are anxious to make them acquainted with the state of medical practice in the United States; and we are so, because we wish them to learn in what way it differs from that of the old country. With this view we copy the following, which prove that the same evils which prevail here are equally prevalent there, notwithstanding a much better understanding between the respectable members of the profession:—

At a meeting of the Delaware County Medical Society, a report was read upon the subject of gratuitous services to the poor, and the following resolution was adopted:—

"That the delegates to the State Society in May next be instructed to offer for the consideration of that Society, the report made by the committee upon that subject, of which the following is an abstract."

The committee report that its investigations have not extended entirely throughout the whole county, but sufficient has been shown to prove that the average loss to every physician for a single year is one hundred and thirty-two dollars for services rendered, and twelve dollars for medicines furnished, making an annual contribution to the cause of humanity of one hundred and forty-four dollars from every practising physician.

Taking, then, this estimated average of one hundred and thirty-two dollars for services rendered, and twelve dollars in money for medicines, actually extracted from the pockets of every physician, your committee believes that it has before it a subject so manifestly unjust, and an evil so glaring, that it becomes a legitimate object for remedy through the united efforts of medical association.

Physicians, as a class of men, owe no more to society, and are under no higher obligations to the cause of humanity, than any other. We, therefore, consider that this forced contribution to society at large, from those who are com-

pelled to pay all other taxes levied for public benefit, is an unjust extortion to which they have no right to submit. Our investigations and experience both sustain us in asserting that deeds of benevolence and charity to the sick and suffering, although matters of daily occurrence among physicians, make no part of the losses which the committee has been called upon to exhibit.

Therefore resolved—"That the President of the State Society be authorized to appoint a committee of five to report upon the subject of gratuitous services, as set forth by the Delaware County Medical Society to this Society."

The Committee of the Philadelphia County Medical Society appointed to take into consideration the communication from the Delaware County Medical Society, in relation to gratuitous medical services to the poor, respectfully report:—

The Delaware County Society desire the coöperation of this Society, in devising some means whereby the services of physicians to the poor, in their respective neighbourhoods, which are, from the inability to pay, now gratuitously tendered, shall be rewarded. The Society correctly remark, that physicians, as a class, pay their due proportion for the maintenance of the poor, and for other purposes connected with the support of the commonwealth; and yet they are expected to give their time and professional services to those who are unable to pay, to an extent far beyond what is required of any other class of the community. It is not apparent from the communication of the Delaware County Society, submitted to us, how far they deem it proper for physicians to go, in giving gratuitous services to the poor—what class is to be favoured, and what class to be exempted—whether charitable institutions shall, indiscriminately, be charged for such services; and if not, what class of them shall be attended without charge? These are questions which have long occupied the minds of medical men, and it may not be amiss briefly to consider them in connexion with the subject now submitted to us.

It places our profession in the exalted position of a liberal and benevolent calling, and assign to its members public duties and responsibilities from which they cannot honourably shrink. It is true, that properly to fulfil these obligations requires no small degree of self-sacrifice; and where their gratuitous services are not appreciated by the public, or are met even by indifference and neglect, these services become doubly onerous. Still they are a part of the physician's duty, as the member of an educated and beneficent profession; and upon his faithful performance of them depend his own peace of mind, and the preservation of the character of the body to which he has voluntarily attached himself.

The committee would therefore be averse to any action which should in anywise contravene the established usages of the profession, as laid down in our code of ethics; or which should detract from that high character, for disinterested benevolence toward the sick and destitute, which has for ages characterized the medical calling. We can refer with honest pride to the past history of medicine, as furnishing a more distinguished line of public benefactors than are to be found in any other calling. How many physicians, without the expectation of pecuniary reward, or the hope of future fame, have calmly and resolutely braved the horrors of pestilence, and have even fallen victims to its ravages, while attending with impartial fidelity upon the rich and the poor, who, in the general panic, have been deserted by kindred and friends! How often have the duties of the sympathizing friend, the attentive nurse, and the skilful physician been combined in the same person, when danger threatened, and the last extremity seemed near at hand. What higher character can we contemplate in the scenes of actual life, than the wise and good physician, the profound and learned medical philosopher, ministering with his own hands to the poverty-stricken victim of disease; cheerfully encountering the dangers, privations, and toils, incident to his position, with the prominent desire of benefiting his fellow man. The ignorant pretender, or the presumptuous charlatan, who advertises his services and boasts of his cures, manifests in his every act the mercenary spirit by which he is actuated; and however he may succeed in amassing wealth, in rearing splendid mansions, and in surrounding himself with the elegancies and luxuries of life, he can never acquire that elevated position in the eyes of the community, which is occupied by the truly scientific and honest physician. This is, indeed, one of the grand distinctions between the regular practitioner and the charlatan. The former scorns to boast and make extravagant promises for the purpose of extracting money from the pockets of the people, while the latter openly avows



that this is his sole business. Having premised this much in regard to the general character of our profession as a liberal and humane art, your committee would remark, that while the physician feels and acknowledges that he owes duties to the public from which he cannot honourably shrink, he, at the same time, insists that the public owe to him certain obligations which they are equally bound to cancel.

In the language of the code of ethics, "justice requires that some limits should be placed to the performance of these good offices." These limits are, to a certain extent, defined by general custom, though not perhaps with sufficient clearness to become established rules. All admit that the industrious and honest poor, who are struggling to maintain a respectable appearance, or to keep themselves above public or private bounty, and yet whose means are barely sufficient for their support, even when health and opportunity are at their command, should be favoured by the physician: such are widows with families of children; single women who live by the precarious and badly paid occupations of the needle; housemaids who assist in supporting helpless or needy relatives; sickly and broken-down persons, who have once been in more fortunate circumstances, and are too old and feeble to labour; together with many others of similar classes.

Your committee conceive that any action on the part of the county societies which should secure such compensation in those districts of the state where it is withheld would be both reasonable and just; and if the salaries attached to such appointments are meagre and unsatisfactory, that the profession should unite in demanding an increase of them. That there are a class of persons in all communities whose means will not enable them to make the customary compensation to physicians, and yet who are above public charity, we are aware; but we can see no way of dealing with these other than that already pointed out in the code of ethics. There is also a class of public institutions in all large and populous cities, to which the services of physicians and surgeons have always been gratuitously tendered. Such are hospitals founded by private charity and supported by funds bequeathed from time to time by benevolent individuals. Such institutions are generally admirable schools of knowledge and experience, and the medical men attached to them obtain thereby a larger amount of public confidence than they would otherwise enjoy, and by this means their private interests are advanced to an extent equivalent to the time and labour bestowed.

#### LOUTH MEDICAL ASSOCIATION.

THE quarterly meeting of this Association was held at the County of Louth Infirmary, on Monday the 3rd of January. Arrangements were made for the purchase and interchange of periodicals among the members, and other business was transacted. The next meeting will take place in April, when it is hoped such arrangements may be made as will ensure the reading of papers on interesting medical cases at the future meetings.

TO CORRESPONDENTS.—We must still postpone some matters which we are anxious to handle, but they require more dissection than we can reach upon this week. Why do not some of our correspondents help us more with a little finished work rather than furnish us with the raw material only.

#### CORRESPONDENCE.

(Extract of a Letter from a Correspondent.)

INDEPENDENT of the valuable matter your journal contains, the Dispensary Medical Officers must feel grateful to you for your able advocacy against the injustice done them in some districts in fixing their salaries on such a miserably low scale. In this union (Macroom), districts are very large and salaries £50 per year. You can easily imagine, after the support of a horse and servant-man (indispensable appliances in a rural district), what this paltry remuneration leaves for the discharge of laborious and anxious duties. Heretofore my salary was somewhat respectable, with a third of the duty to perform. There were three dispensaries in this district attended by three medical officers at a cost to the county of £300 a year. They are now amalgamated into one—the Clonmoyle Dispensary, at a salary of £50 per year. Is this reasonable? Is it just?

#### MEDICAL METAMORPHOSIS.

The Governors of the Cork Foundling Hospital have, with the consent of the Poor-law Commissioners, on the score of economy, dismissed their physician, who filled the post, with credit to himself and advantage to the institution, for a period of twenty-seven years. In lieu of his salary (£60 per annum), they have given him a sum of £400 as compensation, but at the same time they have appointed an apothecary to take charge of the children (about 160) remaining in the establishment, at a salary of fifty guineas per annum. The institution has abundant means for the payment of a qualified medical man.

Can any one enlighten us regarding this affair, for we cannot well comprehend the meaning of it? These children must have some legal title to medical attendance, which no authority can set aside or trifle with.

#### METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1853.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan. 2nd,	50	41	29.600	.250
Monday,	3rd,	45	37	29.600	.130
Tuesday,	4th,	54.5	40	29.170	.085
Wednesday,	5th,	54	39	29.500	.050
Thursday,	6th,	54.5	37	29.250	.230
Friday,	7th,	48	37	29.060	.125
Saturday,	8th,	45	38	29.250	

PORTARLINGTON, QUEEN'S COUNTY.

1853.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Jan. 2nd,	49	37.5	29.357	42.1	40.2	37.8	.056	SW
3rd,	45	32.5	29.345	41.5	40	38.1	.081	SW
4th,	51.5	40	28.882	51.5	50.8	50.1	.332	SSW
5th,	53	35	29.245	42.2	41.2	40	.234	W
6th,	43.5	32	28.957	39.3	38.2	36.7	.246	NW
7th,	50	34	28.874	42.5	40.2	37.3	.174	WNW
8th,	45	34	29.112	40.8	40.1	39.2	.042	NW

M. W. HANLON, M.B.

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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—DEC. 18.

Dr. HARGRAVE, Vice-President of the College, in the chair.

### CURSORY OBSERVATIONS ON PERICARDITIS: CHIEFLY ON THE DIAGNOSIS.

By HENRY KENNEDY, A.B., M.B., M.R.I.A.

THE association of ideas is a curious subject for thought, and it is owing to it that the following paper has been brought forward. A remark made by Professor Geoghegan on this night four weeks, when detailing a case of foreign body in the trachea, brought to my mind some observations which I had made on another and very different subject; and which on farther consideration, I have thought might be worthy the notice of the Society. The subject I allude to is pericarditis—an affection which, whether we consider its frequency, or its general severity, its proximate or its remote effects, must be allowed to be one of much importance.

It is, however, anything but my intention to enter into a detail of the subject. This would far exceed my present limits. I would merely make a few remarks—in the strictest sense of the term cursory—on what is now called the clinical history of the disease; and chiefly in reference to the diagnosis.

For many years past it has been known that the closest connexion subsisted between pericarditis and acute rheumatism; and of late years the valuable aid of statistics has been brought to bear on this point, and shown us that in two-thirds of the cases of acute rheumatism, there is some one or other form of affection of the heart present. We have also learned that pericarditis frequently follows in the wake of Bright's disease, as we know indeed that all serious inflammations are common attendants on that affection. The two points alluded to have been put in the strongest light by Taylor, in his elaborate paper, or rather treatise, as I should call it, while speaking of the causes of pericarditis. There still, however, remains a third general cause for the disease, which I have not seen noticed, as it appears to me to deserve; if indeed at all. I allude to the stru-

mous diathesis, which I have now seen so often in connexion with pericarditis, that there remains no doubt on my own mind of the frequent union of the two; in fact, just as we have strumous peritonitis, pleuritis, and strumous pneumonia, so do we meet an affection of the pericardium which is neither more nor less than strumous pericarditis; and the proof of this appears to me unequivocal. For besides all the usual signs of this constitution, including the age, skin, colour of the hair, &c., I have now seen several examples where tubercles were developed in lymph poured out in the pericardium; precisely analogous to what is seen on the pleura or peritoneum. I have also seen cases of pericarditis complicated with miliary tubercles in the lungs. This point, for very obvious reasons, it appears to me of considerable consequence to be aware of. If it were on no other question than that of treatment, a knowledge of it must modify it most materially. It appears strange that in London, where so much has been done by Latham, Taylor, Walshe, and others, it has not attracted any notice that I can make out. Latham, indeed, in his able and beautifully written work, speaks in very decided terms of meeting pericarditis only in connexion with the rheumatic diathesis; and to this Taylor has added the frequency of the affection in junction with Bright's disease. It is just possible that the complication I allude to may be more frequent in Dublin than London. At any rate, of its existence here there can be no doubt; and for the reasons which have been given.

It may be mentioned, in noticing this part of my subject, that I have seen pericarditis occur in the progress of fever; in three cases of scarlatina; in erysipelas—an important point, and to which Mr. Adams directed attention some twenty years since, in his valuable paper published in the "Dublin Hospital Reports,"—in cases of diffuse inflammation—that is, I have seen pure pus poured into the pericardium in such cases. I have also seen pericarditis occur in infancy and childhood, and like others have known it precede the affection of the joints for some days. Lastly, several examples have come under my notice where the disease existed *per se*, and where I was unable to detect



anything of the rheumatic diathesis. In most of these there was evidence of the strumous constitution, but not in all. Two cases of the disease where the patients were close to 60, have also come under my notice: in fact, though it must be admitted that by much the greater number of cases of pericarditis occur in connexion with rheumatism, still it is by no means confined to that state of constitution which gives rise to this disease.

On the diagnosis of this affection, I need scarcely say that it is owing to two gentlemen of our own city, Drs. Stokes and Mayne, that we are indebted for the great improvement which has taken place; and this chiefly in reference to the important sign of *frottement*—a sign which even the great Laennec himself could not make out. I have had opportunities of confirming the observations of the gentlemen alluded to, and believe them to be correct. In addition, I would beg leave to submit the following remarks on this physical sign.

It must have occurred to many present, as it has done to myself, to meet with instances where it was impossible, in the first instance at least, to arrive at a positive diagnosis. Most, if not all the general signs of pericarditis, were present; and yet the cases wanted that physical sign, the *frottement*, without which, I believe, it would be impossible to pronounce the disease present. Under these circumstances, and whilst still in doubt, it struck me that possibly the following plan might be useful; I mean exerting pressure over the region of the heart.\* It will be recollected that the great majority of cases of pericarditis occur in young persons. Now, in such I have found that a gentle and slowly increased pressure, on either side of the bell of the stethoscope, will produce a *frottement* much earlier than it would otherwise be heard. This is best done by a second party, though it is possible to do it for one's-self. When formed, so to speak (for it is not always to be accomplished), it has been at the base of the heart I have first heard it. That it is a rational mode of proceeding, I think I may assert; and the proof appears to me to be that, if in any case *frottement* be present, without any pressure, it is possible to make it louder by then using this means. The objection to the measure lies in the fact, that some patients cannot bear the pressure, the general distress is so great; still, in doubtful cases (and it is of such I am now speaking), momentary pain must be submitted to, for the important purpose of ascertaining the existence or non-existence of inflammation of the pericardium. A few hours, in a disease of this sort, makes a material difference, as every one knows, in the successful treatment of the case.

As a modification of this plan, which, you will observe, is merely bringing the layers of the pericardium closer to each other for a moment, I had long acted on the idea, that altering the position of the patient effected the same end; and such is the fact, at least in this degree, that a *frottement* which is doubtful while the patient is horizontal, becomes much more distinct when he sits up. This I believe to be partly due to the sudden exertion increasing the action of the heart, and at the same time the opposing surfaces of the pericardium being brought nearer to each other. This mode of proceeding, I confess till very lately, I thought was new; but on looking over the elaborate work by Dr. Walshe of London, I find that he specially alludes to this point, and in reference to the diagnosis of pericarditis. At any rate, it is satisfactory to know that my own observations have been confirmed by another and abler hand.

Either of the ways just spoken of are, I believe, of much

value in doubtful cases, and not to be neglected. In some instances at least, they will clear up a difficulty which would otherwise remain.

Connected with the first appearance of *frottement*, I have observed some points which, as far as I know, have not been described, and yet are of importance to be aware of. I allude to the fact that in some cases the rubbing sound is at first intermitting, so to speak—that is, several beats of the heart will occur without causing it, and then it will be heard. In this way nine or ten beats may occur, and but one of these cause the sound we are looking for. This point I have noticed at the very earliest period that *frottement* could be expected to occur; and it is particularly worthy of notice that the same thing is to be observed either when the disease is progressing to the stage of serous effusion, or when it is on the decline. The explanation I would offer of this intermitting *frottement* is, that it is due to the unequal action of the heart—a state which every one who has seen the disease must have been struck with, and that so the *frottement* occurs occasionally, whether there be but a small quantity of lymph poured out, or whether there be a considerable amount of serous effusion present.

The second point I would notice is the fact, that the *frottement* may be single. In place of the double friction sound, but one is heard. For a long time I was in doubt on this point; but in every case which has lately come under my notice, I have taken every care to be accurate, and I think I may now announce it as a fact.

I do not mean to say that a single friction sound will, in any case, be heard to go on as continuously as the ordinary *frottement*, which is known to be double. But I do state that in some cases a single rub takes precedence of the double one; before, in fact, the double one is formed; and again when the double *frottement* is on the decline, it is not at all uncommon to hear, at irregular intervals, a single rub. The irregularity of this single *frottement*—that is, its occurrence at only certain beats of the heart, will always serve to distinguish it from another sound with which it would otherwise be possible to confound it. I mean a *bruit de souffle*. This latter sound has always, as far as I have observed, been constant; at least for the time being.

For so far I have been speaking of the presence of *frottement*, and the means by which it may be rendered apparent, in certain cases of pericarditis where doubt may exist. I would now, however, allude for a moment to those cases of the disease where this sign is not present, from first to last. Others have made allusion to some of these cases; as for instance where pure pus is effused into the pericardium. The cases, too, where the lymph is not adherent to the serous surface, would also appear to afford instances where *frottement* would not be present. Such as some cases of what may be called sanguineous pericarditis which most present may have seen; and also that form of the disease which occasionally complicates erysipelas: and in which, as far as I have seen, the amount of serum is much greater than natural, with a soft lymph floating about in it; in fact, it might be called serous pericarditis. But on these two forms I do not speak from experience, though I believe that in neither is a state of parts present which would afford a *frottement*. I have alluded to this part of the subject here, however, because I have seen cases where, looking to the state of the parts, there was every reason to suppose that a *frottement* should have existed, and yet it did not. In the cases I speak of (two in number), lymph existed over the serous surface, in the form of a layer; and in addition a quantity poured out, free as it were, and of an unusual degree of firmness. Probably some detail of one of these cases (which were very similar) would give a better idea of what I am speaking of.

Case.—A woman, aged 57, was admitted into hospital for chronic bronchitis and emphysema. Her chest was what the French call *bombais*; her pulse 80; in fact, she presented no peculiarity. On the third night of her admission, having occasion to rise, she was in a moment seized with a violent rigor, soon followed by distressing vomiting, and when visited she was found in a state of the utmost distress.

\* Since writing the above, my friend Dr. Bellingham, has directed my attention to a paper by Dr. Sibson (published in 1844), and in which this point is noticed. The title of this very able paper is not such as would lead any one to expect that such a subject would be discussed in it; and hence I had overlooked it.



She referred her sufferings to the chest, and described as if some great pressure were impeding her breathing. Dyspnoea, but of a very aggravated character, was in truth her complaint; her countenance, from having been quiet, was now anxious to an extreme degree; her nostrils were acting powerfully, and she was most restless, as regards her arms; but did not toss about in the bed. The symptom, however, which particularly took attention was the pulse. From having been 80 and regular, it had now risen to a height, which, joined to its irregularity, made it utterly impossible to count it. It was at a guess 160, at the same time that every beat was, or appeared to be, different from the preceding; while every four or five beats was followed by a distinct intermission. If the pulse were hard to count at the wrist, it was much more so when the stethoscope was applied over the heart. Here everything was in a state of confusion, so to speak; nor could I describe it otherwise than as conveying to the ear the idea of trembling. The patient lived about sixty hours in the state described; and without any appreciable change except that the general distress became still more urgent. During this period she was examined several times, but still no frottement could be detected. The disease indeed had been guessed to be pericarditis; but it was more because there was nothing else to account for the symptoms; for the stethoscope showed that there was not enough wrong in the lungs to give rise to such a serious state of the system. On making a post-mortem examination lymph was found coating the serous membrane of the heart. There was also lymph lying in masses the size of a nut, in the sac itself. This lymph was unusually firm, and what was curious was there was not more than half an ounce of liquid effusion; if even so much. The explanation I would venture to offer of this case is, that the extraordinary irregularity of the heart's action prevented that to-and-fro motion of the organ on which frottement seems in part to depend. Possibly the very small amount of liquid effusion may also have contributed to this. Irregular action of the heart is not by any means uncommon at the onset of pericarditis—a point which Dr. Graves has long since noticed. This, however, frequently passes away, and the beat of the heart, though it may remain unequal, often becomes otherwise regular. Whether an effusion of lymph alone, or nearly so, is a cause of irregular action, I cannot say. But from the result of the case just given, and another very similar, I rather think it is the cause why no frottement was heard in either; in fact, the rubbing sound requires a specific state of parts to give rise to it independent of the effusion of lymph; and this effusion alone does not appear to be one of these. This particular point is worthy of further investigation.

The last point, in connexion with the physical signs which I would notice is, that in many cases of pericarditis the respiration becomes, in a very marked degree, puerile. Dr. Walshe alludes to this point: but he comes to the conclusion that it is not an attendant on acute pericarditis. This, I must say, does not agree with my experience. I have seen a number of cases where it existed in a marked degree; and what is of more consequence it may be traced sometimes from the left to the right lung; though in other cases it shows itself in both at the same time. In the case which has been given above it existed to as great a degree in both lungs, and from the very first, as their state was capable of allowing. When this puerile respiration begins in the left, which, by the way, it is sure to do, and then passes to the right lung, it has appeared to me a sure sign of the increase of the disease, and *vice versa*; its decline, after it had once existed, shows very clearly the retrocession of the disease. On the whole, when this form of respiration is present (for it is not always so), and when it is recollected the great facility with which it can be caught by the ear, it affords most valuable assistance, both to diagnosis and prognosis. I have found it, in fact, a direct measure, in such cases, of the intensity of the pericarditis present, and I believe it to be a sign which we should always look for.

Of the existence of slow pulse in some cases of acute

pericarditis, I need not speak. It has been noticed specially by Dr. Graves, and I have been able to confirm it in three instances. In the last, which occurred about a fortnight since in Cork-street Hospital, under the care of Dr. G. Kennedy, the pulse, even at the height of the attack, never exceeded 86; and this though the patient was a young man of only 18. In this particular instance, I had an excellent opportunity of testing the several points, which I have already spoken of, in reference to the frottement.

On the treatment of pericarditis I have very little to say. I would just observe, however, that there seems to me to be a great risk if we were to follow out what some have lately recommended. Thus, I find Dr. Todd of London—and his name has now deservedly great weight—speaking of the application of blisters alone, together with some constitutional treatment, and this not mercurial, as being the means best suited to meet the disease. That is, in other words, no bleeding of any kind is used. This may be the best practice in London, even though there be many there who do not follow it; as, for instance, Latham, Walshe, and others. But it certainly does not appear to me to be the treatment best suited to the cases to be seen in this city.\* That general bleeding, in many of these, and at the onset of the disease, is most useful, I have no doubt of. Neither, as bearing on this point, must the fact be overlooked, that it is not uncommon to see smart epistaxis occur at the beginning of the attack. I know, too, that others have seen this as well as myself, and I cannot but look upon it as a most significant sign of the path we should follow.

Whatever doubt, however, may be raised as to one or two general bleedings, there can be none, I think, as to local depletion. The good results are so marked as to be unequivocal; especially the abstraction of blood by cupping, when this last means can be borne, for this is not always the case. When the case is of that kind which I have ventured to call strumous pericarditis, general bleeding appears to me out of the question; but, on the other hand, I know that in such cases blood may be taken locally, and, by using ordinary discretion, with great advantage. There is a stage of the disease, however, which appears to me to require more attention than it has hitherto received. I mean the time when we should cease to use an antiphlogistic treatment, and adopt a modified stimulant one. Any one who has had to deal with this disease, will have met cases where all the signs of inflammatory action continue in spite of all the antiphlogistic treatment which has been adopted. I have repeatedly seen such cases. Now, in such, I am sure that a perseverance in the original line of treatment will only make matters worse, and the sooner we change our hand the better; and we may, in this view, commence to give stimulants, even at the time when we may be compelled to draw blood locally. I am not speaking of this as conjecture, but as matter of experience, and as being a point of practice which may prove very perplexing.

Though speaking now only of the question of abstracting blood in cases of acute pericarditis, I do not mean for a moment that we should omit the use of other remedies, as calomel and opium, blisters, diuretics, &c. These are all of the most essential service, and I believe, if properly

\* I find what is stated above more than confirmed by a lecture given by Dr. Todd, and published in the *Medical Times and Gazette* of December 18, 1852. The lecture is on a case of acute rheumatism, complicated with pericarditis, pleuritis, and pneumonia. The patient's age was 20; he was in good condition, and it was a first attack. The treatment first directed was the employment of hippo, opium, and nitre internally, with the external use of turpentine and blisters. Subsequently, calomel and opium was given, and so as to cause salivation; and at a still more advanced stage, wine. Had a case like this survived, and subjected to this treatment, it would, it appears to me, have been a miracle, not a recovery; and I must confess myself completely at a loss to understand the rationale of the treatment pursued in such an extreme and urgent case.



used, are capable of causing a complete cure of the disease. I have seen this question discussed—that is, whether a *bona fide* cure can be effected in pericarditis once lymph has been effused. I do not mean the cure brought about by adhesion; for though the French make light of this state of parts, and speak as if it were a complete cure, I cannot bring myself to think so of it. I have never yet seen an example of adhesion of the serous layer of the pericardium where more or less organic affection of the heart did not exist. But I do speak of the restoration of the sac to the state in which it was before the attack. Dr. Graves thinks that this does occur, and I believe it does myself; though, on the other hand, I admit it is very rare. I have notes of one case where there is every reason to suppose such a cure was effected. It was that of a gentleman of 20 years of age, who was attacked with rheumatism of the most acute kind. In the progress of this, he was seized with pleuritis and pericarditis, putting his life into imminent danger. Under the sanction of Dr. Stokes and the late Mr. Colles, he was most actively treated, being bled from the arm three times, and locally four times. The frottement which existed in this case was succeeded by an exceedingly well-marked bruit, taking the place of the second sound of the heart. This, after a time, gradually became weaker, and finally ceased completely; nor could I reproduce it by making the patient take active exercise. Ten years have now elapsed since this case occurred; nor is there now the slightest reason to suppose the heart, and parts about it, otherwise than healthy.

Before concluding these remarks, which it will be recollected are strictly cursory, I beg leave to throw into propositions the chief points which appear to me worthy the notice of the Society.

1. That in addition to the close connexion which subsists between acute rheumatism, Bright's disease, and acute pericarditis, it is not at all uncommon to meet the disease under a form that may well be called strumous pericarditis.
2. That by means of pressure, and occasionally by altering the position of the patient, a frottement may be produced some hours before it would otherwise become audible. (Noticed by Sibson.)
3. That at an early stage of pericarditis, a single intermitting frottement is not uncommon.
4. That when the disease is on the decline, or when serous effusion is taking place, the same phenomenon may be observed.
5. That solid lymph may coat the pericardium, and yet no frottement be formed.
6. That great irregularity of the heart's action will possibly account for this.
7. That puerile respiration is often a symptom of pericarditis, and may then be a sign of much importance, both as to diagnosis and prognosis, and may occasionally be traced passing from the left to the right lung.
8. That in some cases of acute rheumatism and pericarditis, Nature relieves herself by epistaxis.
9. That after a certain period of the disease, even though the signs of inflammatory action be still present, we may change our line of treatment with the greatest advantage.
10. That there are the strongest grounds for supposing that a perfect cure of pericarditis, after lymph has been effused, may be effected.

**DEATH FROM COLCHICUM.**—John Clements, Captain of the Government hoy *Mary*, got from the "lob-lolly boy" (the boy that attends the surgery) of H.M.S. *Rosamond*, a bottle of medicine having on the label "tinc. sem. colchic.," which had been prepared to be administered for the gout or rheumatism. The captain, understanding that it contained some alcohol, and feeling rather chilly, took a wineglassful, which was equal to two ounces. He was soon afterwards seized with retchings and pains, when Dr. Gunn, of the Deptford Victualling Yard, attended and prescribed for the unfortunate man, but ineffectually, as he died soon afterwards, from, as it appeared at the inquest, the fatal draught. The jury found great fault with the assistant-surgeon of the *Rosamond* for having left so powerful a potion in the hands of an ignorant boy.

## POPLITEAL ANEURISM CURED BY COMPRESSION.

(Under the care of Mr. Cock.)

**WILLIAM G—**, aged 57, and a carpenter by trade, was admitted, Nov. 15, 1852, into Luke ward, Guy's Hospital, under the care of Mr. Cock. The patient has exerted himself as much as is usual in his calling, but never imposed more fatigue on the right leg than the left. He is of high stature, robust, has always enjoyed good health, and been particularly temperate in his habits. He is of a quiet, contented disposition, and possesses an average amount of intelligence. The man is married, has many children, and does not remember having injured either leg in the slightest degree; nor did the affection ever exist in the family. Three months before admission, the patient's right thigh and leg pained him much for a few days, and he was under the impression that the pain was seated in the bone. This attack did not last long, and the patient soon thought no more of it, until one month afterwards, when he noticed a little lump in the popliteal space, of the size of a plum. Pulsations were then distinct, but much fainter than they subsequently became. No actual pain was experienced, but the tumour for the next two months became gradually larger, though the patient was never prevented from walking as usual, going even great distances without inconvenience.

On admission, the patient's state was the following:—There is a strongly pulsating tumour, partly in the right popliteal space, and partly lower down towards the gastrocnemius muscle. The swelling begins above, in the popliteal space, opposite to the upper border of the patella, and ends below, on a level with the tubercle of the tibia. The tumour is round, and about the size of a turkey's egg; it pulsates strongly, and presents, on auscultation, a strong bruit. The chest, on careful exploration, does not yield any evidence of thoracic aneurism. The tumour feels yielding and elastic, and the hand placed upon it receives a sensation as if the vessel were dilated more towards the inner than the outer side.

Mr. Cock, after considering all the symptoms of the case, and giving due regard to the constitution, health, temper, &c., of the patient, resolved to give compression a fair trial, and used a clamp lately modified by Mr. Bigg, to which the latter has given the name of "Bigg's aneurismal compressor." The instrument may be described as follows:—A semicircle of steel, with anterior and posterior moveable arms, the anterior containing the screw and pad to rest on the artery, the posterior holding the hinged cushion or splint, on which the limb is placed. When the instrument is applied, the pad is screwed down so as to gently compress the artery. The centre screw is then turned to direct the pad inwards, and fix the artery between it and the bone. The lower screw placed beneath the cushion raises the outer edge of the splint, and prevents the instrument moving in the slightest degree. The advantage of this instrument seemed to us to consist principally in giving the pad a direction inwards towards the bone, and in completely securing the limb by a good broad splint, which may, by a screw placed beneath it, be brought in closer contact with the thigh.

Mr. Cock expressed himself greatly pleased with the manner in which this clamp acted all through the case.

The compression was begun Nov. 24th, and regularly continued to Dec. the 10th, making just sixteen days. The pulsations ceased five days before the apparatus was completely left off; but it was thought advisable to continue the pressure, so as to ensure the due establishment of the collateral circulation. The tumour was on the day of the patient's discharge (Dec. 22, 1852, thirty seven days after admission) just half its original bulk, and presenting a great degree of hardness. The pressure was kept up with great regularity and patience during the whole of the above mentioned period; the weight at the groin being substituted for the clamp when the latter was getting too irksome. The patient slept very little for a whole week, as he was anxious to keep up the pressure in the most exact manner; and he was fully rewarded for his close adherence to Mr.



Cock's directions, by the speedy solidification of the sac and obliteration of the artery.

When the apparatus had been completely removed, the leg was tightly and evenly secured by a roller; and when the patient first attempted to walk he felt the leg rather weak, but all pain in the limb had quite disappeared. He finally left the hospital Dec. 22, 1852, with the tumour quite solid, and the complete obliteration of the artery. This is certainly a most satisfactory result of compression in the treatment of aneurism, and likely to make a lasting impression on all those surgeons who saw the case.—*Lancet*.

We are glad of it, if for nothing else for the effect it may have in shaking the confidence of London Surgeons in their old traditional surgery, and encouraging them to cast off the trammels of domestic authority.

## ON THE INTERNAL ADMINISTRATION OF CHLOROFORM IN DELIRIUM TREMENS.

By GEORGE E. FENWICK, M.D.,

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J. S., aged about 40, labouring under an attack of delirium tremens, brought on by suddenly stopping all stimulants after having led an irregular life for months, came under my care on the 16th September, 1852. *Present symptoms*:—Great anxiety expressed in the countenance, fear of impending danger, frequent sighing, general tremor, delirium when left alone, which was of the quiet muttering kind, as if holding conversation with some imaginary person, pulse 110, weak, tongue covered with a whitish fur, bowels had been opened slightly that morning, appetite capricious, had not slept since the Saturday previous. It was nine o'clock at night when I first saw my patient; I ordered a full opiate, and as he had formerly been in the habit of chewing opium, I prescribed it in six-grain doses, to be repeated every second hour until he slept; two doses only were administered, the effect of which was to deprive him of consciousness, but he did not sleep, he raved and walked about his room the whole night.

The following day, Friday, he was worse, tremor increased, constant muttering, though when spoken to he conversed rationally on whatever subject was started. He stated there were two little devils playing the drum on his head, and that they kept up such a noise he could not sleep. The eye exhibited greater wildness and less fear than last night, the pulse was the same, 110, but fuller and more bounding, bowels not open. I prescribed two blue pills rolled in croton oil, to be taken immediately, and at night the following draught:—

R Spt. æth. sulph. ʒii.  
Chloroform. ʒi. M.

This draught to be repeated every second hour until sleep was induced. Owing to a mistake the patient did not take the pills till eight o'clock p.m., and half an hour afterwards the draught was administered; the pills operated rather briskly, both up and down, an hour after they were taken, and the draught was not repeated.

Saturday, 18th: Found my patient somewhat better, although he had had but one draught of the chloroform, still through the night he had dozed once or twice for a few minutes at a time. The symptoms not being urgent, I ordered porter to be taken during the day and nourishment. Visited my patient at nine p.m., determining to administer chloroform myself and watch its effects.

I gave three teaspoonfuls of a mixture composed of chloroform and spirits of sulphuric ether, in the same proportions as above; in a few minutes he complained of drowsiness, he closed his eyes, and became perfectly tranquil, the respirations became deeper and slower, the pulse fell from 96 to 62. To keep up the action I held the bottle to his nose for a few minutes; I watched him for half an hour, during which time he appeared to be in a natural sleep. This state lasted for about three hours. At leaving, I

directed the draught to be repeated in two hours if necessary, but my instructions were not attended to.

The day following, Sunday, he appeared much refreshed, less tremor, pulse 72, had eaten a hearty breakfast. I did not repeat the chloroform through the day; that afternoon he slept for an hour and a half, and at night I again visited my patient, and again administered the chloroform and ether as before; a single dose threw him into a profound sleep, from which he did not awake till six o'clock the following morning. From this time he gradually recovered, slept naturally and well without the use of chloroform; the only unpleasant symptom noticed was headache, which came on for two or three mornings afterwards, and lasted for some hours; this appeared to be relieved by porter.

The second case which fell under my observation was one of quite a different character.

Mr. S., labouring under an attack of delirium tremens, brought on by a debauch, came under my care 2nd October, 1852. When I saw him there was considerable anxiety, great tremor, the eye wild and staring, features bloated and swollen, pulse 120, full and bounding, tongue furred, bowels constipated, had not slept for two nights. I administered two drops of croton oil immediately, and prescribed the following mixture:—

Tr. opii, ʒii.  
Ant. pot. tart. gr. iv.  
Aqua, ʒiv. M.

*Dose*, a tablespoonful to be taken every three hours. The croton oil operated five or six times, and after the first dose the antimony was borne by the stomach.

This treatment was continued up to the evening of the 4th, when, as there was no improvement nor tendency to sleep, I determined to employ chloroform, and accordingly prescribed the following:—

Spt. æth. sulph.  
Chloroform. aa. ʒ½. M.

*Dose*, a dessertspoonful to be taken every two hours until sleep is induced. After the second dose my patient fell into a quiet slumber, which lasted six hours. The following day, the 5th, he was much better, countenance improved, eye less staring, much less tremor, pulse 88, bowels had been moved that morning. I ordered the chloroform to be repeated at night. After the first dose he slept, and did not awaken till the following morning, when he felt much refreshed, and quite himself; he got up, dressed, and took a short walk; being fatigued on his return, he laid down again and fell into a sound sleep, which lasted three hours. I ordered the chloroform to be repeated if necessary at night, however he slept all night without it; from this date he recovered rapidly.

Chloroform has been frequently employed in the form of inhalation with advantage by Dr. Todd and others. In the *American Journal of Medical Science* for January, 1852, Dr. Pratt, of Baltimore, published two cases of delirium tremens, in which the internal administration of chloroform was attended with most marked success.

Since preparing this paper, I have read another case of delirium tremens published by Mr. Butcher in the DUBLIN MEDICAL PRESS, in which the internal use of chloroform was attended with like success. Mr. Butcher draws attention to the lowering of the pulse when the perfect effect of the medicine was produced. This was most marked in the first of the above cases, the pulse fell from 96 to 62, it never rose above 76 while the patient was under treatment. In the second case, I had not an opportunity of observing the immediate effect of the medicine on the heart's action, but the pulse fell from 112, which was the number of pulsations previous to the exhibition of the chloroform to 88, which was its standard the following morning.

The foregoing cases, though by no means severe or alarming in their character, yet serve as further evidence of the successful employment of chloroform internally in the above class of diseases. In the first case opium had a decidedly injurious effect, all the symptoms were aggravated, at first I felt at a loss how to act, but having read Dr. Pratt's cases, I determined to adopt the same line of treatment.



Another point I would draw attention to; in the one case, the disease was brought on by want of an accustomed stimulus; in the other, the attack followed excess of the stimulus. In both the symptoms were peculiar, and in both the result satisfactory.—*Canada Med. Jour.*

#### EXTRACTION OF A HAIR-PIN FROM THE BLADDER OF A FEMALE.

On the 1st of April, 1852, M. Fantozzi was called on to see a woman, aged 20, who, for the last four months, complained of frequent desire to pass water, and severe pain especially accompanying the last drops of urine. The urine was turbid, depositing a sediment, and sometimes bloody. After some denials, she confessed that one night, while turning in bed, she felt a body, which she thought was a pin, which had fallen from her hair, penetrate into her urethra. This avowal rendered the nature of the accident apparent. After some trials with a sound, the presence of a foreign body in the bladder was demonstrated, which, in tilting against the catheter, gave the sensation of a metal.

M. Fantozzi tried, but without much hope of success, to extract it by means of a small pair of polypus forceps. These attempts only increased her sufferings. He then had recourse to the instrument invented by M. Belluomini, and the description of which we have formerly published (*Gazette Médicale*, 1851, page 569), under the name of "Cysticamptulque."

On the 12th of April, having allowed the urine to accumulate so as to distend the bladder, he introduced the instrument, but was unable to meet with the foreign body. On the morrow he renewed his trials, and succeeded in seizing the pin. He then so applied the force as to double the pin into the end of the canula, and to conceal it within it, and extracted it without pain or danger to the patient.

Although it had remained four months in the bladder, it retained its original flexibility. The calcareous incrustations were deficient in several points, and where present, were very thin. Probably these concretions were disintegrated as fast as they were deposited.

There ensued after this operation merely a slight irritation of the canal, owing to the reiterated introduction of instruments. No fever or any other accident disturbed the usual course of recovery.—*Gazetta Medica Toscana in Gazette Médicale de Paris.*

#### CASE OF HIDDEN SEIZURES, FOLLOWED BY EPILEPSY AND MANIA.

By MARSHALL HALL, M.D., F.R.S.

Mr. D—, "aged 53, engaged in business pursuits and calculations from an early age; . . . enjoyed excellent health until October, 1848, when he frequently complained of declining health, for which he had taken country lodgings, exercising himself a great deal by sea-bathing, and walking four or five miles before breakfast, by order of his doctor, who considered that he required pulling down." Mr. D— often complained of "his tongue and lips, which were sore, but from what cause he never could discover, nor did any one even suspect what his disorder really was" until his marriage. This took place in February, 1849, and "about three nights after, Mrs. D— observed that in his sleep he had a slight fit. These fits came nearly every night, but for some weeks only one during the night . . .

. . . . . Becoming more severe they returned every fortnight for some months, and were six or seven in number, until the last attack (June, 1852), when he had ten severe fits through the night, and bit his tongue severely." No one had observed these attacks but Mrs. D—, as they had always occurred during the night. The fits are always preceded by "a sort of smacking noise made by the lips and tongue, sometimes by a scream; the lips then turn purple, and the face deadly pale; he stretches out his legs perfectly stiff; his fingers are clenched, his features quite distorted; his eyes turned up; he bites the right side of his tongue and lips, and his mouth bleeds from the bite, but never foams; his neck is quite stiff, and he is perfectly insensible of uncontrollable evacuations. After the fit goes off, a cold perspiration breaks out over his head and face,

and he falls into a deep sleep, with heavy breathing, which lasts about an hour, when another fit comes on, and so on through the night. The whole day after he sleeps, and if he does awake, his eye is dull, and his mind appears unsettled. His memory has been greatly affected, things of yesterday appearing like years ago. He complains of little or no headache, unless the attack has been very severe, and even then it soon passes away. For days after an attack his spirits are very low, and he is in a state of great despondency, but he is naturally of a very nervous anxious disposition. The day before an attack he is generally irritable about trifles, and unhappy; although occasionally he is quite the reverse, being sometimes in high spirits."

A subsequent letter contains an account of some interesting phenomena:—"Yesterday, being exactly a fortnight since the last attack, Mr. D— dined at three o'clock, being not very guarded in what he ate, and drinking a little brandy in cold water. Immediately after dinner, he lay down on the sofa, when a fit came on; he turned very pale, and his lips purple, but beyond a slight twitching of the mouth and fingers, he had no convulsions. When sufficiently recovered to walk, he went to bed; he had then three fits (about half an hour between each) exactly like the first, without (general) convulsions, and all this time he was lying upon the left side. After the fourth fit he turned over on his right side, when he was seized almost directly with severe convulsions; and as the fit went off he slept a little, and moved again to his left side. When in this position he had another fit without convulsions. This was at nine o'clock, after which he slept quietly, lying in the same way till between three and four on the following morning, when he again turned over on his right side, and soon after had another fit, with severe convulsions, beginning with a loud shout. This was the last, and, after a good sleep, he appeared almost as well as usual, quite collected, and complaining only of occasional shooting pain in the head."

Soon after this letter was written, Mr. D— "became quite delirious, and in the following morning was in a fearful state of insanity—violent in the extreme, and obliged to be placed in a private asylum. He slept for the first time last night (three nights having intervened), and now eats heartily, but reason appears quite gone, though he is quiet and childlike. This is the termination of his sad disorder! His mouth is filled with a small white blister; altogether he appears in a most fearful state." At this time Dr. Hall's opinion was that the insanity would be of short duration. Acute mania, when the result of commencing epilepsy, is (like coma) of a transient character. When induced by long-continued epilepsy, its import is far more serious. The prognosis was correct, for, sixteen days later, "his reason has returned, although he is beginning to complain of the same pain in the head. . . . He appears flighty and unsettled. It is now nearly three weeks since his last attack, and all the usual symptoms are showing themselves previous to another."

Two attacks have occurred since this time, but "the balance of the mind is now quite restored."

This case requires no comment to enhance its interest. I would only suggest that in the diagnosis of obscure affections of the general health, attended or not attended with anomalous symptoms of disturbance in the functions of the nervous system, the greatest care be taken to ascertain whether any "hidden seizures" have occurred; and that for this purpose, and with a view to their discovery, the closest scrutiny is required of all the morbid phenomena: for example, the state of the tongue and lips, and of the pillow on which the patient has slept; and, if possible, the sleep should be watched, not for the purpose of diagnosis, but, as Dr. Hall has suggested, to prevent it from becoming too profound (by the judiciousness of a well-trained and trustworthy attendant), and thus to ward off the attacks.

The posture of the patient in this case appears to have borne some definite relation to the severity of the attack. This affords another hint for the observation and treatment of such diseases.

The state of mind prior to the attack is of great interest. Mr. D— sometimes was unusually cheerful. An intelli-



gent child, aged nine, now under Dr. Hall's care, exclaims frequently before its seizures, "I am so happy!" The emotions require as careful attention as the diet. The nervous system must be treated, not only by means of the body but through the mind.—*Lancet*.

#### CASE OF BLACK CATARACT.

In May, 1851, M. Alessi attended an old woman, æt. 76, completely blind of the left eye, and scarcely capable of seeing her way with the right. The iris was of a dark or russet colour. The impairment of vision had commenced six years previously by a cloudiness which gradually increased. In the left eye, the iris was very sensible to the stimulus of light, though the patient could not at all distinguish objects, yet she suffered a little when exposed to very strong glare. The field of the pupil was quite black. By holding a light before it, one image only was reflected—viz., that caused by the reflexion from the cornea. A surgeon present at the examination, supposing that the case was one of amaurosis, Alessi directed his attention to the following facts:—1st, that none of the symptoms of amaurosis, such as spectra, headache, &c., were present; 2nd, that the iris was under the influence of light; 3rd, that when in a darkened room, the patient could see much better than with bright light; 4th, that the dark appearance in the eye was of a dull dusky colour, which is not observed in amaurosis; 5th, finally, that an amaurotic eye reflects three images of a light placed before it. To complete the diagnosis, Alessi dilated the pupil with belladonna, and could perceive at the circumference of the lens two points, where the black tint was less marked, and which appeared like two little stains of a rusty colour.

On the 11th of May, the operation of extraction was performed, and a black cataract withdrawn. The fragments of capsule which came out after the lens were black, but much darker than it, which was of a reddish black. Since deprived of its capsule, and macerated in alcohol, the lens has in a great measure lost its dark colour, but at the time of operation, and when invested by its capsule, it resembled a flattened bay berry. Immediately after the operation, the patient could discern small objects. At the end of twenty-eight days she was quite well.—*Bulletino delle Scienze Mediche*.

The ghost of a black cataract has been haunting the study of the ophthalmologist time out of mind; never to be caught, and seldom to be perfectly seen. Here it is again, "the field of the pupil was quite dark," "the dark appearance was of a dull dusky colour," "a black tint," "a reddish black," "a dark colour," "which it lost by maceration in alcohol," and as like a "flattened bay berry" as a sea-serpent is like a whale.

#### FIVE CASES OF PERSONS STRUCK BY LIGHTNING.

In five men who suffered from this accident, M. Minourid observed burns presenting black eschars, with destruction of the epidermis, rete mucosum, and of a part or the entire thickness of the dermis, covered by a dark-coloured phlyctenæ, surrounded with an erythematous redness; the eschars were large, irregular, ill circumscribed, oval, or round, separated from each other by spaces of inflamed skin; no part of the body escaped, but they were particularly well marked on the outside of the lower extremities. It is remarkable that nowhere did the burn extend deeper than the dermis (the burn of the fourth degree of Dupuytren). Would it appear, then, that the subcutaneous cellular tissue is a non-conductor of electricity? Of ordinary burns, those which most resemble the effects of lightning are caused by gunpowder explosions; but the latter differ essentially, by bearing the marks of the grains of powder in the skin. In one of these men who died instantly, the writer observed that, though it was then the month of December, and the body had been left during the night merely covered with a cloth, and exposed to the air, yet after a period of thirteen hours, it was yet warm.—*Annali Universali di Medicina*.

#### ON THE EFFECTS OF CARIOUS TEETH.

By A. ROBERTSON, D.D.S., of Manchester,  
New Hampshire, U.S.

(Read before the American Society of Dental Surgeons.)

In the dissertation, which, by your appointment, I shall read to you to-day, about all that I have proposed to myself to attempt, has been to say enough to elicit some attention to, and if I may, to call forth some remarks, by the gentlemen of this Society, upon a subject, which, although for some years past, I am aware has received a great deal of attention by many of our best dentists, and perhaps by all the members of this Society, still seems to me to be deserving of far more attention than even now is usually given to it, as I believe, by dentists; and especially by the medical profession; because I know that it is not an uncommon thing for patients who are suffering from irritable lungs, from "nervousness," from marasmus, or from other debility, to be recommended to the country for change of air—for purer air; when they take with them—are allowed to take with them—a perfect cesspool of filth, containing matter both animal and vegetable, constantly fermenting and decomposing, and emitting nauseous gases, sufficient to contaminate all the air about them (unless it be to their windward in a gale), and through which all the air they breathe must pass; because I have frequent occasion to know that patients are often treated, by medication, for dyspepsia, for bronchitis, and for phthisis pulmonalis, when the commencement of the alimentary canal and of the trachea is in a state of constant inflammation or irritation from the effect of diseased and decomposing teeth; the whole nervous system disturbed by the same cause, and every particle of food taken into their stomachs, and every breath of air taken into their lungs, vitiated and rendered unwholesome by noxious inhalations, or by the admixture of disordered and unhealthy saliva; and all this train of evils allowed to remain uncorrected—perhaps unheeded; because I hear a great many complain of being troubled with, and of having been treated for, neuralgia, where there is obvious nervous irritation produced and constantly kept up by dead roots, or by badly diseased teeth, and with no attempt to remove the cause; because I often see and hear of treatment by poultices, by epispastics, and otherwise, for tumefactions of the face (sometimes called, though entirely unmeaningly, ague of the face), without attempting to remove or so much as to inquire into the cause. I say that it requires far more attention than, as I believe, is usually given to it, and especially by the medical profession, because I am not aware that the influences of diseased teeth upon the general health is scarcely alluded to in any of the works on medical practice, or in any of the lectures in any of the medical colleges; and because I have heard many physicians, and some of them eminent in their profession, say, "I know nothing about the diseases of the teeth."

Now, all this might be, in some measure, excusable if the teeth were isolated organs—if they had no connexion with any other part of the system. But it must be remembered, that although, in their chief substance, they have but a low degree of vitality, are not highly organized, still each tooth has at least one branch, and some as many as four or more distinct branches of nerve supplied to them, and that they are placed in that most important cavity—the mouth, forming in part and guarding the entrance to the alimentary canal and trachea; through which passages almost all substances of nutriment and of vivification are received; and that they must, therefore, both by sympathy and function, produce important influences upon the whole organization. Have I not, then, occasion to say, that, "as I believe," the connexion between the diseases of the general system with, and their dependence upon, the diseases of the teeth, usually receives far less attention than the importance of the subject demands. And may their diseases and influences be overlooked or neglected by dentists or by physicians with impunity? Let us see.



A physician is called to a patient labouring under severe fever, with hard, frequent pulse, restlessness, thirst, pain in the head, and intolerance of light. At the first glance, he perceives that an eye is inflamed; and, on inquiry, finds that not many days before a particle—a very minute particle—of sand, or of metal, has been blown or cast into and lodged upon that eye. The cause of this great derangement of the whole system, this pain, this thirst, this fever, is at once explained. But does he commence treating those symptoms of general derangement of the system with antiphlogistics or refrigerants, without first removing the cause of that derangement—to wit, that minute particle that caused that local inflammation? Surely not; for every physician certainly knows that well-established, that obvious first principle of surgery and of medicine, that to treat any disease successfully he must first remove the cause.

The physician may, in like manner, be called to a patient who is in the utmost agony. His appearance frightful; horror depicted in every feature; his eyes distended and bloodshot; his head thrown back, while his neck is drawn forward; the sterno-cleido-mastoideus muscles, by their rigidity, stand out prominent like broad thongs of raw hide upon his neck; the muscles of his abdomen present to the hand the feel of boards beneath the skin. In a few hours, perhaps, death comes to relieve the sufferer: the scene is closed. But the physician's inquiries have revealed the fact that his patient had, not long previously, stuck a little pin, or a small splinter of wood, in his hand or his finger, or a nail in his foot. The matter is all satisfactorily explained now. A minute branch of some comparatively unimportant nerve in a remote part of the system has been wounded: the case is tetanus.

Is it then unreasonable to suppose that a tooth so far decayed that its pulp is exposed and inflamed, may produce disturbance beyond the local seat of disease? And more especially if that tooth is, or if many teeth are so far decayed that their whole crowns are gone, the vitality of their roots destroyed, but they still sticking in their sockets, or in the gum only, and producing inflammation and suppuration, little, if any, less than so many splinters of wood would do, may be the cause of general nervous irritation, of fever, of death.

That such is the fact, that diseased teeth do produce, directly or indirectly, almost all manner of diseases, and their ultimate consequence—death, numerous examples might be quoted to prove; but I shall not now make quotations. I intend only to refer to a few things that I have observed in my own practice, and I will not weary you with many.

Neuralgia would seem to be a very common, almost a fashionable disease. I have seen a great many cases—probably many hundreds—where patients have told me that they were, and for a long time had been, troubled with neuralgia; and many who had been treated for it by medication; but I do not now recollect but very few cases, perhaps not more than three or four, of facial neuralgia, where the cause could not be directly traced to diseased teeth, or dead roots of teeth; nor where a proper treatment to restore them to health, or, if they were past such restoration, their removal would not cure the (very improperly) so-called neuralgia. I very well recollect the case of an old gentleman in Massachusetts, who, about two years ago, wished me to examine a lower bicuspid tooth that gave him a great deal of trouble. On examination, I found that the alveolar process and gum had very much receded from the tooth, that it was, in consequence, dead and very loose, and producing a very considerable degree of inflammation. I advised its removal, and with my fingers (for I had no instruments with me) extracted the tooth. Not long afterwards, the old gentleman sent me word that I had not only cured him of his sore and aching tooth, but also of a rheumatism in his arm that for a long time he had been troubled with. We have a number of cases reported in our journals and books of dentistry of a similar kind; but as I am aware the pathology of rheumatism is very well understood, that the conditions

on which it depends are very fully known, I do not pretend to say that I think diseased teeth are a common cause of rheumatism, or that they ever are a direct cause of that disease. I doubt, indeed, if they ever are; but this I do believe and say, if the system is predisposed to rheumatism, or almost any other disease, diseased teeth may, and probably often do, develop it. It is as well established a fact, perhaps, as almost any in the science of medicine, that individuals may be hereditarily predisposed to phthisis—be even born with tubercles in the lungs; but by carefully avoiding whatever might tend to develop the disease, as all depressing agents and circumstances, excessive excitements, and nervous irritations, they sometimes live to a good old age, and these tubercles remain dormant. On the other hand, the most careless observer knows that in those thus predisposed numerous and even slight causes (as a little exposure to sudden changes in the atmosphere, a wetting of the feet, night watching, continued anxiety or grief, and the like) develop it in all its fearfulness, and its almost certain result. That the nervous irritation from diseased teeth may do this, Dr. Bond, in his "Dental Medicine," quotes one or two very interesting cases to show. A few weeks since, a friend of mine, now a dentist, related to me a case that came under his observation some sixteen or eighteen years ago, that I think worth relating for its bearing on this point. It was of a young lady, who at the age of 20 was supposed by her physician, her friends, and herself to be far gone with consumption. About this time, a young gentleman, who was a medical student, and who had paid some attention to dentistry, visited her father. On being allowed to examine her mouth, he found her teeth in a very bad condition, and recommended that several of them be extracted, and some be filled. She at first objected, on the ground that at the most she could live but a very short time, and therefore she thought it unnecessary to submit to the pain of such an operation when it could be of so little importance to her. Her friends, however, persuaded her to allow him to remove those that were past restoration. From that day she began to improve; her health was soon entirely restored, she was afterwards married, and about a year ago, when my friend last heard of her, she still enjoyed good health. But, as I have said of rheumatism, I do not suppose that diseased teeth directly produce consumption, but that the irritation and depression and loss of rest and of sleep caused by them, may, and probably often does, develop this disease, I have no doubt.

But without dwelling on diseases that are, or may be, indirectly produced or developed by these causes, I shall venture to say that there are doubtless many, and serious diseases, produced directly by decayed teeth.

I have already alluded to a large amount of disease of a very painful character, under the denomination of neuralgia, where this agency is most palpable, direct, and unmistakable; and I scarcely need allude to the various tumours, some of them of the most malignant kinds, about the jaws and the glands contiguous to them, caused by the irritation of decayed teeth. They are not of very unfrequent occurrence, nor of doubtful origin.

That distressing, and often fatal disease, bronchitis, there can scarcely be a doubt, is frequently produced, or at least greatly aggravated, by inflammation extending from the gums to the fauces and throat, as well as by the debility occasioned by the disturbed sleep, the want of rest, and the impure air of which decayed teeth are the certain cause.

But there is another most annoying and troublesome disease, perhaps I should rather say, class of diseases, not always very clearly defined or understood, but known by the common, the very popular designation, dyspepsia, where the influences of decayed teeth are most direct in producing it. They are, in my belief, by far the most common cause of dyspepsia. Their influences here, too, act in several ways. Where an individual has many badly decayed teeth, the food is usually but slightly masticated. It is, therefore, not sufficiently disintegrated, nor properly mixed with saliva; it is not properly prepared for the stomach. It is indeed very badly prepared for the stomach,



for the little saliva that is mixed with it is impure, vitiated. All the saliva, in fact, that passes into the stomach, whether with food or otherwise, is of an impure, vitiated, irritating character. The food is, therefore, imperfectly digested. Decay of the teeth, being, as I believe, and as I think is now generally believed by those who have given most attention to it, to be almost, if not altogether, simply a decomposition of their substance, we have, therefore, in such cases, the saliva constantly mixed with the decomposed and putrid animal matter. And where the use of the brush is neglected so that the teeth become loaded with tartar, as often happens, we have vegetable matter added to this decomposing putrid mass of filth. How irritating! How nauseating! How disgusting! The gas arising from such decomposition, renders all the air taken into the lungs impure, and prevents the proper arterialization of the blood. That they constantly irritate the nervous system, I need not here repeat: thus marasmus is produced by badly digested food, by impure, improperly arterialized blood, and by constant nervous irritation.

So fully do I believe dyspepsia to be a natural result of these causes, that I rarely, if ever, look into a patient's mouth containing many badly diseased teeth without expecting to find that patient troubled, more or less, with dyspepsia, and my expectations are almost always verified by inquiry. I recollect a marked case of dyspepsia from decayed teeth, that in my practice came under my observation about three years ago—a sketch of which I will give you. A lady of about 30, married, and the mother of two or three children, came to consult me about her teeth. She was then, and had been for some years, suffering badly from dyspepsia; her complexion was sallow, almost of a cadaverous hue; she was feeble and much emaciated. On examining her mouth, I found every tooth in her upper jaw (the whole sixteen) badly decayed, and the gums inflamed and turgid. I recommended the removal of all those teeth, and with her consent proceeded to remove them all, which I accomplished at one sitting of perhaps ten minutes. Her health from that time began to improve, her strength to increase, her complexion to brighten. She is now a robust healthy woman. Similar cases are by no means unfrequent, and to attempt the cure of such a case by change of scene or of climate, by rest, by exercise, or by medication, without first removing that cause, would be very like filling a sieve with water—a hopeless and a tiresome task.

Before quitting, I must say a little more in relation to the miasmatic phase of this subject. Our legislators enact laws, and our municipal authorities appoint officers (boards of health) whose especial duty it is to see that no filth, and particularly that no animal or vegetable matters be thrown upon or left in the streets and alleys of our towns and cities to decompose and produce miasmata; and that vaults and cess-pools be not left open to vitiate our air, and render it unhealthful; and all this very properly, and we freely pay our taxes for the making and the executing such laws. The health of the community requires it, and shall the conservators of the health of the people—the physicians or the dentists, then overlook or disregard this far more concentrated miasma, and its source (decayed and decaying teeth) situated as it is in the very gateway of life of their patients?

Although I may possibly place my estimate of the evil influences of decayed teeth upon the general health of the system too high, still I think that this at least must be admitted. The cause of a very large share of all the diseases to which the human system is subject, depends in some way either upon unwholesome food (and I see very little difference in the result, whether it is so in itself, or is rendered so in the eating of it), upon miasmata, or upon nervous irritation; and therefore many of them may be caused, or if not caused, may be developed by the vitiation of the food, by the miasma, or by the nervous irritation produced by dead and diseased teeth, and that it must be at least safe practice in the treatment of almost all, if not all diseases, and judicious prophylactic treatment as well to remove or allay all sources of nervous irritation and of de-

pression: and I will further hazard the opinion, that the teeth and their appendages are more frequently the seat of nervous irritation than any other portion, if not than of all other portions of the organization, and that if medical gentlemen, when investigating the nature and the causes of the diseases that they are called in to treat, will make it a point carefully to examine the condition of the mouths and particularly the teeth of their patients, they will there find a far more fruitful source of disease and of its development than very many of them at least suppose.

It may be said that these remarks are calculated for physicians, for general practitioners, rather than for dentists. Be it so. I would speak to them on this subject; and I know of no place from whence I can speak to them with more effect or with better prospect of being heard than in and through this Society. But if they, our elder brothers, overlook or disregard this subject, it is the more important that we, in our humbler sphere, should pay the more attention to it; that although we may not be called upon to treat the diseases of which they are the cause, we may do, and be fully prepared to do, all in our power to prevent their occurrence.—*Amer. Jour. of Dental Science.*

#### PERMANGANATE OF POTASH IN DIABETES.

A GENTLEMAN, upwards of 60, residing in the country, had for several months been suffering from confirmed diabetes mellitus when I first saw him, two years and a half ago. In the course of the twenty-four hours he passed from ten to twelve pints of urine, the specific gravity of which was 1.035 in the morning, and 1.040 in the evening. The patient was greatly emaciated, and he suffered severely from constant pains in the back and thighs, and from increasing debility. After he had perseveringly tried various remedies for nine or ten months without deriving any benefit, I began, in August, 1850, to give him the permanganate of potash in solution, in doses of two grains, which were afterwards increased to three grains, three times a day. In the course of a few days a visible improvement took place; he felt better; the quantity of urine began to diminish, and the thirst became less troublesome. These favourable symptoms were soon followed by some return of appetite, and a gradual increase of strength. This amendment went on without interruption; the medicine was continued for three months, until the following November, when all medical treatment was discontinued, as the patient felt quite well, and the urine was reduced to its natural amount. A remarkable fact must, however, be mentioned, that at that time, notwithstanding the restoration of the general health, the urine still contained a considerable quantity of sugar. I am not aware whether this state still exists, but the patient's report to me a few days since ran thus:—"I pass less than a pint of urine during the night, somewhat more during the day; the pains are gone, and I can walk a fair distance without fatigue." The dose of permanganate of potash which I have generally found to agree best with the stomach, is from one to three grains in solution, and it should be given in three or four tablespoonfuls of water three times a day, shortly before meals.—*Mr. George Sampson in Lancet.*

#### PAGLIARI'S HEMOSTATIC.

THIS nostrum has recently excited a great deal of attention both in France and Italy; and from the reports of Sédillot and others, we are inclined to think that it may really be possessed of considerable power in staunching blood from small or retracted vessels to which the ligature cannot be applied. When the hemostatic is added to blood in a glass vessel, a dense blackish mass is formed. For some time, Pagliari concealed the composition of his nostrum; but he has now published the following as the formula according to which it is prepared: Take eight ounces of tincture of benzoin, one pound of alum, and ten pounds of water; boil them together, and stir the compound for six hours in a glazed earthen vessel, adding water so as to supply the loss by vaporization, and to allow ebullition to continue. Afterwards, filter the fluid, and preserve it in stoppered bottles. Its taste is styptic, its odour aromatic, and its appearance like limpid champagne.—*Association Medical Journal.*



## REVIEWS AND NOTICES OF BOOKS.

## AN INTRODUCTION TO CLINICAL MEDICINE.

By J. H. BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh. 2nd Edition. Edinburgh. 1853. Foolscap 8vo. pp. 134.

THIS little work consists of six lectures, each devoted to a distinct method of investigating disease. It has been republished (the author tells us) with the object of facilitating the studies of the gentlemen attending his courses in the clinical wards of the Royal Infirmary of Edinburgh.

The first lecture contains directions as to the best method of interrogating patients, and remarks upon the principal points to be attended to in arriving at a knowledge of the seat of the disease; followed by directions for properly carrying out post-mortem examinations.

The second lecture is devoted to percussion. The author recommends a pleximeter and a hammer for this purpose, in preference to the fingers. The pleximeter which he uses is a modification of M. Piorry's; the hammer is the invention of M. Winterich; figures of both are given. The advantages which Dr. Bennett considers these instruments to possess over the fingers, are—"1st. That the tone produced in its clearness, penetrativeness, and quality, far surpasses that which the most practised percussor is able to occasion by other means. 2nd. It is especially useful in clinical instruction, as the most distant student is enabled to distinguish the varieties of tone with the greatest ease. 3rd. It at once enables those to percuss who, from peculiar formation of the fingers, want of opportunity, time, practice, &c., are deficient in the necessary dexterity."

In the third lecture auscultation is considered. In it a concise description is given of the sounds heard over the pulmonary and cardiac regions in health and disease; followed by some useful general diagnostic rules. The fourth lecture contains a description of the microscope, and practical rules for its employment in examining different tissues. We have next a lecture upon the principal applications of the microscope to diagnosis. In it the microscopic appearances of the "saliva, milk, blood, pus, sputum, vomited matters, fæces, uterine and vaginal discharges, mucus, dropsical fluids, urine," &c., are described and illustrated by numerous woodcuts.

The concluding lecture is upon the classification and diagnosis of cutaneous diseases. It contains an improved arrangement of these affections, founded upon that of Willan and Bateman, but much modified, and including two new orders—viz., "dermatozoa," depending on the presence of "parasitic animals," in which the author places scabies; and "dermatophytæ," depending upon the presence of "parasitic plants," to which the author has removed favus and mentagra from the order pustulæ of Willan and Bateman.

This little work cannot fail to prove of use to those for whom it is intended; and we are sure will become popular with the students in other schools besides those of Edinburgh, when its merits come to be known.

## IMPENDING DEATH BY CHLOROFORM:

## RESUSCITATION BY RAISING THE EPIGLOTTIS, AND DIRECT INSUFFLATION.

ONE of M. Ricord's pupils has just addressed a letter to this surgeon in *L'Union Médicale*, wherein he states that he succeeded in rescuing from the grave a patient of his (who was being asphyxiated with chloroform), by following M. Ricord's plan of resuscitation. The lady was having some verrucæ removed from the vulva, &c., and had been narcotized with the handkerchief and pledget of lint impregnated with chloroform within it. She was rather hysterical, and had had a fit when under the influence of chloroform some time previously. In this instance, narcotism was obtained after seven minutes' inhalation, and the handkerchief was removed from the mouth from time to time. After the first verrucæ were excised,

sensibility returned; chloroform was given again, and in four minutes the whole operation was finished, but the patient was pronounced pulseless, and the ear applied to the chest could perceive no cardiac sounds. The operator, in great alarm, passed his finger into the posterior part of the patient's mouth, and found the epiglottis covering the entrance of the larynx. By pulling the tongue forward, and pressing the base of the epiglottis, the larynx was freed, and the young surgeon then applied his mouth upon the patient's and vigorously insufflated the lungs, whilst one of the assistants (there had been two all along) pressed down the parietes of the thorax. This was repeated twice for five minutes at the time; and the patient, who a few moments before was a mere corpse, gradually recovered, and has done well. *Lancet.*

## MEDICAL PRESS.

SALUS POPULI SUPREMA LEX.

DUBLIN: WEDNESDAY, JANUARY 19, 1853.

## THE PROVINCIAL SURGEONS OF ENGLAND.

WE cannot better remind the Provincial Surgeons of Ireland of their duties ■ a body (numerically at least, the most important in the medical profession in this country) than by holding up to their view for imitation the Provincial Surgeons of England. Amongst other results of the organization effected by these gentlemen in the sister country, is the establishment of a weekly journal of their own, ■ the following extract explains; but there are others of much greater importance which might ■ easily be attained by a similar Association in Ireland. It is none of our business to applaud them for establishing a journal, and it would not be good taste to complain of their doing so: people, too, might say that we were afraid it might lead to such ■ thing in Ireland, to the prejudice of the MEDICAL PRESS, if we objected: so let that pass. We merely call attention to the matter by way of hint, and may perhaps return to the subject hereafter:—

Twenty years ago, the Provincial Medical and Surgical Association held its first meeting at Worcester, at the invitation of its founder, Sir Charles Hastings, who then and there rallied around him some of the most eminent physicians and surgeons practising in the provinces. The foundations were broadly laid upon the principles of justice, honour, and fraternity; and time has shown that they were ■ securely as they were wisely planted. During the long period which has elapsed since our Association was established, the medical profession has undergone great and striking changes in its educational and social aspects: the apothecary of the olden time has gradually been displaced in almost every town and village by the well-informed practitioner: the highest accomplishments are no longer the monopoly of a few; and there is scarcely a place in the kingdom in which even the poorest cannot command the services of men more competent to grapple skilfully with the emergencies which occur in the practice of medicine, surgery, and midwifery, than the foremost physicians and surgeons of no very remote a period. Along with the improvement in skill, there has also been an evident advance in the tone of the profession. While we willingly admit that this wonderful reformation has chiefly resulted from the licensing boards having step by step enlarged the course of study required from candidates, and rendered more searching the examinations to which they were subjected, we are equally convinced that the proceedings of the Provincial Association have in no small degree contributed not only to accelerate the happy changes to which we have adverted, but by manifesting them to the public, to give to the profession a social status and a political weight which it never previously possessed. At this moment, unchartered though we be, our influence is ■ powerful in high places as that of any of the old medical corporations; and it is well known that no measure of medical reform could pass through parliament, which ■■ opposed by the Provincial Medical and Surgical Association. From the first, but especially in later years, the Association has exercised an invigorating and pu-



riety influence within its own ranks, and has often extended these benefits to the profession at large. Members guilty of irregular practice and unprofessional conduct, when discovered, have been energetically proceeded against; and some offending brethren have been admonished, while others have been expelled, or have been allowed to resign to save themselves from this extreme penalty. The anniversary general meetings and the district branch meetings have greatly strengthened feelings of harmony and good-will, by bringing into personal contact brethren who would otherwise have remained widely separated from each other by space and the engrossing duties of practice; and in this way the pleasant friendships of youth and early manhood have been perpetuated, while many new and endearing ties of amity have been formed and cemented. The publications of the Association have also greatly promoted a spirit of scientific inquiry, original research, and accurate clinical observation. These, and such like, have been the noble objects for which the Association has uniformly contended, and in behalf of which we trust it may ever unflinchingly and zealously exert its power. But it is not only in the provinces of England—the original sphere of its operations—that the influence of the Association has been seen: its operations upon professional circles, and upon the public mind, have recently been as powerfully felt in the metropolis, and in Scotland, as in the English counties. One, indeed, of the most signal benefits which the Association is now conferring upon the profession is the extensive union which it is establishing among all the loyal sons of physic throughout the British empire, who are willing to enlist under the catholic colours of legitimate medicine. Our Association repudiates all party, sectarian, and selfish objects; and in proof, as well as in pledge, of the respect which is paid to this maxim, it is only necessary to mention that our list includes members from all parts of England and Scotland, practitioners of every class, and professors of almost every school. Here it may be well to state, that we interpret the motion adopted at Oxford, in July last, in favour of publishing the journal weekly in London, in place of fortnightly at Worcester, not as an expression of opinion in favour of radical changes, as was feared by some, who, for a time, doubted the soundness of that decision: but simply as a strong declaration of the necessity which the progress of events had imposed upon the Association, of pursuing the line of duty which had hitherto been acted upon, with that augmented vigour which a wider sphere of action required—a vigour which could only be effectively developed by greater frequency of publication, and by the possession of a literary and scientific centre in London, where editorial resources are more abundant, more varied, and more easily available, than in any other city in the world. While, therefore, you are this day addressed from another locality, and by another representative, there is no call to transfer your allegiance to another cause. On the contrary, you are invited to rally more closely than ever around the same worthy banners under which you have for the last twenty years, so consistently, so gallantly, and so victoriously contended. You are invited to assist us, while we endeavour to defend and to extend the good cause; so that, ere long, our Association may embrace within its pale every legal practitioner of medicine who is adequately impressed with the awful responsibility of his calling, and who desires to see a strong and impregnable wall of partition built up between the sons of legitimate physic and those marauding bands of impostors, whose only real medical creed is lucre, and who, under various sectarian denominations, recklessly traffic in the health and lives of a medically ignorant, and therefore easily deluded population. Under no pretext whatever, by name, allusion, or innuendo, shall we ever discuss, in our editorial articles, the alleged misconduct of any member of our body. The Association has laws and ethical tribunals before which such charges can be promptly brought, and impartially investigated. Until an associate be actually convicted of unprofessional conduct, it is assuredly the duty of the editor of this journal to take no part, for or against him, and also to save him from the publication of *ex parte* statements, which have often injured even the innocent. When the reports of cases involving ethical questions are officially transmitted to us by the general or local secretaries, they will be printed in that department of the journal which is devoted to "Association Intelligence." If disputes should at any time arise regarding the administration of the laws, or regarding points of order in the conduct of public business, we shall (editorially) withhold all expression of opinion. In such matters, it is clearly the duty of the Association or of its executive council, and not of the editor, to adjudicate.—*Association Medical Journal.*

## POOR-LAW MEDICAL RELIEF.

WE are often at a loss for information respecting the "Working" of the Poor-law System of Medical Relief in England, for the perusal of the Regulations of the Commissioners do not always afford it. From time to time we publish such extracts as the following from the English medical journals, finding them more explicit than the rules which lead to the results they complain of. It refers to the case of

An agricultural labourer on full wages; 8s. a week, with a family—viz., a wife, who had been ailing some time, and on the eve of her confinement, and two children. The second child, a boy, aged a year and seven months, had been ill since harvest with whooping-cough. On Friday, December 3rd, the child's chest symptoms increased to an alarming extent; worse on Saturday. On Sunday, the father applied for an order for the doctor, but did not see the overseer, who was at church. The next day, Monday, application was made to the relieving officer (this being his regular day for visiting this particular parish). Upon being satisfied as to the earnings of the man, this functionary refused the medical order. Application was then made to the overseer, who refused also. He could hardly do otherwise, as he knew the woman had but just come from the relieving officer, whose more immediate duty it was to give relief, if the case would justify his doing so. No order for medical assistance was granted, and early the following morning (Tuesday, one a.m.) the boy died. Application was now made for a coffin, which was granted by the very same functionary who refused medical assistance; but the fact of the child dying, and no medical attendance, was made known to the coroner, who held an inquest on December 10th, when a post-mortem examination was made, and the cause of death proved. The coroner adjourned the inquest till December 16th, in order to inquire the reasons why no medical man had attended the poor child. The relieving officer was summoned, and justified his refusal by law, by his book of instructions (not produced), and also by a specific verbal order of the guardians, which was that no able-bodied man could receive a medical order for himself or family; that if the family were destitute, they would receive an order to admit them into the union house; but that the law justified him in refusing medical aid in this man's circumstances; and that, in such cases, if he gave an order, it would be on his own responsibility, and that he might have to pay the expense of it, if the guardians at their weekly meeting refused to ratify or sanction his act. Now, in order, as it seemed to me, to justify himself still more, in cross-examining the witness who had applied to him for the medical order, he asked whether she had told him the same circumstances of the man's family when making the application as she had then stated before the coroner? This question led me to suppose that the specific verbal order did not really justify him so much as he wished us to think, but that a good deal must be left to his discretion. Then, again, he asked if application had not been made to the doctor, which was denied. Now, if he was justified by his orders, what need to ask these questions? I think by asking them he exposed the weakness of the plea he had set up—first, by appearing ignorant of the number of the man's family and means; and secondly, by endeavouring to shift the blame upon the doctor, if application had been made to any; or else he trusted that if application to the doctor was made, that the well-known humanity of the profession would not suffer a fellow-creature to die without some attempt at relief, although the natural guardians and parochial and poor-law authorities all combined to refuse to hold out their assistance. The jury found that the child died from natural causes, expressing indignation at the state of the law which could suffer a fellow-creature in this Christian country to die without medical means being obtainable. What is the law? Is there any? And if a poor man or any of his family are taken ill, is it legal to turn the union house into an hospital by ordering all those cases that can be removed to be so, instead of giving orders to the medical man of the district in which the sickness occurs? One union pays a pittance by way of stipulated salary or contract; another pays so much per case. Now, where the salary system prevails, medical assistance is granted with a freedom that must delight the philanthropist. There no man, woman, or child would be at all likely to die without having medical aid to try to stop the progress of disease, or at least to give relief where no cure can be expected. It appears, therefore, to me that the



only poor-law there is, is one of £ s. d., and that boards of guardians are at perfect liberty to make what laws they please; which, as they legislate naturally more for their own pockets than for the poor entrusted to their care, it is easy to see that their feelings and orders will be guided by the consideration of £ s. d., and that alone. Now, as government pays a share towards the union expenses (one-half, I think, of the medical expenses) is it to be credited that any board of guardians can be justified in so crippling any functionary under them, that he cannot do what seems a duty for fear of having to pay for his act out of his own private resources? If this functionary was liable to pay for the medical order, if he had granted it in this case, so should he be for the coffin which was so freely granted. But what false economy! Better surely pay a doctor his pittance than to have to pay for a coffin, and run the county to the needless expense of an inquest.—*Letter in Lancet.*

Here we have the practice, if not the law, as to the restriction of medical relief to mere paupers in England; but here in Ireland, we conclude, that no one would deny such relief because the applicant was "an able-bodied man," earning eight shillings a week only. We here complain of tenant farmers, small shopkeepers, and liveried servants, receiving gratuitous relief, while there it is grudging even to the mere labourer, which reminds us that the question is not without its difficulties. In the one case, the provision is grossly abused by an improper extension of it; in the other, as grossly defeated by a total denial. Some time must elapse and some patience be exercised before the right becomes defined, and in the meantime the Surgeon must use his influence to secure justice both to himself and the sick poor; forgetting neither the one nor the other. The following, which is from an advertisement, affords some insight as to the operation of the law, as regards remuneration for medical services, and will enable the Dispensary Surgeon to contrast his case with that of the Union Surgeon in England:—

The guardians of the poor-law union of Wilton are desirous to contract with a medical gentleman (duly qualified in accordance with the general orders of the poor-law board) to undertake the duties of a medical officer of the district comprising the undermentioned parishes, at a salary of £100 per annum. Surgical, midwifery, and vaccination cases to be paid for in addition. Population in 1851, 2297.

It is to be recollected that this is "a contract," and that medicines are to be supplied as part of it; but even so, the payment seems better than our £60 a year and excessive districts. To this, however, it should now be the business of the Dispensary Surgeons to apply themselves; for if an assimilation of the law and practice in the two countries should prove desirable, justice and expediency must be pleaded in behalf of such a proposal. A measure of this nature would of necessity involve an extension of the government grant, now confined to England, toward the discharge of salaries, and in this way might operate most beneficially. We throw out the suggestion now without more consideration, but we propose to return to it.

#### UNIVERSITY PRACTITIONERS.

If there be any truth in the following, the Medical Honours of the Universities are likely to be at a discount in the Diploma market, and simply perhaps because they are now mere honours, if even that same. The homely adage, "handsome is that handsome does," seems to be revived, and in future we are to have deeds not words to ensure success. Still we have our doubts, for there are extremes, and in discarding all honours we may find ourselves dishonoured. The admission of a low grade of practitioners into our body, through the agency of certificate shops and

grinding concerns, may prove but a bad remedy for the evils of obsolete institutions. COBBETT used to compare the English people to a measure of ale; "froth at the top, dregs at the bottom, and good drink in the centre;" and perhaps we shall presently have to apply the simile to our body:—

Does any one entertain the serious conviction, that the position of medicine in the world, and among the other learned professions, is only to be maintained by preserving a speculative alliance between an artificially created medical and surgical aristocracy and the ancient universities? He who still clings to this venerable fallacy, must indeed be oblivious of the course of present events. Does any one suppose that the medical body derives any considerable credit from the yearly infusion of the four or five graduates which the united resources of Oxford and Cambridge are able to produce? The College of Physicians has itself seen the necessity of abandoning that traditional connexion. The fellows are now no longer recruited exclusively from the ancient universities. The future credit of the college is felt to depend greatly upon the accessions it shall receive from the University of London. The time has gone by when the superiority of classes, the system of professional castes, can be supported by artificial and arbitrary distinctions. The only endurable aristocracy will be the aristocracy of talent. There can be no reason to fear that the rising generation of medical practitioners will not sustain the reputation of medicine. Out of the many who now enjoy all the advantages of an education, general and professional, carried to the highest attainable point, which in former times was the exclusive privilege of a few, there will still continue to arise men to vindicate the claims of medicine to an honourable place. If such men fail, as of necessity they must, to preserve the "unmixed intellectual character" which Dr. Alderson claims as having "hitherto belonged to the pursuits of pure physician and surgeon," the world will not consider that their minds have been debased, merely because they have made themselves useful in alleviating the sufferings of their fellow-creatures.—*Lancet.*

#### RIGHTS OF PRACTICE OF SURGEONS IN ENGLAND.

SOME "General Practitioners" in England, when closely pressed by a Surgeon not having an Apothecary's licence, endeavour to "trip him up" by denying his right to supply medicine to his own patients; but common sense and common interests begin to operate toward the defeat of any such monopolizing pretensions, as the following brief extract from a London journal of authority in such matters proves:—

A member of the Royal College of Surgeons can charge for medicine supplied in a surgical case, and recover the amount in the County Court. He does not by this proceeding render himself liable to the Apothecaries' Act.—*Lancet.*

#### KIRWAN'S CASE.

THE public sympathy displayed regarding this case has somewhat subsided, and has been replaced by curiosity excited by the new charges preferred against the party. With this we have nothing whatever to do; all that concerns us is the value of the evidence afforded by the body toward forming a judgment as to the cause of death; and upon that point we propose to submit to our readers in our next number a communication from an authority entitled to confidence, not merely on account of his acquaintance with the subject, but from his personal knowledge of the details of the investigation from the commencement. At the same time, we do not pledge ourselves to refrain from comment on the general bearing of the case, should any medical journal think it proper to discuss the matter more at large; for we have reason for thinking that something more than scientific investigations are in contemplation by parties proposing to handle the subject. We do not allude to any London contemporary, neither do we



care to say that we allude to any influence in particular; but we say this much by way of hint to those who may suppose that they can "do as they like with their own," regardless of what is due to the character of the medical profession. Whatever may be the final result of this affair as regards the convict, much good may follow from it as regards the management of similar cases hereafter. Coroners' inquests and criminal trials involving medical questions can no longer be conducted as they have been, without seriously compromising the characters of those responsible for the due execution of the laws. Are we to wait another half-century or so for a ROMILLY or a SUGDEN to reform this department, or are we to look quietly on while machinery is employed to defeat the very object for which it was originally destined? Respecting inquests, it may now be asked, whether they do not almost as often serve to screen the guilty as to protect the innocent; and of criminal trials, whether they do not as often lead to the acquittal of criminals as their conviction? We would not answer such a question in the affirmative, but we must confess that there may be some grounds for putting it.

### MEDICAL LIFE IN LONDON.

#### HALF-HOURS IN THE MUSEUMS.

London, January 8, 1853.

As we hinted some time since that in the new year we would "change the venue" from medical practice in London to a more agreeable subject—some half-hours spent in the museums. In redeeming our pledge, we hope not to injure the sensibilities of those for whose good anything here written has been intended. It is not every one who likes bitters: "Non omnes arbusta juvant." Many of our friends in London do not like the naked truth; but those of independent minds and truth seeking, care not what may be exposed. We have said enough, however, to explain why quackery and homœopathy, and every kind of periodic absurdity, finds footing in London. If our beautiful science is made a mean sort of trade we cannot blame the public slighting medicine and taking refuge in quackery. Our hospitals and societies are highly creditable, and quite on a level with the advances of medicine; but our science is all in holiday attire. While our young men and presidents of societies are discussing all the new facts (microscopic and otherwise), the practice of the vast mass of practitioners is crude, absurd, and barbarous. Chemists, and assistants without the shadow of diploma, set up shop wherever they please; and this is medicine in the middle of the nineteenth century in London! Many of these men not knowing the circulation of the blood, nitrogen from oxygen, and as much "at sea about crucifera" and botany as they would about Hindostanee. Medical education is superior in France, Ireland, and Scotland; but from our museums here, many interesting and valuable facts may be picked out.

Our greatest museum in London was founded by an Irishman, Sir Hans Sloane; the great College of Surgeons' collection by a Scotchman, John Hunter; while at the College of Physicians, poor Harvey was nine years illustrating his doctrine of the circulation, with preparations, all in vain. "He fell mightily in practice," we are told; and in London it was believed "that he was crack-brained, and all the physicians were against him." His "therapeutique way" was not admired, and he was left on the highroad to starvation but for King Charles. These facts, at least, should make us a little modest. It is good for us occasionally to think over the lives of such men. Hunter dying in debt, and his magnificent collection going begging, refused by this College of Physicians, and grudgingly received into its present situation. Sir Hans Sloane giving away thirty years' income as charity, but he himself now half forgotten.

Sir Hans Sloane was born, according to some documents in the library of his splendid collection at the British Museum, in the County Down, Ireland, at a place called Killileagh, April 16, 1660. He stated in his will that the collection he was bequeathing the nation was richly worth £80,000; it contained 200 volumes of dried plants in the form of a *hortus siccus*, 30,000 mineral and other specimens of great interest in natural history, with a library of 50,000 volumes, and 3566 very rare manuscripts. There are two pictures of this great and talented Irishman in the museum. One would like to see them more generally known. It appears from the little written of Sir Hans Sloane that it was in Ulster, in Ireland, he first imbibed that love of scientific pursuits that have since rendered his name, and we fear only his name, illustrious: in France and Ireland, in fact, was laid the foundation of his great museum. Like Hunter, Mozart, Goldsmith, Hadyn, Johnson, and a legion of other great men, we find Sloane in early years struggling a good deal with adversity. Before he was of age he had several severe attacks of hæmoptysis, which threatened him with an early grave, like Laennec, Bichat, and others; death, however, spared him till he had done his work. Stahl, Ray, and another great countryman, Robert Boyle, were then in the ascendant, all of whom were known to Sloane, and helped to form his mind. And yet who thinks amid the winged bulls from Nineveh, and the magnificent collection crowded at present in the huge building of the British Museum, of Sir Hans Sloane or Boyle. We think of Watt whenever we see a steam engine, because with one happy thought he has made it the last wonder of the world in a utilitarian point of view: the great workers in the mine of abstract science and philosophy, we disregard. In 1683, young Sloane set off for France, and there seems to have been delighted with the botanical collections and lectures of Tournefort, and spent a year collecting plants for the museum. We find him next going out to the West Indies, a young man, under 30, physician to the Duke of Albemarle, and in spite of many crosses and disappointments, still further adding to his specimens 800 species of rare and valuable tropical plants. These two collections form the first nucleus of the British Museum. It seems all this time he never forgot his native country, Ireland, and we should in all probability have those specimens now in Trinity College, Dublin, and the British Museum (which would be a great blessing) quite a different institution, but that Sloane got married to a very rich wife and settled permanently in London. In 1693, he became secretary of the Royal Society, and in 1727 was appointed physician to the king, and succeeded the great Newton as president of the Royal Society. George I. made him a baronet, and he died, at the age of 93, in 1753.

Of the life of the great founder of the Hunterian Museum we need say nothing; the facts of the eventful biography of Hunter are among the household words of the profession. He, too, was looked upon as an innovator like Harvey, and fought his way to his position among the greatest men that ever lived. Hunter or Harvey have no monuments in brass or marble in London; but they want none, their memories and great acts are enshrined in every good man's soul without the empty nonsense of colleges. Our American and other friends walking through the galleries of the museum, should recollect that it was Sir J. Banks and Lord Auckland rescued it from destruction, that poor Hunter's worldly chattels were all sold for debt—for debts incurred in putting the museum together, that the College of Physicians refused the museum as a gift, and that under certain favour it was offered a domicile by the College of Surgeons, whose income, from getting the hard-earned work of Hunter's life, was doubled after a little, so that in 1833, it was said to be over £10,000 a year, and £66,000 in hands; the government gave £30,000 to build the museum, and £15,000 for the preparations. With all this money, or a tithe of it, in Dublin, with another



Sir Hans Sloane, Macartney, or Carmichael, what miracles might not Ireland perform. Poor Hunter's life seems to have been one battle. He set out early under the guidance of his brother, with whom he soon fell out; in 1753 he goes to Oxford, laughs at Latin and Greek, and a little after we find him battling with the Monros and his brother. His next encounter was with Pott—a sort of Syme of those days, that every one thought it correct to have a tilt with. Our intention, however, at present is to say something of the museum, and wish peace to the troubled shade of its great founder.

#### A CORONER BROUGHT TO HIS SENSES.

At the sessions of Longford for December, 1852, Dr. Nicolls obtained a decree against one of the coroners of said county for £2 2s., a post-mortem fee, which sum the grand jury had disallowed, the barrister, Thomas O'Hagan, Esq., Q.C., holding that the 30th section of the coroners' act made it obligatory on the grand jury to present such sum as would reimburse the coroner.

Well done, Dr. Nicolls. If every one acted in this way, we should have less to complain of.

#### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I perceive a letter in your last week's publication, suggesting the propriety of a meeting of the medical officers of each union to appoint a deputy to represent them at the general meeting of the Dispensary Surgeons to be held in Dublin next month. I would suggest instead, that the Secretary of each County Medical Association should summon a meeting, when resolutions should be passed expressive of the wishes of its members, and a person or persons appointed to represent them at the general meeting.—Your obedient servant,

JOSEPH ROBINSON, M.D., &c.

Ballibay, January 8, 1853.

#### THE FEVER HOSPITALS IN CONNEXION WITH POOR-LAW RELIEF.

“The committee of the Roscrea Fever Hospital propose that all patients chargeable upon the poor-rates be henceforth admitted into the fever hospital at the rate of five pence per head per day, which charge shall include all expenses. They are desirous that this proposition should be acceded to for the following, amongst many, reasons:—

1. If the poor-law guardians determine upon building a fever hospital in connexion with the poorhouse, it will be attended with an increase of the rates—the result of the necessity of an immediate outlay; which, having a fever hospital already in operation, open for the reception of all patients at the low rate of five pence per day, would be naturally regarded by the majority of the ratepayers with feelings of dissatisfaction.

2. The erection of a fever hospital in the vicinity of the poorhouse, involving, as it must, some intercourse, however small, would hazard the extension of infectious fever amongst its inmates: this is to be greatly deprecated.

3. The committee of the Roscrea Fever Hospital are deeply anxious for its maintenance, because they are aware that there are those occasionally visited with fever who would never seek admittance into a hospital where they must sue as paupers; and yet, who in their small and crowded habitations, cannot receive adequate attention. In their experience, when one member of a family has been thus visited, and when the fever hospital (in some rare instances) has not been resorted to, the infection spreads, not only to the household, but, at times, to the neighbourhood, and the result is most disastrous. It is impossible to say, through the salutary check of the extension of infection through the instrumentality of the fever hospital, how many have been prevented becoming inmates of the poorhouse—how many have been preserved to labour or the support of their families, and it is impossible to say how

many, should the fever hospital be closed, may eventually come upon the rates. The committee cannot but look with gloomy anticipations upon the probable effects of the closing of such a valuable institution.

4. The committee of the Roscrea Fever Hospital are, many of them, large ratepayers, and are of course, equally with the guardians, anxious for the exercise of all due economy; and it is in this spirit that they submit, as a mutual advantage, the proposition referred to above, and which has been already adopted by the board of guardians of the Parsonstown Union—namely, to admit at the rate of five pence per head per day, this including all charges whatever, medical attendance, medicine, food, &c. Surely nothing can be more reasonable than this.

Should the guardians accede to this proposition, no outlay for building will then be required—no increase in the rates—no danger of infection to the inmates of the poorhouse. The admirable situation of the Roscrea Fever Hospital, it being completely isolated, prevents the possibility of infection being propagated. The admirable management of the hospital, is an assurance that all patients are carefully attended to; while an institution will be maintained, where those above the rank of paupers can find admission, either by payment, as in the case of policemen and others, or upon subscribers' tickets—to the saving of life in their own families, and to the prevention of the extension of fever in their neighbourhood.”

At a meeting of the Managing Committee of the Roscrea Fever Hospital, it was resolved that the following proposition be now submitted to the board of guardians by the committee of the fever hospital:—

“That patients chargeable upon the poor-rates be henceforth admitted into the Roscrea Fever Hospital at the rate of five pence per head per day, which charge shall include all expenses; and that the committee having carefully examined into a statement made at the board of guardians, relative to a person named John Cashen, No. in Register 587, admitted 9th May, 1852, having irregularly obtained admission into the fever hospital, not having been in fever at the time, but for the purpose of carrying on a courtship with one of the nurses, we find that such charge is perfectly unfounded, the person in question having been regularly admitted on the ticket of the relieving officer, and that it appears he had fever, and was regularly treated for it; and we consider that the case does not reflect the slightest discredit on the medical officers or others in charge of the fever hospital. Also, that we now (as we have always had reason to do) approve highly of the manner in which the affairs of the fever hospital are conducted by the medical officers.”

#### CHLOROFORM IN COLIC.

DR. ARAN of Paris, warmly recommends the internal administration of chloroform in repeated doses of from ten to twenty drops, in colic, and particularly in lead colic. He says, that it relieves the spasm more effectually than opium or belladonna, and moreover possesses the great advantage of being more safely repeated than either of these medicines. A hundred and fifty drops may, according to Aran, be given in twenty-four hours; and we have no doubt that even a larger quantity, though seldom required, may be safely administered, as chloroform is very quickly eliminated from the system. In corroboration of the value of chloroform in colic, the writer of these lines adds his experience of its efficacy in his own case. He had suffered the most excruciating pain in the back and abdomen for twenty-two hours, accompanied by incessant vomiting, which opium and hydrocyanic acid failed to mitigate: indeed, they were rejected as soon as taken. A dose of twenty drops of chloroform was then taken, well mixed in a little water. After this, there was no more sickness, and almost instantaneously the pain began to abate, and in ten minutes had entirely subsided. Upon a return of the pain, some hours afterwards, it was again and finally removed by a smaller dose of chloroform. The necessary purgatives were afterwards easily retained, and the cure completed.—*Association Medical Journal.*



# AMERICAN NOTIONS OF THE DENTAL EXHIBITION AT THE WORLD'S FAIR.

THE English metropolis has again resumed its usual business-like appearance, and its inhabitants have betaken themselves to their accustomed avocations; they are no longer jostled and hustled by the *staring*, fat-faced, merry-looking thousands of agriculturists from the provinces, or questioned by foreigners with strange physiognomies, and still stranger costumes; in fact, Mr. John Bull has London to himself again, and merely looks upon the present state of the exhibition as the remains of its former greatness, and as no inapt type of what we are informed the New Zealand traveller will one day behold when, standing upon an arch of London Bridge, he surveys the ruins of St. Paul's. It is not, however, to the New Zealand traveller, or the present state of the Crystal Palace, or the thousands of complaints of the different exhibitors in the different sections, to which we wish to direct the notice of our readers. The various branches of the arts and sciences, have doubtless their own periodicals, by means of which their wrongs can be brought before the public. Our duty is to direct the attention of our profession to the jurors appointed as judges in section X, in the great exhibition, a portion of which, may be fairly said, represents our profession. The gentlemen appointed to preside over this portion of the exhibition, were not, from the nature of their calling and education upon such matters, calculated to estimate rightly the various dental mechanism, dental appliances, porcelain work, &c., submitted to their inspection; and even had they sought an explanation from the exhibitors themselves (which they did not), we have no hesitation in saying, they could not, by any possibility, possess the requisite competency to arrive at a just conclusion so as to form a correct judgment as to the scientific construction and applicability of the articles submitted. We presume, therefore, the jurors discovered their own incompetency in this department of the section, and therefore contented themselves with the mere inspection and the awarding of prizes for the best collection of physicians', surgeons', aurists', and oculists' instruments and mechanical arrangements, which, to do the instrument-makers justice, had taken special pains to display to a *trading* and attractive advantage, by exhibiting their wares in immense show cases. Amongst the whole of this collection, for which prizes were awarded, we may safely assert there was not one (excepting the dental instrument-makers) which could be fairly termed modern instruments, used by dental practitioners. Yet these wise-acre professionals, who had so unceremoniously accepted this important office, as unceremoniously *dismisses* the whole batch of dental exhibitors, whose contributions, as we before observed, they could not, by education or practice, properly appreciate, as a poor-law relieving officer despatches the applicants from his office without a thought or consideration. Surely the dental practitioners of Europe will know how to appreciate the feelings of these *remarkable* jurors who hold their profession in such high consideration.—*Amer. Jr. of Den. Sci.*

## METEOROLOGICAL TABLE

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1853.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan. 9th,	45	37	29.530	
Monday,	10th,	46	41	29.250	.030
Tuesday,	11th,	48	38	29.350	.300
Wednesday,	12th,	46	37	29.300	.250
Thursday,	13th,	45	40.5	29.214	.015
Friday,	14th,	43	36	29.824	.030
Saturday,	15th,	46	40.5	29.274	.135

PORTARLINGTON, QUEEN'S COUNTY.

1853.	Max. T.	Min. T.	Barm.	Dry T.	Wet Dew T.	Rain.	Wind.
Jan. 9th,	46	33.5	29.273	46	44.6	43	.004 WSW
10th,	47	34	28.977	44.7	44.4	44.1	.084 SSE
11th,	49	36	29.106	40.3	39	37.3	.212 SW
12th,	46	32.5	29.045	44.6	44.1	43.5	.520 WSW
13th,	44.5	32.5	28.989	40.6	40	39.3	.008 WNW
14th,	45	33	29.580	43.1	42	40.7	.032 NW
15th,	46	36	29.069	44.6	43.7	42.7	.240 W

M. W. HANLON, M.B.

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Surgeon to the City of Dublin Hospital,  
Member of Council of the Surgical Society, &c. &c.

THE extraordinary interest which has attached to the late trial of William Burke Kirwan for the murder of his wife, has been sufficiently evinced by the protracted discussion of the subject in the public prints. What may have been the qualifications of the persons who have engaged in the controversy, it is no part of my purpose to inquire; nor shall I comment on the dangerous consequences which are apprehended, if, in future, solemnly and deliberately conducted judicial inquiries, should become subject to the revision of popular clamour. These topics have been of late handled with much force by those whose province it is to discuss them. I have been induced to attempt an exposition of the medical facts, both in consequence of my having observed that the majority of the profession appear to be, and (for obvious reasons) necessarily *must* be, but imperfectly acquainted with them; and also as the inferences to which they lead, appear of considerable moment in a medico-legal point of view. Some of the conditions noticed on the body seem also not to have attracted the attention which their peculiar nature and importance demand.

Having been consulted by the crown at an early stage of the case, and having been present during the entire trial, I have had the opportunity of becoming fully acquainted with its medical relations. I shall, in the first instance, state the medical facts, both as they appeared in evidence, and as elicited by the crown previous to the trial. It will, however, be necessary to premise such observations on the locality in which the death occurred, and also on the general facts, as may render the medico-legal details more clearly intelligible.

Ireland's Eye is a small and at present uninhabited island, situate about a mile to the north of Howth, and from its picturesque character, frequented chiefly by par-

ties of pleasure. Towards its south-eastern end, looking seaward and N.N.E. and S.S.W., is an inlet, the "Long Hole," about 360 feet in length, narrow at its entrance, and much wider towards its head. A little beyond its middle (proceeding from the sea), it is divided into two channels by a large and elevated rock. The head of the Long Hole is defined to the observer at Howth by a narrow quadrilateral chasm, formed by the termination of the precipitous cliffs which bound it on either side, and is distant from the nearest part of Howth harbour about 1250 yards in a direct line.

Towards the sea, the bottom of the inlet is rocky, and landward, is formed of coarse gravel. 150 feet from its head, a low barrier of rocks stretches across the channel, about twelve feet above low water-mark, the channel at this part being twenty-eight feet in breadth. Just within this barrier, and immediately at the base of the south-eastern wall of the inlet (which is here thirty-one feet high), the body was discovered a little before nine p.m. It lay on the back, in a direction parallel to the course of the channel. The head, placed towards the sea, hung backwards, resting at the base of one of the barrier rocks (three feet in height). The body lay on a low rock (nine inches high), the arms were extended, the knees bent, and the feet lay in a small pool of water. A little below the feet was another rock, sixteen inches in height. These rocks were covered partially with seaweed and scattered limpets. The deceased was found clad in a wet bathing dress with loose collar, and bathing boots. The former was "gathered up towards the arms." A wet sheet lay beneath the body. The head was uncovered, and the hair filled with seaweed and gravel. The bathing cap was discovered at high water-mark a few days afterwards. The clothes of deceased, the situation of which was pointed out by the prisoner, were found at an elevation of five feet and a half on a steep part of the large rock, already described as dividing the channel, and at a distance of seventy-two feet from the body. From the place the clothes occupied to the "body-rock," the bottom of the Long Hole declines towards the sea by a gradient of about one in eighteen feet.



It appeared from the concurrent testimony of five witnesses (one on sea) that several screams\* were heard to proceed from the direction of the island at seven p.m., at which time, according to the carefully checked measurements of the surveyor, Mr. Jones, there was a depth of but twenty-one inches of water over the "body-rock," and a total depth of thirty inches beside it. The water's edge at this time was about sixty feet beyond the "body-rock," and sixteen feet below the spot occupied by the clothes.† The tide was receding, the water and the weather perfectly calm.

When discovered, the body was warm and flexible, and presented other conditions, to be afterwards described. Having been wrapped in a sail, it was conveyed to Howth at midnight, at which time the limbs were still pliable, but the surface cold. It was washed shortly afterwards by the peremptory direction of the prisoner, despite of the remonstrance of one of the assistants, who suggested that it should be first inspected by the police. The recent external appearances were observed by an experienced nursetender, who had lived at Howth forty years, and who had, during that time, externally examined numerous drowned bodies, and was in the habit of laying out the dead. They were also witnessed, for the most part, by the boatman who discovered the deceased's body, and by the assisting women.

They were as follows: Intense and dark livor of the right side, extending from the axilla to below the knee. Eyes much injected; the right one closed, left open. Considerable swelling of the lips, especially the upper. Thin white froth about the mouth‡ and nose, recurring in quantity after removal, and still observable on the second day, at which time the body was free from putrefaction. The eyelids were livid, but unswollen.§ The belly flat. Blood flowed freely from the ear-passages for a considerable time (notwithstanding repeated cleansing with the corner of a towel). Blood also flowed rather freely from the genitals (and was found by the nurse in coagula on the sheet when deceased was about to be placed in the coffin); "it was not like the natural discharge, but thick and black."

There were superficial cuts or scratches on the eyelids, cheek, forehead, and right temple, and blood is stated to have flowed from the left nipple (from a scratch?), all of which were still bleeding freely while the body was being washed. The edges of the ears were rubbed, and the lobe of right nearly detached. The nose was crooked, the neck "a little twisted," but otherwise showing nothing unusual.

In addition to the above, the following conditions (not elicited in evidence) had been ascertained: Lividity of the face; bluish blackness of lips and nails; considerable swelling of the external genitals.||

A coroner's inquest was held, and although no post-mortem examination had been instituted, and notwithstanding that the general facts were of a character to awaken strong suspicion, a verdict of accidental death was returned.

The attention of the authorities having been subsequently

\* By one witness they were stated to have been those of a female.

† Having been present during Mr. Jones's measurements on October 20th, I can testify to the great care with which they were made. A writer who has taken general exceptions to Mr. Jones's calculation of the tide, admits notwithstanding, that at the above hour, the assigned depth at the "body-rock" was, as nearly as possible, correct. High water on September 6th, was at half-past three p.m.

‡ Froth was seen on the mouth when the body was found, also when the body was washed, "white foam streaming up from between the closed teeth." (Magar.) On the second day (Mr. Hamilton) "a good deal of froth about the mouth, thin, white, and stationary." The neck and shoulders and the abdomen were at this time rigid.

§ "As if from putrefaction" (Mr. Hamilton). As rigor mortis was then in existence, this view is evidently incorrect. The lividity was seen on the first evening by the nursetender.

|| This condition (observed in the deceased by the nursetender) has not escaped the notice of the Germans. Meckel (Lehrbuch der Gerichtlichen Medicin) says, "Unter letzteren sind am auffallendsten die blutaden der äussern und innern geschlechtstheile angeschwollen, wodurch blutunterlaufungen (z.b., in scroto und in den labiis pudendi) bewirkt werden."

directed to the case, an exhumation was ordered, and took place on the 6th of October, thirty-one days after death,\* and twenty-six after burial, the mean temperature of the interval having been 55 deg. The post-mortem examination was carefully performed by Dr. Hatchell, F.R.C.S., to whom I am indebted for the following account:—The body had been buried at a depth of about seven feet; the grave was found to contain much water, which had freely penetrated the interior coffin. The surface of the body presented the appearances of one that had been at least partially surrounded by water. The face covered with a greenish film of soapy consistence. The right eye was prominent, and the left protruded on the cheek. The conjunctival vessels of both were much injected. The upper lip was swollen. The tongue projected between the teeth, and was marked by the latter. The lining membrane of the mouth and gums was livid. The abdomen was much distended with gas. The labia pudendi were livid, very much swollen, and everted, but not emphysematous; their inner surface very vascular. The whole of the right side, from the axilla to the knee, was of a purple red colour. There were no signs of injury on or beneath the scalp. The margins of both ears were scratched, and the lobe of right ear was wanting. There were also scratches above right eyebrow and over right malar bone. The neck was greenish, but presented no marks of ecchymosis or abrasion.

Interior: Dura mater flaccid. Brain semi-fluid and of a pink colour. No trace of fracture or extravasation. There was nothing remarkable either in mouth, larynx, or pharynx. The lungs were collapsed and greatly engorged with blood\* at the posterior, inferior, and lower part of anterior surface, but otherwise healthy. The bronchial tubes were empty. The heart was quite healthy, and its cavities and the adjacent veins were empty. The diaphragm was pushed high into the chest by the pressure of gases in the intestines. The stomach was empty and contracted. Urinary bladder in a similar state. The uterus was small, and its cavity contained no bloody or other fluid. An ulcer covered with yellow pus was observed in the os uteri, extending into the cervix. Ovaries small and flattened. The vagina was purplish, much congested,

\* The mode in which in this country medico-legal investigations are usually conducted under the system of coroners' inquisition, is too often such as to render the procedure nearly an useless, if not a ludicrous, formality. This is not so much to be laid to the charge of coroners individually, as to the system which denies to the important office a just remuneration. Grand juries also, in the exercise of an unwise and paltry economy, too often indirectly influence the coroner to withhold the necessary medical investigation. The difficulties, however, on the latter head, have been, in some degree, diminished by one of our city members (Mr. Grogan, who, in his "Coroners' (Ireland) Bill," has introduced a clause which refuses remuneration, in numerous cases, to the medical witness for his laborious services. The preliminary judicial inquiries in Germany afford a startling contrast to our own. There, inspection is conducted in the presence of both medical and legal functionaries. The former are the physician or judicial physician, and the kreis-chirurgus or district surgeon. The legal, are the investigating magistrate, the actuary, and the assessors. Under such auspices, it may be assumed that the investigation will be conducted with rigorous precision. All the cavities are carefully and systematically examined, and on the inspection being completed, the physician draws out his report (visum repertum), to which he is to attach his medical judgment on the case (gutachten elogium). On the legal side a report is also furnished (obductions-protocol), which, in addition to the general facts, gives the result of the inspection and the medical judgment.

† Dr. Hatchell, who is well known as an experienced anatomist, and has had a large experience in medico-legal inspections, stated at the trial that the amount of congestion observed was greater than any he had ever seen in simple drowning. The amount of congestion, although *per se* insufficient to furnish a criterion between simple and complicated drowning, or between drowning and other forms of asphyxia, was unquestionably of weight as part of the entire series of medical facts.



and its mucous membrane smeared with a thin bloody fluid. The genital organs presented no trace of wounding. Rectum natural. The blood was generally fluid, and flowed copiously on division of the great veins of the neck, and from the superior cava. The cavities of chest and abdomen showed scarcely any traces of decay.

It appeared that the deceased had been seen late on the day of the fatal occurrence, apparently quite well, walking and reading on the island. The woman with whom she lodged considered her to be in good health; and that she really was so, is rendered further highly probable by the circumstance, that during her stay at Howth she was known as a most adventurous swimmer. No evidence was adduced at the trial to show that she had been the subject of any previous disease, and the prisoner, on examination at the inquest, made no allusion whatever to the subject. An attempt, it is true, was made, through one of the witnesses, to establish that she had an hereditary predisposition to epilepsy; this was coupled, however, with the admission that the information was derived from a deeply interested party. This same matter of hereditary tendency is also alluded to in a singular document bearing the signatures of Dublin practitioners, privately circulated in Dublin, and afterwards published in a London paper.

The document alluded to, if genuine, would lead to the conclusion, that the subscribers believe, that a certificate, which they *do not profess to have seen*, and to the effect that a certain person "*died of a fit*" (the kind not stated), is to be received as evidence that his daughter perished by epileptic drowning! Another less refined species of evidence, however, was thought desirable; accordingly, two witnesses (an *artist and a servant maid*) some time after the trial make declaration (not oath, as erroneously stated by the subscribers of the above document), that the deceased had been seen by them on two occasions in a fit, and that the *prisoner was present*. On this evidence every person of common sense may be left to form his own conclusions. It would be drawing too largely on human credulity to demand the belief, that prisoner's counsel or his experienced solicitor should not have been aware of these *facts* (?), nor of the above witnesses having been in attendance; nor, again, of the views of the medical witness who entertained the epileptic theory of death, and who was present and in communication with counsel on both days of the trial. How far the admission of their truth should have influenced a decision on the cause of death, we shall presently consider.

The medical facts, the import of which we are about to examine, are of a three-fold kind—first, the important external conditions noticed by the several persons while the body was still quite recent; secondly, those observed at the post-mortem examination; and lastly, and in connexion with the two preceding, the medical history of the deceased, and such collateral circumstances as are closely interwoven with the medical data, and appreciable in their true relations by the medical inquirer only.\*

\* It may be desirable here to examine a question on which much misapprehension prevails; I allude to the influence which putrefaction exerts both on the morbid condition of internal organs and on the external signs of violence. In the document to which I have already alluded, and in one appended to it, and which, as bearing a solitary signature, is, I presume, considered a *cheval de bataille* by the prisoner's friends, the doctrine is maintained that a month's (in reality twenty-six days') interment in a moist place renders it impossible to determine the existence of morbid changes or signs of violence. This statement is not only refuted by the dissection, in which some of the external signs of congestion and of violence were found to have remained unaltered, but is opposed by the experience of Orfila, the highest authority on legal medicine. Of the brain, he writes: "*Pendant plusieurs semaines, à moins que la température n'ait été fort élevée le cerveau conserve assez toutes ses propriétés normales pour qu'on puisse y reconnaître les diverses parties que entrent dans sa composition et constater les traces des épanchemens, cependant il tend de bonne heure à devenir d'un gris olivâtre clair.*" From the latter fact, the inference that the brain was congested at the time of death appears to have been a sound one.

In the case which forms the subject of this communication, a careful consideration of the *entire series of appear-*

Of the lungs, Orfila says:—"Ils conservent leur aspect naturel pendant long-temps; on peut même au bout de *quelques mois* reconnaître leur structure, et constater s'ils sont le siège d'une lésion pathologique." In a body, the exhumation of which I superintended at Mount Jerome, by direction of Government, and which had been three weeks buried in a *very wet grave*, I had no difficulty in determining the cause of death, or in recognizing the conditions of the thoracic and abdominal viscera. In conjunction, also, with Dr. Hatchell, I lately examined two cases after a month's interment, under similar conditions. The inner organs had undergone, remarkably, little change. The chief alterations in such instances arise from the accumulation of gases in the abdomen, and the influence thus exerted through the diaphragm on the right side of the heart. There are other interesting effects of gaseous accumulation which seem generally little understood, but of much moment in practice. One of these is the protrusion of the eyeballs, which occurs in putrefaction under water, or in *rapid* putrefaction in the air, and which was witnessed in the present case. In a celebrated criminal trial here in 1842 (the *Queen v. Byrne*), I stated and (still more to the point) *proved*, the occurrence of such a condition; which depends, as I have found by dissection, on the accumulation of gases in the back of the orbit. As protrusion is the opposite condition to that observed in the slow putrefaction of the dissecting-room (where transudation of the fluids of the eye more than keeps pace with gaseous development), my statement was received with incredulity by that portion of the profession which, inexperienced in medico-legal questions, assumes, notwithstanding, on *important occasions*, an almost *exclusive right* of deciding on them. My view on the subject, in the trial alluded to, was fully concurred in by a gentleman (Mr. Robert Adams) as well known to surgical science as he is respected for his sterling integrity and worth. Protrusion of the tongue may be similarly produced. The second effect of gaseous accumulation is, the expulsion of the contents of the stomach and rectum; and hence the presence of portions of food in the mouth, fauces, and air-passages in persons who have lain some time in the water. The absence of food in these quarters in Mrs. Kirwan's body, and the contracted state of the stomach, clearly prove that the organ was empty at the time of death. Dr. Hatchell and myself have found by experiment that the saline ingredients of seawater are not sufficient to prevent the expulsion of the latter from the stomach by gas-pressure in the abdomen. As respects the influence of putrefaction on congestion of the lungs, it is certain, alike as a matter of fact and theory, that the latter condition cannot be *produced* by decomposition. It is true, as Orfila remarks, that congestions which, in the recent lung, under the influence of gravity, occupy the most depending parts, become more diffused when decay takes place. But in such cases the nature of the congestion must be determined, as in that of recent origin, by the amount of the accumulation and by collateral facts. Exclusive weight is too often attributed to the influence of time and other extrinsic circumstances on the putrefactive process. The *intrinsic* conditions of the body, though more obscure, often exert a much greater effect. Thus, I have seen a body, thirty-six hours after death, in cold weather, in a state of extreme decomposition, with enormous extrication of gas. The influence of decomposition on the blood is also much misunderstood. If coagulated at the time of death, it remains so, often for several weeks. The fact to which, I believe, Bernt first drew attention (*Beitrag zur Gerichtl. Medicin*, ii., 231), that the condition of the blood, as to fluidity and coagulation, varies in the *same body*, is often overlooked. Thus, in the *venæ innominatæ*, spinal and cerebral veins, it is often fluid while coagulated in the heart. I have constantly observed that it differs in these respects in the heart and lungs, and even in the auricles and ventricles of the heart. When the heart is empty in a body in which the abdomen is distended with gas (if the organ were not empty at the time of death), the blood may be assumed to have been fluid at that period. I have found firm coagula in the heart after three weeks' interment in wet ground. Another circumstance deserving of notice is the coagulation of extravasated blood in cases where it remains fluid in the vessels. Thus, I have sometimes observed the blood which has flowed in a fluid state from drowned and other bodies to coagulate by exposure. Dr. Monro observed the same in hanged persons.



ances, taken in connexion with the fact, that the deceased had been immediately before in good health, that the body presented no sign of organic disease capable of suddenly terminating life, nor of other modes of violent death (as wounding, &c. &c.), clearly proves that the fatal event was the result of asphyxia. Thus, under the circumstances above described, there were present, intense congestion of the otherwise healthy lungs, dark and fluid condition of the blood,\* intense livor of the dependent parts of the surface. To these were superadded the signs which are present, where suffocation is the result of incomplete exclusion of air, and consequently protracted struggle—namely, froth about the mouth and nostrils, injection of the eyes, and considerable swelling of the lips, and lastly, those local hæmorrhages which sometimes occur where asphyxia has been combined with compression of the neck or chest. The defence adopted by the prisoner's counsel, based on the views of one of the medical witnesses, was, that the deceased had been seized with epilepsy while bathing, shortly after a meal, and had thus been drowned in shallow water. No attempt was made to show that she had perished either from epilepsy alone or from apoplexy. Independently of other considerations, the latter view might have been refuted, simply by reference to the situation of the body when discovered; for had deceased been attacked by either on the shore, or where the water was so shallow as not to have covered the mouth and nostrils, the body could not have been afterwards wafted to the "body-rock" by the receding tide, even had it (in the absence of any assisting cause) presented the unusual condition of buoyancy immediately after death.

The phenomena of drowning present themselves practically under two distinct forms—1st, where the submersion is continuous from its commencement, and where asphyxia is consequently produced in its most rapid form; 2ndly, where the drowning person, in possession of consciousness and volition, maintains a more or less protracted struggle, rising and sinking for some time beneath the surface of the water. A corresponding and marked contrast exists in the appearances of each. In the former, the face is pale and placid, lips unswollen, and froth is absent from the mouth. Internally, the signs of congestion are comparatively slight, and not unusually altogether wanting. Such are the results of numerous practical investigations on the subject by the most eminent medical jurists.† Several very careful observations and dissections of the drowned, have led me to the

\* The intensity of the livor of the right side of the body, the colour of the blood discharged from the genitals, and the persistent bleeding of the superficial wounds, sufficiently attest the above character of the blood. The empty condition of the heart also afforded a presumption to the same effect; for I have found that when the organ contains coagula, these are not expelled by the pressure of gases in the belly. It must, however, be remembered, that in some cases of asphyxia, in which the lungs were much congested, the heart has been found altogether empty (as in the celebrated case of the Prince de Conde, who hanged himself during the revolution of 1830 (Examen. Med. Leg. de Causes de la Mort de S. A. R. le Prince, &c., Ann. d'Hygiène, tome v.); and in some of Devergie and Orfila's careful dissections, the left heart contained more blood than the right. Such exceptional conditions, however, would be likely to be mistaken only by those who fall into the error too common in medico-legal inquiries, of forming a judgment from individual and not from the combined appearances and medical facts. In Mrs. Kirwan's case, the recent condition of the heart is unknown. The very free flow of blood, however, on section of the great veins at the base of the neck, renders it probable that the right auricle was loaded. Any objection to the evidence of asphyxial death, on the above score, applies with equal force to the epileptic theory of death. In the case of Ferrari (London, 1831), the heart was quite empty and the lungs not congested. Here the death, according to the confession of the prisoner, was by smothering. The characters of the body were chiefly negative. The organs generally were healthy. The conviction was had entirely on circumstantial evidence.

† Vide Orfila, *Traité de Med. Leg.*, Piorry's Experiments, Watson's *Med. Leg.*, Treatise on Homicide, p. 150, et seq.

same conclusion. It is almost superfluous to observe, that the epileptic, who falls helpless and senseless in the water, is placed in the former of the above-named conditions. Hence the ordinary phenomena of epilepsy (out of the water), which depend on partial closure of the aperture of the windpipe and prolonged expiratory effort,\* are at once superseded by those of rapid drowning. A good illustration is afforded by the following case, for an opportunity of examining which, I am indebted to my friend Dr. McDowell:—A lunatic female, subject to a modified epilepsy (epilepsia silens), was found dead and lying on her back in a trough, in which she had been in the habit of washing, and the water in which was about eighteen inches deep. The face was pale and perfectly calm, like that of a person in sleep. There was no froth at the mouth, injection of the eyes, or swelling of the lips. The lungs were but slightly congested.† A few trivial contusions existed on the posterior part of the body.

The appearances of the countenance and those of the lungs, in the Kirwan case, were therefore altogether opposed to those of epileptic drowning.†

The previous history of deceased (as we have already seen), the posture of the body as compared with the external marks of injury, and the absence of any exciting cause, were alike in conflict with the above hypothesis. Had the deceased been seized with epilepsy, and fallen on her face, she would have remained so, as the convulsive motions (either of the disease or those of drowning) could not have sufficed to have turned a body which the presence of scratches would indicate to have lain in contact with the subjacent rock.§ Had she, on the contrary, fallen on her back, there should have been no scratches on the face. Lastly, the assumed exciting cause did not exist. The stomach, on dissection, was found empty and contracted. From the latter circumstance, it is manifest, on the grounds already stated, that, at the time of death,|| the organ contained no food. The discussions relative to epileptic screaming, were alike superfluous and absurd, inasmuch as screams could not be repeated by a person lying, as was assumed, with the mouth under water, and as on the occurrence of the fit the sufferer falls at once. Had those appearances alone, which have been already considered, been

\* See Marshall Hall on Epilepsy, *Lancet*, 1852, and *Medico-Chirurgical Review*, vol. xxv.

† A person who falls insensible into the water from any other cause, presents the like appearances. A year since I inspected the body of a man who was drowned by falling on his face in a shallow ditch in a fit of deep intoxication. His face was slightly scratched and bleeding, but otherwise natural; no froth or swelling.

‡ Fodere (*Traité de Med. Leg.*) notices the absence of froth in epileptic drowning. Dr. Ogston's experience, as he informs me, is the same. In some cases, the prolonged expiratory effort and subsequent reaction of the walls of the chest, gives rise to the entrance of mud or gravel into the respiratory passages in epileptics drowned in shallow rivers or pools. If the water be so shallow as not completely to cover the mouth and nostrils, the appearances are those of more protracted drowning. In some instances, persons falling intoxicated into the water, struggle instinctively for a time. Were this to occur in shallow water, the same instinctive struggles (prompted as they are by sensation) would probably enable the sufferers to escape. In epilepsy, however, the insensibility is complete.

§ An attempt was made to show that the marks were produced by crabs. This is refuted both by the character of the injuries, by the evidence of the nursetender who, from long observation of drowned bodies, was familiar with such, and also by the fact that no crabs were discovered about the body, with which they must have been very busy in order to have produced the injuries observed so soon after death.

|| The *Standard* newspaper has invoked the assistance of Juvenal and Persius in aid of the theory of epilepsy after dinner. Had these sharp-witted poets undertaken, in default of other assistance, a judicial inspection of the Roman matron, and failed to find some remnants of the peacock, they would scarcely have ventured on the above explanation. This, however, is the age of invention!



present, it is evident, from preceding facts, that the deceased, *if drowned at all*, must, during no inconsiderable period of the process, have been in possession of consciousness and voluntary motion. Suicide by drowning in shallow water being out of the question, both from the medical and general circumstances,\* the question, therefore, would then have presented itself for the jury—By *what obstacle* the escape of deceased from shallow water had been prevented?† An answer to this might perhaps, without difficulty, have been found in the moral facts. The question, however, must now be entertained—Was *drowning at all concerned* in the production of the fatal result? The post-mortem conditions, taken in their integrity,‡ were, in my judgment, incompatible with drowning in its simple forms; for, after a careful and extended examination of the subject, I have been unable to discover a *single case*, amongst the numerous instances of drowning on record, in which bleeding either from the ears or genitals (independently of wounding), has been noticed, or even any general statement to the same effect. I have been equally unsuccessful, in the inquiries which I have instituted amongst those most competent, from medico-legal experience, to elucidate the subject. One of the city coroners informs me that, out of about 270 cases of drowning that have fallen under his notice, nothing of the kind has been observed.§ Dr. Ogston of Aberdeen, whose admirable practical researches on drowning are well known, informs me that he *has never* met such hæmorrhages in that form of death. Exclusive of the bleeding

\* The cases related in some modern works of suicidal drowning in shallow water (unfrozen on the surface), do not appear to be substantiated by sufficient evidence. The occurrence, however, is perhaps not impossible. In such a case, the conditions of the countenance, &c., should manifestly be those of *continuous* submersion, as already described.

† I can state, from very minute examination of the Long Hole, that none existed in the nature of the bottom.

‡ The Dublin medical dictum is not only in conflict with the well-ascertained facts of legal medicine (to which I have already adverted), but also ignores or *eludes* the circumstance, that the decision of juries in questions of homicide, is based not merely on the *medical evidence*, but on the *entire body of facts* submitted to them. Were this not so, the functions of the jury would virtually cease. Daily experience shows that in cases where two or more hypotheses as to the cause of death are left open by the medical witness, a jury may determine from the general evidence which is the true one.

§ From equally careful inquiries, I arrive at the same result with regard to epilepsy. Dr. Wade of Belturbet, has indeed favoured me with an instance, in which a person, seized with epileptic convulsions, was found to have been "*deluged with blood*," which had flowed from the vagina. Dr. W., however, candidly admits, that he is not aware whether the bleeding preceded the convulsions. The copiousness of the discharge renders it probable that the case was one of flooding, followed by the usual cerebral symptoms attendant on hæmorrhage. My venerated friend, Dr. Marshall Hall, known throughout the world as a profound physician and physiologist, and who has devoted, as is well known, especial attention to epilepsy, has favoured me with a note to the following effect:—"MY DEAR SIR,—I have never seen bleeding from the ears or vagina in epilepsy. Bleeding from both ears and vagina occurs in hanging."\*\*\*\*\* I have received similar statements from other distinguished members of the profession—Drs. Alison, Christison, Ogston, and Bennett. Dr. D. MacLagan informs me of a case in which epilepsy was produced by the entrance of a foreign body into the ear, in which "the local determination should have favoured bleeding from the ears, if likely to occur, but nothing of the kind was observed." Bleeding from the ears is mentioned, in general terms, by one or two of the older French authors, but is unsubstantiated by the recital of a *single case*. This, therefore, is probably one of the "*false facts*" of earlier medicine. It reminds us of the consultation described (if I remember aright) in Tristram Shandy, in which the doctors decided, that a man who *did not* die of plethoria after amputation (according to theory) ought to have done so. Were bleeding from the above quarters even a usual result of epilepsy, this obviously could not have affected the question of *epileptic drowning*.

from the ears and genitals, the medical facts are obviously reconcilable, either with strangulation or the protracted form of drowning. Thus, the conditions of the countenance are common to both, as are also the state of the lungs, stomach, and blood.\*

The above hæmorrhages, however (occurring independently of mechanical injury), have only been observed in asphyxia resulting from either strangulation (including hanging) or compression of the chest. This subject appears not to have sufficiently attracted the attention of medical jurists; yet it would appear that vaginal bleeding has been frequently noticed in hanging and strangulation. Thus, Dr. Cooke has recorded three cases of suicidal hanging in lunatics† which have fallen under his own notice, and in two of which the subjects had passed the period of menstruation. It seems to have been frequently noticed in executed criminals; so much so, that, as Dr. Cooke and others state, it has been the practice in some prisons to place straw under the drop in female executions. I learn from a gentleman who was present at the dissection of Butterly and Ennis, hanged in this city some years ago, that he observed their drawers copiously stained with blood. This condition, which formed a subject of controversy some years since, has been described as menstruation. By whatever title, however, it is designated, it is equally important, if present as a consequence of strangulation, and not of other forms of asphyxia. In Mrs. Kirwan's case, that the discharge was neither the result of menstruation nor of wounding, was evident from the careful dissection performed by Dr. Hatchell.

No fluid of any kind was found in the uterus; the *healthy pus* covering the *ulcer of the cervix* was unstained. A thin, *bloody* fluid coated the walls of the vagina, which, with the interior of the labiæ, were highly congested. The blood discharged from the genitals was also observed by the nursetender in clots upon the sheet. Further, had the deceased been menstruating on the day of her death, it is most improbable that she would have bathed. Finally, the nature of the discharge is corroborated by the co-existence of bleeding from the ears. The latter condition has been noticed as an occasional occurrence in strangulation and hanging. It is to be expected in those cases only

\* Although froth was not discovered in the air-passages on dissection, it unquestionably existed there at the time of death. No other view can explain the abundance of recurrent froth while the body was still fresh. Thus, on the second day, notwithstanding the previous cleansings, it was present in abundance about the mouth (Hamilton). There appears no reason for refusing to the presence of asphyxial froth in the latter situation, the same weight which is attached to its existence in the windpipe, provided that its characters are equally well defined, and that it is supported by a consistent train of collateral appearances, and in harmony with the remainder of the medical facts. If an opposite view has gained some credence, it has been probably in consequence of the servility with which some of late have adopted the opinions of the French writers on legal medicine. I have also observed in the drowned, that movement of the body (by acting on the walls of the chest) causes the expulsion of the froth, so that while abundance has appeared about the mouth and nostrils, little was discovered in the windpipe. The same result arises from bodies being placed in warm rooms, from the occurrence of rigor mortis, and from the tympanitic distension of the belly, is sometimes observed in the drowned, while the body is absolutely fresh, and occasionally takes place in the *process* of drowning. Where the inspection is delayed, or where the body has lain in water, Orfila has shown (*Exhumation Juridiques*) that the froth of drowning is generally absent. As respects the condition of the stomach, this (contrary to the opinions current in medico-legal works) will not always suffice to distinguish strangulation from protracted drowning. In two cases of the latter I found abundance of froth in the air-passages and about the mouth, but *no water whatever in the stomach*; in epileptic drowning (also contrary to received notions), I have seen the converse of this in one instance. The absence of sea-water, therefore, from Mrs. Kirwan's stomach, furnishes no argument against the possibility of death by drowning.

† *Lancet*, 1830-31.



where, from a concurrence of favouring circumstances, the congestion is extreme.\* The source of the bleeding probably varies. Little found the membrana tympani ruptured in a case of manual strangulation;† but probably such a condition is by no means indispensable.‡ The occurrence of aural bleeding in strangulation and its absence in drowning, are, I conceive, readily explained. In the latter, the obstruction to the return of blood from the head is to be sought for in the loaded state of the right heart, and in the great impairment of the respiratory motions. In strangulation an additional source of obstruction is furnished by the pressure on the jugular veins, while the arteries continue to deliver blood to the head. In drowning, again, the entire tract of the venous system of the head and neck, and downwards to the heart, is open to receive the accumulating venous blood; while in strangulation all that portion below the seat of compression ceases to be so available. The occurrence of hæmorrhage from the vagina, in the latter form of death, does not admit of this explanation. It seems to be produced by the same conditions which occasionally give rise to bleeding into the cavity of the stomach, and to ecchymosis on the surface of the pancreas, sometimes observed in hanging.§ In what those conditions differ from those of drowning, is less clear. The fact of the absence of vaginal bleeding in drowning, and its not uncommon presence in hanging, is not the less incontestable. An analogous fact presents itself in the male subject, in the erection and seminal emission of the hanged—a phenomenon which obviously depends on accumulation of blood in the organ. Whether these conditions, however, arise alone from obstruction to the return of blood to the right side of the heart, or from the influence of congestion of the cerebellum, I am not prepared to state. The greater rapidity of death by drowning (*ceteris paribus*), as compared with strangulation, and which, according to Sir B. Brodie, is perhaps due to the concurrent influence of cold, may assist in explaining the differences in the amount of congestion and consequent hæmorrhage in the latter form of violence. The nature of the medium may also have its effect.

Bleeding from the ears also occurs in compression of the chest; thus it was observed in three out of twenty-three persons suffocated by pressure in a crowd at the Champs de Mars.|| Where other circumstances are favourable, such compression is probably adequate to the production of bleeding from the vagina also.

The preceding considerations, will, I think, suffice to show that the entire series of medical facts leads to the following conclusions:—

1st. That the death of Mrs. Kirwan was not the result of apoplexy, or of epilepsy, nor yet of epileptic or of suicidal drowning.

2nd. That the combined conditions of the body (both external and internal) were incompatible with drowning unattended by other violence.

3rd. That the appearances observed may have been produced by strangulation alone, or combined with compression of the chest, or with partial smothering.

4th. That they are also consistent with a mixed process of strangulation and submersion, in which the latter condition was not continuous from its commencement.

\* Paris's Medical Jurisprudence, vol. ii., p. 45. Taylor's Medical Jurisprudence. It was noticed in an executed criminal (Smith's Forensic Medicine, p. 244), and in the case of Jael Denny, reported by Dr. Taylor.

† Mem. de l'Acad. de Méd. 1774.

‡ Morgagni (Epist. xviii.) states that Valsalva found in persons "quos cum sum essent violentia externa strangulavit," the vessels of the tympanum so turgid, that the membrane and the ossicula seemed tinged with blood.

§ Yellowly, Med. Chir. Trans., vol. iv., and Orfila, Traité de Med. Leg., art. "Foudroy."

|| Ollivier d'Angers, Ann. d'Hygiène, v.

The chief circumstances which tends to render the last-named view more probable, are the nature and quantity of the froth observed.

In strangulation, froth is not uncommonly absent, and when present, usually mucous or bloody, smaller in amount, and of coarser structure.\*

The absence of any mark upon the neck is perfectly consistent with strangulation by a soft and broad material. Duchesne (Ann. d'Hygiène, Oct. 1845) inspected the body of a man who hanged himself with his drawers; there was no discoloration, and even the mere trifling depression of the skin was scarcely visible. I examined, in 1848, a similar case of suicidal strangulation with a pocket handkerchief. The depression just described would be at once obliterated by mere motion of the neck.

The scratches and abrasions noticed on Mrs. Kirwan's face, &c., and the lacerated wound of the ear,† most probably resulted from her struggles to procure freedom for the face and neck.

As to the precise details of the mode in which the destruction of deceased was effected, it would be, I conceive, impossible to offer a satisfactory opinion. On the whole, the conditions of the body, with such of the general facts as are intimately connected with them—as the special depths of water and the nature of the locality—are most consistent with the view, that the deceased had been strangled at the land side of the "body-rock" in very shallow water. Whatever may have been the precise spot where the purpose was effected, it seems clear, from the position and clothing of the body, and from other circumstances, that the deceased must have been placed after death on the rock where she was discovered. In determining the person by whom the homicide was committed, the jury were of course guided, as in other cases, by the moral facts. Had the medical details been elicited in a more full and systematic manner, even that question might have been limited within a much narrower compass. The general evidence showed that in addition to maltreatment, the accused had threatened the destruction of deceased; that he had maintained an adulterous intercourse with another woman, who became an inmate of his house shortly after his wife's death; that although his wife had been parted from him for some time on a lonely island, and had not joined him after nightfall, he did not even mention her, when about to depart for Howth. When to this is added, his having caused, as far as might be, the removal of the signs of violence; his suppression of evidence on the latter head; and that, when himself examined as a witness at the inquest, he made no allusion to the fits of epilepsy, which were afterwards urged as the cause of death, &c. &c. With these data to aid their decision, the jury probably felt that the view which assigned to the prisoner the murder of his wife, was more consistent with the evidence, than that which referred it to the agency of fishermen or pirates. In its medico-legal relations, the present case is one of much interest and importance; and should the foregoing outline, the imperfection of which I fully recognize, tend to a more correct estimate of its real nature, my object will have been attained. I trust also that the members of the profession may be induced to register more amply the results of inspections bearing on the questions above discussed.

\* Ecume à grosses bulles (Devergie). That of drowning is fine, and somewhat resembles soap-lather.

† We have already seen that the posture of the body was inconsistent with their production by epilepsy. Their character was equally so. The concentrated motions of the epileptic could not have produced the almost entire removal of the lobe of the ear, nor injuries over such an extent of surface.



## PROCEEDINGS OF SOCIETIES

## MEDICAL SOCIETY OF LONDON.

## CASE OF A BEARDED WOMAN.

DR. CHOWNE rose and said, that in the course of the last year there had been published in the *Lancet* the case of a bearded woman, Josephine B—, who was brought to the Charing-cross Hospital, by a person who stated that she was under an engagement to marry him, and that they wished to be married, but that the masculine growth of hair on her face prevented their being able to get the marriage service performed. Her case was referred to him (Dr. Chowne) as a medico-forensic subject; and under these circumstances, and there being every certainty that she was marriageable, he certified accordingly. He was sorry to add, however, that a public use had been made of the certificate, different from that for which it was given; a circumstance which he exceedingly objected to, and regretted; a use, indeed, not warranted by the circumstances under which it was obtained. On the 29th of last December, Eliza B—, aged 18½, presented herself at the Charing-cross Hospital; and it will perhaps be recollected that Josephine, the subject of his (Dr. Chowne's) lecture, stated that she (Josephine) was the only person of the family to which she belonged who had any similar peculiarity. This, however, appears not to be the case: and as Eliza, who represents herself to be the younger sister of Josephine, was waiting in the Society's library, the Society would have an opportunity of perceiving that, with regard to hirsute growth, she is almost the counterpart of her elder sister, Josephine; and those who had seen both would scarcely fail to recognize a strong personal resemblance. He (Dr. Chowne) considered that the cases, even individually, were interesting; but that the birth of two such instances by the same parents would imply, either on the paternal or the maternal side, the occult existence of some inherent proclivity to the transmission of hirsute growth. Yet of any hereditary origin of such growths in these sisters, there are not any antecedent proofs, so far as can be ascertained. Neither the one sister nor the other has any knowledge, nor is aware of any tradition, relating to their family, further back than their grand-parents. The elder sister (Josephine) stated that her mother's father was remarkable for a large beard, but the younger sister is not aware of its being so. They agree, however, in stating, excepting only as regards the mother's father, that there was not any peculiarity of hirsute growth amongst their grand-parents; that their father was a dark man, but had not a full beard nor full whiskers; that their mother is neither dark nor fair, but intermediate or brown. They also agree in stating that the children of their parents are four, three sisters and one brother; and that a still younger sister and a brother are without peculiarity. Eliza B— states that she is a native of Versoix, in the canton of Geneva, and that, as she is informed, she had at her birth hair on those parts of her forehead and face where it now grows, but that it was soft and of comparatively faint colour; that she had also on her back and limbs an abundance of soft hair. At about five years of age it began to thicken and become a little stronger, but did not grow full and strong and dark, as it now is, until the fifteenth year of her age. The catamenial functions did not appear until she was about 17½ years old; since which time they have been normal. The breasts, although not large, are perfectly womanly. Her head is rather large for a female of her age and stature, but there is nothing peculiar about her throat, as regards its circumference, nor as regards the prominence of the larynx. Her figure and the form of her limbs are feminine; her hands small; and the excessive growth of hair constitutes the only approach to masculine peculiarity about her. The hair on the forehead, face, and cheeks would, if allowed, to grow, cover almost the whole of her face, except the nose and the central parts of the upper lip. She states, that every eight or nine days she shaves the forehead, including a great part of the eyebrows; and also that part of the face from the eyes downward, by the side of the nose, towards

the angles of the mouth; but just above the angles of the mouth she permits the hair to grow. She has an abundant head of hair; that of the front and side of the head is two and a half feet long; that of the back part of the head the same. On the upper part of the bosom there is a small quantity of soft downy hair. Over the back part of the neck and shoulders there is a considerable quantity of hair, and in the hollow formed by the muscles of the neck, and extending down over the spinal column, the hair is sufficiently abundant to cover the skin entirely, and indeed to admit of its being taken up in something like considerable quantity between the fingers. Her limbs, excepting her hands and feet, have a profusion of hair upon them. Her disposition and habits, and occupation, are all those of the female. She has the reputation of possessing great kindness and gentleness of temper. Reverting to the question of hereditary origin, the subject is necessarily one of great obscurity; but still, although it is impossible to have any idea of when—that is to say, in what antecedent generation of the family of these young women—hirsute peculiarity existed, yet that such peculiarity has existed is a fair presumption; for we know how entirely dormant certain hereditary influences may remain through several generations, and still not be extinct. That there has been an hereditary origin is the more probable, when we bear in mind the number of "bloods"—to use a legal expression—or in other words, the blood of how very numerous a lineal parentage runs in the veins of every man. In the first step of ascent, in the lineal line, he has his father and his mother; in the next step he has four, their fathers and mothers; one step further, and he has eight great-grand-parents; proceeding thus, even by the time he has numbered the seventh degree he has 128 ancestors; 1024 in the tenth; and in the twentieth degree or generation, above a million. Thus the difficulty of dealing, not only with hereditary diseases, but with actual personal likeness, and peculiarities such as that now before the Society, is extremely great. The subject of Dr. Chowne's remarks was then introduced and bore out his description in every particular.—*Lancet*.

## CONTRIBUTIONS TO CLINICAL SURGERY.

By ROBERT L. MACDONNELL, M.D.,

Surgeon to St. Patrick's Hospital, Montreal, &amp;c. &amp;c.

## SUCCESSFUL TREATMENT OF A LARGE ENCYSTED TUMOUR ■ PUNCTURE OF THE SAC AND CAUTERIZATION OF ITS INTERIOR.

It will readily be admitted that if we can cure a disease situated on an exposed part of the body, by any means which will not disfigure the patient, or leave an unsightly scar, it must be considered an improvement in surgery; and with the object of doing away with the use of the knife, and substituting a simpler and equally successful practice, I recommended some years ago, in the pages of the *British American Medical Journal*, that many encysted tumours should be punctured, their contents carefully evacuated, and then the lining membrane of the cyst cauterized by means of nitrate of silver conveyed to it on the end of a probe; and that as soon as suppuration or mere effusion of lymph had taken place, that the opposed surfaces of the cyst should be brought together by pressure, and thus obliteration be produced, and a recurrence of the disease prevented. Since that article was published, I have treated in this manner several such tumours, and have never known the disease to return; and as one of these cases was under the care of some practitioners in this city, who proposed removing it by excision, and declared that any other attempt at cure would be improper, I bring its particulars before the profession that they may judge for themselves. A strong healthy young woman noticed a small tumour growing upon the back of her neck, but which caused her no pain. At first it could only be detected by feeling, but it soon became perceptible to the sight, and in the course of two years had attained the size of a turkey's egg; it was elastic, moveable, not discoloured, and handling it gave rise to no pain. From the



fact of its being so prominent, and in such an exposed situation, she was obliged to keep a handkerchief applied so as to cover all the back of the neck. Feeling much alarm at the size the tumour was daily acquiring, she applied to three practitioners, all of whom advised its removal. One in particular was very urgent in his solicitations to be allowed to perform the operation, and took some pains to explain to both herself and her friends the folly of attempting to remove it by an *elliptical* incision, as recommended by one of the others, assuring her that nothing but the crucial incision and masterly dissection would effect the object.

Under these circumstances she consulted me, and having ascertained the nature of the disease, I proposed curing it without leaving a crucial cicatrix, or indeed any mark that could be detected. To this proposal she gladly assented; and accordingly, on the 14th of May, 1849, assisted by Dr. Brookes of Sherbrooke, and Dr. McCallum of this city, who were then my clinical clerks, I proceeded as follows:—A hydrocele trocar was pushed into the tumour, and its contents emptied into a middle sized cupping-glass, which they filled. On examination they were found to be composed of a turbid fluid, devoid of odour, with a quantity of thick, cheesy, steatomatous matter floating through it. The sac being emptied, two or three probes, whose ends were coated with nitrate of silver, were, in succession, introduced and freely applied to all parts of the cyst. A plug of lint was introduced into the opening, and water-dressing applied. The next day, on the lint being removed, a quantity of sero-purulent matter, equal to one-half of what the cyst contained the day before, was evacuated. The caustic was again applied, and the wound similarly dressed. On two more occasions the same plan was adopted, and at each dressing the size of the cyst was perceptibly diminished. Pressure, by means of a compress and adhesive plaster were now applied, and complete obliteration of the cyst was effected at the end of a fortnight. It is now three years since the tumour was thus treated, and she has had no return of the disease; and I need not say is much better pleased to be devoid of the vestiges of such skillful surgery as that so disinterestedly recommended for her relief.—*Canada Med. Jour.*

#### OIL OF THE ARGEMONE MEXICANA AS A REMEDY FOR CHOLERA.

By W. HAMILTON, M.B.

ASIATIC cholera rarely makes its attacks without previous warning, and if individuals would only pay reasonable attention to the premonitory symptoms, much, if not the whole, of the fearful mortality which has already, upon two occasions, desolated our land, might be prevented. The premonitory symptoms usually point to a disturbance of some kind or other in the organs of digestion, which, from whatever cause it may arise, calls for active interference to subdue.

The most obvious mode of answering this indication, is to keep the first passages free, and thus prevent the accumulation of that feculent matter, whose irritation produces the premonitory symptoms, and ultimately leads to that spasmodic action which is among the most painful accompaniments of Asiatic, or, as it has been more aptly designated, spasmodic cholera.

To relieve the abdominal irritation by carrying off the feculent matter which occasions it, purgatives of the milder and least irritating or drastic character should be carefully administered in combination with some anti-spasmodic, to modify their action, and counteract the strong and painful tendency to spasm or cramp, as it is commonly termed.

Now both these objects may be attained by the most moderate doses of the oil obtained from the seeds of the Argemone Mexicana, a plant which flourishes spontaneously in the greatest abundance in waste places, and among rubbish throughout I believe the whole of the West Indian Archipelago, where it may be found blossoming and loaded with seed in every stage to maturity throughout the year.

It is now above eight years since I first endeavoured to direct medical attention to this valuable but neglected plant, through the pages of the *Pharmaceutical Journal*, in the fourth and fifth volumes of which communications on this subject will found.

In the passages referred to, we have the testimony of two experienced practitioners of Jamaica to the valuable aperient, anodyne, and hypnotic effects of these seeds; properties which are also possessed by the oil which they yield, in a more convenient and less bulky form, the dose being restricted to a few drops. The oil will be best obtained from the recent seeds, on the spot where they grow spontaneously; and, as the Pharmaceutical Society numbers among its members residents in the regions in which the argemone flourishes and yields its harvests throughout the year, individuals, it is to be hoped, may be found philanthropic enough to prepare some of the oil with care, so as to guard against the possibility of adulteration, and transmit it to the Council of the Society for a trial of its effects, before we are again subjected to the decimating scourge of that strange and fearful malady which has slain its thousands on the continent of Europe during the past season, and will, not improbably, visit our own shores before another year completes its circle.

It is idle to object that cholera has destroyed its victims in the very island in which both Affleck practised and Barham wrote, unchecked and unmitigated by the remedy proposed, although found at the thresholds of the sufferers. Prejudice is often stronger than reason, and a prepossession in favour of old and what are reputed to be orthodox remedies, too often indisposes us to view with favour those which are unstamped by the signet of time, however strong and however conclusive the testimony of their value.

But the present is an age of inquiry and of research; we are progressively rising above the mists of past ignorance, and learning to withhold our condemnation till assured of its being merited.

Cholera is at hand; and however potent sanitary measures may be in mitigating its ravages, the science of medicine cannot be dispensed with, and when the destroyer comes (as we have too just ground for fearing he will come), the addition of this little article to the artillery of the pharmacist may avert death from thousands, and add a fresher laurel to the triumphs of art.—*Phar. Jour.*

#### ON QUININE AND QUINDINE.

By M. O. HENRI.

It is well known that the manufacture of sulphate of quinine was for several years a branch of trade entirely French. By our example the English and Germans were soon able to extract the quinine from the bark, and, lastly, a manufactory was established on the very ground where this precious tree grows, which threatened to swamp our industry, and, moreover, used up the Calysaia bark, the only kind from which quinine can be advantageously extracted. To meet this emergency, M. O. Henri endeavoured to extract this alkaloid from other kinds of bark which are always abundant in commerce; and, owing to the perfection of his process, he has succeeded in considerably abating the price of quinine. But now the English and German chemists pretend that the quinine extracted by M. Henri from different kinds of bark is nothing but quindine; a substance, according to them, essentially different, and which does not possess the same febrifuge properties. To combat this hypothesis, M. O. Henri read a memoir to the Academy to prove that the substance prepared by him is truly sulphate of quinine, and that the substance described by the English and Germans by the name of quindine, is nothing else but quinine in the state of hydrate.

Quinine is found in greater or less abundance in all barks; but a curious fact, and one rather difficult of explanation, is that in the red bark of New Grenada the quinine is found as a hydrate. There is, then, no reason to abandon the extraction of quinine from all kinds of cinchona bark, the price of which is much less.—*Jr. de Méd. et Chir.*



## DISLOCATION OF THE CRYSTALLINE LENS.

Treated by Mr. HOWARD, M.R.C.S.,  
Surgeon to the Montreal Eye and Ear Institution.

JOHN N——, aged 52, was received into the ophthalmic ward of St. Patrick's Hospital, April 8, 1852. The history he gave of his case was, that ten days previously he received a blow on his left eye which deprived him of sight, having been nearly blind of the right eye for thirty years. The following are the appearances his eyes presented:—A dense cicatrix across the lower half of the right cornea, the remaining portion of the cornea opaque from lymph deposited in its layers. Left eye turned outwards and downwards, with no power to move it from that position, owing to a hard round tumour on the upper and internal portion of the sclerotic and beneath the conjunctiva. The surface of the tumour pressed against the anterior and internal angle of the roof of the orbit. The natural pupil was closed, but there was a large triangular artificial pupil in the inferior portion of the iris, caused by the iris being detached from the ciliary ligament in that particular part. There was also a small pupil about the size of a small pin's head in the upper and external part of the iris, and part also detached from the ciliary ligament. The whole eyeball was inflamed intensely; the sclerotic a deep red, the iris a dark green. I at once diagnosed the case to be a dislocation of the lens through the choroid and sclerotic coats, forming the tumour described above under the conjunctiva. I made an incision through the conjunctiva covering the tumour, and had the satisfaction to find the lens fall into my hand, the eye immediately after resuming its proper position. I then covered the eyelids with a pledget of lint, sent my patient to bed, ordered him low diet, and one grain of calomel with quarter of a grain of opium every six hours. The next day the eye felt very painful, and upon examining it I found a tumour occupying the same spot from which I removed the lens the previous day, and producing the very same effects as before the lens was removed. I saw that the incision I had made the past day had cicatrized, and that the space which the lens had made for itself in the subconjunctival cellular tissue had secreted a fluid which caused this second tumour. I then took hold of the flaccid tumour in a pair of forceps, and cut it off with a pair of curved scissors, after which the eye again resumed its natural position. I again applied a pledget of lint, and continued the same treatment ordered the first day. The third day following I again examined the eye, and found the part from which I had removed the cyst healed. I did not close the eyelids again, but ordered the calomel and opium to be continued. On the 15th, seven days after his admission, there was slight mercurial fever, and with the injured eye he could see my hand move between him and the light from the window. The inflammation of the eye was very much subdued. I then put him on the solution of biniodide of mercury, discontinuing the calomel, ten drops twice a day, and ordered that he should have soup diet. On the 19th all the inflammation of the eye had disappeared, and he was able to distinguish the different patients in the ward. I then discontinued all preparations of mercury, and put him on hydriodate of potash, two grains every eight hours; I also gave him a more free diet, and permitted him to go about the ward. On the 10th of May, one month and two days after his admission, he was discharged, having as good sight in the injured eye as is generally found after the removal of the lens by operation. The day following I met him walking through the crowded streets as brisk as any man. During the time he was in hospital, I every day touched the old diseased cornea with some stimulating lotion, such as the diluted liquor potassæ, the hydrocyanic acid, and the nitrate of silver; so that when he was leaving the upper and lower parts of the cornea were perfectly clear, leaving the greater part of the pupil and iris visible: of course the cicatrix across the cornea remained.—*Canada Med. Jour.*

## POISONOUS PROPERTIES OF FISH.

Queries By Mr. W. HAMILTON, M.B. of Plymouth.

THE second volume of the journal of the Royal Geographical Society, contains an interesting paper of "*Remarks on Anegada*," one of the group of Virgin Islands, a group but too notorious for the dangers of its navigation and the consequent frequency of shipwrecks. In this paper, which was furnished to the Society by Mr. Schomburgk, a member of the Horticultural Society of Berlin, and evidently a man of observation and science, occur the following remarks upon the properties of the fish in the surrounding sea,—which correspond in a great degree with my own recollections of times gone by, and exemplify, without explaining, that mysterious cause which renders the same fish at one time, and in particular localities, injurious to the human frame, and at other times, and in other localities, perfectly innocuous. Mr. Schomburgk thus states the fact, and asks the cause: "The surrounding sea abounds in good fish, to which the ponds add likewise their number; without entering into details, I mention only one fact, which deserves a strict investigation. It is well known that the yellow-billed sprat [*Clupea* or *Thrissa*], barracouta [*Perca*, Browne], the bottle-nosed Cavalla [*Scomber*, Browne], rock-fish [*Perca marina*, Catesby], and sometimes the king-fish [*Xiphias*], are occasionally poisonous, and are known to have caused immediate death. To what the poisonous quality of these fishes is to be attributed is very uncertain; it has been supposed that their feeding upon copper banks, of which there are some at St. Eustatia, renders them poisonous; others deny this, and attribute it to their feeding on narcotic submarine plants. However, though frequent accidents happen in the neighbouring islands, not one instance of fish poison has been known in Anegada: and the yellow-billed sprat, the largest barracouta, and even the amber fish [?] are eaten with impunity. Who can solve this enigma?"

Mr. Schomburgk then proceeds to investigate the various hypothetical causes alleged for this curious phenomenon, but without throwing any additional light upon it. I shall now state one or two facts from my own recollections but without attempting to assign a cause for them, in the hope, that others, possessing time and opportunity, may be led by them to investigate their cause.

The yellow-billed sprat, spoken of in the preceding extract, is in the islands of Nevis and St. Kitts, one of the most rapid and deadly poisons known, during eleven months out of twelve, there being but one month [that in which the black cherry, a species I believe of *Myrtus*, is in flower or in fruit, I forget which] in which it may be eaten with impunity. This month is, if I recollect aright, April, or at all events one of the vernal months. At all other times, it is so deadly, that a negro girl has been known to drop down dead while in the act of eating and with half the fish yet in her mouth. May not the exemption during this solitary month arise from some physical change in the constitution of the fish, and is it common to both sexes? Yet upon this supposition, how are we to account for its freedom from noxious properties throughout the entire year?

All the fish taken on the N. W. coast of St. Kitts, and between it and the adjoining island of St. Eustatia, are said to be poisonous, although fish of the very same kind taken on the other coasts of the island are harmless. The barracouta, the king-fish, the horse-eyed cavallee, and even the dolphin are at times poisonous; but this quality in them appears to arise from incipient decomposition, since a portion of dolphin which had been cavished, poisoned those who partook of it in the morning, although they had eaten it freely the preceding day at dinner when fresh: and I have myself dined off a barracouta, which a few hours after nearly proved fatal to some negroes who ate what was left. A usual test for the wholesomeness of fish in the West Indies, is the insertion of a silver spoon into the water in which it is boiled, when, if the silver be tarnished, the fish is rejected. This seems to mark incipient decomposition, accompanied by a disengagement of sulphuretted hydrogen. But this will not account for the



periodical wholesomeness of the yellow-billed sprat at Nevis, or the fact of all the fish caught off Aneгада being harmless throughout the year. I must with Mr. Schomburgk, "acknowledge myself negligent in not having investigated this point before"—at the same time that I hope that this admission of negligence may serve to awaken the industry of others, and obtain for society the ultimate solution of a problem at once so important, so mysterious, and so curious.—*Pharm. Jour.*

### ON THE NATURE AND CAUSES OF THE PHYSIOLOGICAL PHENOMENA.

By STANHOPE TEMPLEMAN SPEER, M.D.

It is, I believe, very generally admitted, that when an individual habitually residing at a moderate elevation above the level of the sea, attains in a short space of time a considerable altitude above such level, he will in all probability experience certain deviations from his ordinary condition of health, sufficiently marked to constitute, for the time being, a state of actual indisposition, if not of disorder.

Now, in examining the narratives of those who have been most qualified from personal experience to investigate the subject, we find much discrepancy existing; not merely in relation to the nature and intensity of the phenomena in question, but even as regards their very existence.

Having however experienced on several occasions, to a certain extent, the effects of a rarefied atmosphere, upon some of the loftiest Pennine Alps, I venture to offer a cursory view of the subject, in reply to the three following queries, which it naturally suggests—1st, as to the actual occurrence and nature of the physiological phenomena alleged to be experienced at great heights? 2nd, are these felt by all persons alike and at the same height? 3rd, what are the causes, and whence the explanation, of such phenomena?

A reply to the first of these inquiries, that which refers to the actual existence of an abnormal condition of the body at a great elevation, is to be sought for by reference to the somewhat scattered accounts here and there afforded by those, who, whether from curiosity or for scientific purposes, have scaled the loftiest summits of the great mountain chains of Asia, America, and Europe.

It need scarcely be said, that the information to be derived from those in whom somewhat more than curiosity constitutes the stimulus of enterprise, is by far the most valuable; not but that the courageous though unreflecting explorer of the higher Alps may occasionally be heard to complain on his return, of having experienced certain disagreeable sensations to which he had hitherto been a stranger; the rapid subsidence of which, however, on regaining the usual level, would render them (in his estimation) merely worthy of a passing remark.

Various circumstances combine to produce that diversity of opinion which is to be met with, relative to the phenomena in question. In the majority of instances, the ascent of a lofty mountain is undertaken as a pleasure excursion without any definite object; it may have been prompted by a love of *à-clât*, or, what is more to be admired, by a thirst after the beauties of nature, and a wish, in spite of danger and peril, to approach as near as possible to her noblest works; and as a rule, with but few exceptions, the feelings elicited on such occasions are totally opposed to a careful and impartial examination of facts, for sensations, which under every-day circumstances might be dwelt upon in detail, are now almost disregarded and absorbed in sentiments of a higher and less corporeal nature.

Another cause for the above-mentioned discrepancy relative to the subject in question, arises from the peculiar circumstances under which the ascent of a lofty mountain is usually made. The majority of those who undertake such an enterprise, are comparative strangers to mountain scenery and mountain exercise. They spend a day or two at the foot of these mighty masses, and forthwith proceed at once to attempt to scale the object of their ambition.

Here everything is novelty of the highest order. The succession of wonder-striking scenes which they now behold, it may be for the first time, the rapidity with which marvel succeeds marvel, the bewildering sensation experienced, when first encountering those extraordinary objects of which no description can give an adequate idea, the glaciers, the feeling of dread occasioned by the ghastly aspect of their gaping crevices, the thrilling sensation momentarily produced by the dreaded sound of the falling avalanche, and last, not least, the all-absorbing sentiment of triumph, resulting from the safe and successful termination of an attempt, the accomplishment of which may have been, for some time previous, the object of thoughts by day and dreams by night; these circumstances, I repeat, are sufficient to burden and embarrass the mental perceptions of the tourist. His memory becomes crowded with a variety of souvenirs and facts, which ere long, by their very number and intensity, destroy one another. On his return to the ordinary dull routine of life, the thrilling events of the past stand out in still bolder relief to the monotony of the present; his imagination outruns his bewildered memory, and he pictures to himself and others, scenes and circumstances which he may conceive to be correct, but which not unfrequently, upon close inspection, bear the evident imprint of fancy preponderating over fact. Viewed in this light, it can be no matter of surprise, that he should either forget the corporeal annoyances he may have experienced, or that he should make light of them, and throw doubts on the veracity of others more keenly susceptible to physical impressions than himself, and more bent upon the calm appreciation of certain facts, than upon the enjoyment of the most exciting gratification. It is not unreasonable to suppose that, in the case of many Alpine ascents, the individual (unless completely prostrated), resembles the soldier on the field of battle, the pain of whose wound, if not sufficient to disable him, is unperceived until the engagement be at an end; so with the Alpine tourist, his physical sensations, unless strongly marked, being swallowed up in the interest of the moment, are thus not only disregarded during their actual existence, but from their rapid subsidence on returning to an ordinary level, are excluded from a prominent place in his after recollections.

In the records, however, of such travellers as Humboldt, Boussingault, d'Orbigny, Zumstein, Saussure, Pictet, and others, there are to be found many valuable and accurate references to the sensations experienced at great heights, more especially among the Andes and the Himalaya; for while the region of the higher Alps is that to which the present remarks have chief reference, the superior elevation of the two afore-mentioned chains would naturally lead us to suppose, that the attempt to scale their loftiest summits should have afforded marked examples of those functional modifications to which I have alluded.

The celebrated Humboldt ascended the peak of Teneriffe, without experiencing dyspnoea or any unpleasant sensation whatever. This was also the case with his travelling companion. When among the Andes he determined to attempt the ascent of Chimborazo, one of the loftiest of the whole chain: he had previously resided, for a certain length of time, on the table-land of Quito; from thence he proceeded with Bompland and Montufar to the plain of Tapia, and having slept at Calpi at an elevation of 9471 feet above the sea level, they began to surmount the inferior terraces of which the mountain is composed; at a height of 13,155 French feet, they saw snow that had lately fallen, and at length attained a height of 16,724 feet without material inconvenience. The Indians, however, who accompanied Humboldt, had, with one exception, turned back at a height of 15,201 feet, alleging that they suffered far more than their employer. The following is Humboldt's description of the sensations which he at this moment perceived: he says, "after attaining an altitude of 16,724 feet above the level of the sea, we continued to ascend for another hour, during which we all became by degrees much distressed: a constant desire to vomit, together with vertigo, were the most prominent symptoms, and proved far more trying than the difficulty of breathing which we likewise suffered



from. An inhabitant of San Juan who had accompanied us, although robust, was still more affected. In all the blood started from the lips and gums, while the conjunctiva, covering the eyeball, was in each of us distended with blood. On the Antisana, Montufar likewise experienced a certain amount of hæmorrhage from the gums. All these phenomena however differ essentially, according to the age and previous habits of the individual, to the thinness of his skin, to the amount of muscular exercise to which he has been accustomed, &c. They, however, serve to afford each one, a sort of measure of the rarefaction of the air, and of the altitude attained. In the Andes, they manifest themselves when the barometer stands at from 0 min. 379, to 0 min. 428. We continued to ascend for three hours and a half beyond the limits of perpetual congelation, and, in spite of the rarity of the atmosphere, we had not found it necessary to take any repose." The greatest height which Humboldt at length reached was 17,634 feet.

(To be continued.)

#### REVIEWS AND NOTICES OF BOOKS.

**CLINICAL REPORTS ON OVARIAN AND UTERINE DISEASES; with Commentaries.** By ROBERT LEE, M.D., F.R.S., &c. London. 1853. Fcap. 8vo. pp. 340.

It is most gratifying to see a physician of eminence and ability publishing the results of his clinical experience, and laying before his brethren the contents of his private case-book. Such instances amongst men of standing and of acknowledged merit are, unfortunately, rare. The medical aspirant to fame, the young physician or surgeon, is apt enough to record in print his various cases of successful treatment or happy diagnosis; but this is often so manifestly done with a view to making a name, that, somehow or other, we cannot receive these histories with the same full and implicit confidence, nor attach the same degree of importance to them, as if their author were a man of established reputation and matured experience. It is, therefore, with feelings of much satisfaction that we hail the appearance of this book of Dr. Lee's; and so highly do we estimate its utility that we are strongly inclined to think the profession will look upon it as equal, if not superior, in value to any of his former publications, admirable though all these were. Most sincerely do we hope that the worthy example thus set by Dr. Robert Lee may be imitated by other men of equal eminence in other branches of medicine.

Of modern British accoucheurs, there is hardly one who has done so much for the advance of obstetric science as Dr. Lee. In every subject relating to obstetrics—viz., in anatomy, physiology, pathology, and practice, his name holds a prominent place; whilst by his persevering and successful efforts to expose some of the abuses of the vaginal speculum, he has gained the respect of all upright and honourable men, and has, moreover, rescued a most valuable auxiliary to physical diagnosis from becoming a mere instrument of extortion and quackery in the hands of unprincipled persons.

The nature and scope of this work are told in a few words. It consists of five reports, chiefly upon the diseases of the ovaria; the malformations, organic diseases, and prolapsus of the uterus; and in each report we first have the author's remarks upon the subject under examination (in a great measure, if not entirely, from some of his published papers), and then follow the clinical histories. These are given in the most concise manner, and free from all extraneous or unnecessary matter. The entire number of cases related amount to about five hundred; and, taken as a whole, they constitute, we hesitate not to say, the most valuable and extensive collection of clinical facts that has yet been published in this department of medicine. We shall transcribe a few histories, selected at random, that the reader may be enabled to form some general idea of the author's style and mode of communicating facts:—

"Case 106. August 27, 1847: Mrs. D—, aged 49, nine

children, several miscarriages, catamenia disappeared two years ago. In April it was ascertained that a tumour of considerable size existed in the lower part of the abdomen. A continued inclination to pass the urine experienced; leucorrhœa. I was requested by Dr. Arnott to see this lady with Mr. Tobias Brown. The os uteri was tumid and open; several nabothian glands enlarged; a great hardness on left side, occupying the cavity of the pelvis; abdomen swelled; dull sound on percussion; distinct fluctuation. The enlargement has been increasing rapidly of late. It went on augmenting during the two succeeding years, and, after repeated tapping, the case terminated fatally.

Case 5. September 7, 1853: Sarah C—, aged 22. Had long been in delicate health, had suffered much from nervous headache, dysmenorrhœa, and profuse leucorrhœa in the intervals. Looks pale and dejected, and complains of pain in the back and in the left side of the abdomen, increased by pressure, between the umbilicus and ilium, extending down the thigh. There is no hardness or swelling in this situation; the pain comes on in paroxysms; no blood passed with the urine, and no evidence of disease in the kidney."

We have transcribed this case exactly as we found it, without addition or subtraction. It is one of a group, sixty-five in number, apparently designed to illustrate "disorders of the uterine functions." As a whole, they are far inferior in value and practical application to the other collections of cases contained in the volume; in many instances the history is so imperfect, and the data so scanty, that no opinion can be arrived at as to the real nature of the case. In the one above quoted, there is good reason for thinking that some uterine disease existed, which might have been revealed by the use of the speculum.

"Case 47. Last autumn I was requested to see a lady, beyond the middle period of life, who had long been labouring under the most common symptoms of cancerous ulceration of the uterus, and was believed by her medical attendant to be dying of cancer. I found the os and cervix uteri nearly in a healthy condition, encircling the root of a polypus, in a sloughing, disorganized state. I applied a ligature without difficulty around the root of the polypus, and it came away in the course of a few days. The patient, however, continued to get weaker, and died."

The most natural question that presents itself after reading this history is, what the cause of death was? The narrator would have been the most competent person to have answered this, but as he has not thought proper to do so, neither shall we. A few comments, however, would have greatly enhanced the value of the record.

"Case 31. On the 2nd of March, 1829, Dr. Elliotson showed me the uterus and ovaria of a female aged 28, who had died in St. Thomas's Hospital. She was unmarried, and there was no derangement of the functions of the uterus, except that she menstruated every fourteen days instead of every month. She died from peritonitis, apparently produced by a morbid condition of the ovaria, Fallopian tubes, and uterus. Both tubes were greatly enlarged, their muscular coats of a gristly hardness, and their canals, which were unusually capacious, contained a dark-coloured purulent fluid. The fimbriated extremities, which were large, hard, and ragged, and their surface ulcerated, adhered to the ovaria by false membranes; portions of lymph, recently effused, were also present. Both ovaries were enlarged, and contained small cysts filled with a dark-coloured fluid. The coats of the uterus at its fundus were softened, and yellowish points, here and there, were visible in the muscular tissue. The mucous membrane of the uterus around the entrance of the tubes had also a peculiar yellow colour and soft consistence. I regarded this as a case of malignant disease of the Fallopian tubes extending to the uterus."

We shall give one case more; it is from the last series of cases in the book, entitled "prolapsus of the vagina, uterus, rectum, and bladder."

"Case 42. August 10, 1842: Mrs. P—, aged 37; married one year; never pregnant; had prolapsus of the uterus sixteen years before; since her marriage the protrusion has greatly increased. Consulted Dr. —, who introduced a boxwood globular pessary, which she wore for several years without being removed to be cleaned, and it was necessary to have it broken in pieces before it could be withdrawn: the



discharge had become horribly offensive before this. Since then the parts protrude when she walks across the room. There is great leucorrhœa; catamenia regular."

We do not give any extracts from the other portions of the work, as they are already well known to the profession. We are sorry, however, that Dr. Lee did not make some additions to them. It can scarcely be possible that his more enlarged experience, subsequently to their original publication, could not have enabled him to do so, and thereby to have greatly enhanced their practical value. Should the work reach a second edition (as no doubt it will), we trust its author may act upon this hint, and leave no room for a repetition of the regret we have expressed.

Dr. Lee strongly condemns the use of the speculum in all cancerous diseases of the uterus, as serving no good purpose, whether of diagnosis or of treatment. In these remarks we cordially agree; and are strongly of opinion that in many cases of this class, its introduction is decidedly injurious to the patient, without in the least degree aiding the diagnosis. On the other hand, it is underrating the utility of the instrument to suppose that it is only advantageous "in some cases of inflammation and superficial ulceration of the uterine orifice;" more especially so if the experience of others corroborates that of Dr. Lee, when he states that "neither in the living nor in the dead body has he ever seen ulceration of the os and cervix uteri, except of a specific character, and especially scrofulous and cancerous." With a little latitude of interpretation, however, this class of "specific ulcerations" may be very comprehensive, and include a vast number of cases.

We must confess to having felt disappointed in finding only a brief notice of Dr. Lee's experience, and no deliberate expression of his opinion, upon some of the obstetric novelties of the day: such as the uterine sound, the hysteriotome, the stem-pessary, &c. From the tenor of his few remarks, however, it is plain that Dr. Lee is not more favourable to these alleged improvements than we are ourselves; but still we think the candid, straightforward avowal of his opinion would have been calculated to do more good than the indirect ironical mode of condemnation which he has adopted. The cause of truth is always best advanced by full, free discussion; and when a man's sole object is its attainment, he has no need to employ such weapons as irony, satire, or ridicule.

We heartily recommend Dr. Lee's clinical record to the attention of all physicians who make the diseases of women their special study.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JANUARY 26, 1853.

### "EXAMINATIONS REAL, NOT VERBAL."

UNDER this head we find in the ASSOCIATION MEDICAL JOURNAL, formerly "THE PROVINCIAL," the annexed "leader" on a very important part of the machinery of Surgical Education. We copy it, although we do not entirely concur in all the opinions offered, because we see clearly that the period has arrived for a free inquiry into the merits and defects of our present system of examination; and also because we cannot permit our juvenile contemporary to "run away with the question" after the following fashion, without a little friendly dissent:—

Great improvements and great discoveries, when known, seem to be so simple and obvious, that the wonder to all is that they were never adopted or found out before. And there are few more simple and obvious improvements, and none perhaps of more vital importance, than the addition of *real* to *verbal* examinations, by the Examining Board of the University of London. A century hence, the mode in which stu-

dents are now mostly educated for medical and surgical practice, will, we trust, hardly be credited. The plan hitherto has consisted in crowded lecture-rooms, while the attendance in dissecting-rooms, botanic gardens, chemical laboratories, and the wards of hospitals, has been miserably scanty. Young men have assiduously worked at books in their own rooms and under grinders, and have let slip the most precious opportunities of learning their profession. They have piled themselves with the thoughts, opinions, and acts of other men, without gaining the power of thinking or of observing at all. Who does not look back with a sigh, or with a more bitter feeling, at a system which compelled him to go from lecture-room to lecture-room, to hear for the most part *words*, in order that he might pass an examination of *words*;—the one fit to him, and the other to convince the world that he was fitted, to practise, not a language, but a practical art and a science dealing with *things*? The whole system—teaching, grinding, and examining—was exactly calculated to make him believe that he had only to commit to memory a certain number of words, in order to cure disease: a most cruel treatment, nicely calculated to raise his hopes in order to disappoint them, to foster all his conceits at his acquirements, in order to show the falseness of their foundation. He was sent away with prizes and medals and parchments, which proved, not that he had in any way mastered his art, but that he knew how to talk about it. Now the fault which lies at the very bottom of this system, and on which it rests, is the examination at the end. Improve that, and the other must correct itself. Examine the candidates in *things*, and not in *words*, and they must know the things and not merely the words representing them. Test anatomy by dissection, and the dissecting-rooms will be well attended. Test chemistry in the laboratory, and that will be the place of chemical study. Test surgery and medicine by the actual examination of patients, and the bedsides will be surrounded. This plan has been commenced by the University of London, and must sooner or later be followed by the other examining boards; and we feel convinced that the actual improvement in medical education will be rendered greater by this single alteration than by any new curriculum, however comprehensive. We will conclude with two instances of the working of the present system. Two students competed for a botanical prize: one has since proved himself an original botanist of the highest accomplishments. At that time his knowledge of plants was marvellous. He could tell any species, name it, and give the natural order, even in Kew Gardens, and his acquaintance with structural botany was great. The other knew something of the botany of his district, and little more, but very carefully got up by notes the lectures they were attending; and although not fit to hold a candle to the other, he ran him so hard in a written examination, as to be within a few figures of gaining the highest prize. He had sufficient self-knowledge to be glad that he did not. In the second instance, the very worst house-surgeon inflicted on a public hospital, was the highest prizeman in his college, and was elected on the strength of his prizes. His abilities were excellent; but he had devoted with diligence all his powers to the acquisition of *words* from books, and broke down in an appointment which demanded a knowledge of *things*. The system has been to blame, not the student; and we thank the University of London for having begun prominently to adopt a more scientific mode of examination, and for thus giving us the promise of a more capable set of junior practitioners.

Now, we cannot share in the enthusiasm of our ardent brother when he so affectionately assigns to the London University the honour of "the discovery," that *real* examinations should be added to *verbal* ones, because we know that other institutions have been endeavouring to effect this object before the London University was born; and because we know, that the method has not yet been practically tested under the operation of its regulations. And why? Just because such things are more easily said than done. Doubtless, a man who can display by dissection the anatomy of a part gives better proof of skill and knowledge than the man who repeats the grinder's lesson; but *anatomy* is not to be learned by dissection for all that. What is appropriately called Surgical Anatomy, can be mastered in no other way; but Anatomy, as the foundation of Physiology and Pathology, must be learned by other



means, and by other means must a knowledge of it be proved. This convenient doctrine touching the all-sufficiency of dissection, or what is commonly called dissection, to perfect a youth's anatomical education is, we know, a prevalent one, for it enables a man to "set up" for an anatomist, and to get "recognized" on the strength of a putrid extremity, or a tray of abdominal viscera; but it is unsound doctrine. Neither can a candidate prove his knowledge of Chemistry, by going through experiments in a laboratory, nor his knowledge of Botany by demonstrating the parts of plants on recent specimens. In an hospital, too, he will be unable to establish his acquaintance with disease in general, however he may be able to form a correct diagnosis and suggest a treatment. Words must, after all, have their weight; for it is by words that ideas are communicated. Men in fact must read books, listen to lectures, and answer questions before they can be accepted as Physicians or Surgeons. Still let us not undervalue the advice above given, tending as it does to improvement in an essential department of medical education, but rather let us encourage such discussion, for assuredly the state of the case demands a thorough scrutiny. Our own conviction is, that the fitness of a man to undertake the treatment of disease could be easily ascertained by judicious examination, and that the present confessed insufficiency of the test might be easily remedied; but then who will dare to do it, wound up as personal interests and private affairs are with the present vicious arrangements. As long as men are paid for doing a thing wrong, so long will they resent any attempt to have it done right? At the moment we write, the Colleges of Surgeons of Dublin and London are engaged in a consideration of this subject with a view to its elucidation; but so strong is the ruling passion, that a perfect storm of indignation has arisen lest certificate money, hospital dividends, or examination fees, should be reduced by any change. This appears to us not only very unreasonable but very impolitic. There is a homely saying, that "there are more ways of killing a dog than hanging him," and if the student is to be ground and squeezed, we see no reason why he may not be as well dealt with by one contrivance as another. Indeed, it is probable that much more may be extracted from him by separate processes, conducted by different operators, than by any combination of methods by coöperating manipulators.

#### MEDICAL JOURNALISM IN ENGLAND.

BE the cause what it may, it is obvious that the old high-roads to the temple of Æsculapius have become less attractive to medical pilgrims. Within the last year two or three have been shut up, and others have had by-roads opened from them into other paths; while that by which provincial travellers wended their way has undergone a thorough repair, and some alteration in direction. In other words, the journal of the "Country Doctors" of England, formerly "THE PROVINCIAL," has become the "ASSOCIATION MEDICAL JOURNAL," and starts with professions of improvement. This being so, we think it not out of our province to suggest some doubts as to the following intimation contained in its programme:—

Of the great superiority of such a periodical, both as regards economy and independence, over every similar undertaking of a merely commercial character, there cannot be any reasonable doubt; and the opportunity now presented of raising the standard and improving the tone of our medical periodical literature is one we should eagerly embrace. It is intended that the new journal, while it retains its original character as the organ of the Association, should secure, at

the lowest possible expense, all those advantages which a weekly periodical is capable of affording; and that it should, by presenting a faithful digest of medical literature and science as well as an attractive summary of professional news, render the purchase of any other periodical a matter of choice rather than of necessity.

Now, we cannot see the "superiority as regards economy and independence" over journals "of a merely commercial character" here assumed; for to say the truth, our new contemporary savours as much of the trade and shop as any we know: so much so, that it appears to us that the Provincial Association has become to all intents and purposes a Joint-stock Journal-publishing Company; deriving income from the sale of their publication and the insertion of advertisements. We neither object nor complain, all we venture upon is a hint as to the possibility of a feeling being entertained that such a course may be *infra dig.* At all events, we cannot see that it forms grounds of congratulation; moreover, we cannot discover that the plan is particularly calculated to secure the "independence" claimed, for we cannot believe that if a little wholesome advice to General Practitioners becomes necessary, it will be particularly relished if given by their own organ. Then as to the Journal "rendering the purchase of any other periodical a matter of choice rather than of necessity," we cannot say that we rejoice; for we know not any body of men more likely to be improved by a more enlarged acquaintance with medical literature than our English provincial brethren. They have hitherto been kept in the dark sadly as to the true state of professional knowledge, and the sooner they are enlightened the better. Doubtless, this frank avowal of our opinions on this score will prove unpalatable, but when our nearer relatives here in Ireland require a little stimulation, it is not praise we administer, but something more efficacious.

#### RIGHT OF PRACTICE IN ENGLAND.

THE state of the law which influences, not regulates, medical practice in England, is disgraceful. The utmost facilities are afforded for the quack's depredations, and every interruption is given to regular practitioners, not of "the body." We are glad to find that the parties concerned are becoming either ashamed or afraid to persevere in such doings:—

The necessity for some comprehensive system of medical reform must be acknowledged by all those who pretend to any acquaintance with the condition of the profession. Assailed from without to an unexampled extent by illegal practice and quackery, the danger from within is not less imminent, from the great variety of qualifications which the practitioners of medicine consider entitle them to practise. Legally, it must be remembered that no person can practise as an apothecary without the licence of the society. No matter whether he be

a Doctor of Medicine in any university, or a member of any college, or that he may have taken the highest honours, the moment he "attends, prescribes, and dispenses for a medical case for gain," unless he be a licentiate of the Apothecaries' Company, he is liable to an action for penalties. As might be expected from such an anomalous condition of things, cases are constantly occurring which indicate the necessity of some important change. However valuable may be the services which the Society of Apothecaries have rendered to the profession and the public, and however necessary, at one time, it might have been to carry out their penal clause to the letter, it is evident that to do so now would be attended, in many cases, with the grossest injustice. The gist of our remarks are in opposition to that by-law of the association which contemplated the prosecution of members of the College of Surgeons who, practising "generally," did not possess the certificate of the "Hall." One would think that in using the term *qualified* practitioners, our meaning was sufficiently clear. Some, however, have conjectured that the remarks applied to persons who practised without any diploma



or certificate whatever. Far from it. We perfectly agree with all who have addressed us on the necessity of prosecuting such persons; and we invariably have recommended that evidence should be procured against them, and the penalty sued for in the County Court. So much, then, for that objection to our views. Now for the more important and more plausible one. The apothecary is the only legal "general practitioner," and consequently only he should be allowed to practise "generally." Now we admit the fact—we admit the deduction. But mark the result if this were to be the established practice. We open a crusade against a body of highly intelligent and qualified men, who hold the certificates and diplomas of other bodies, at least of equal standing with the Society of Apothecaries; and further, we acknowledge that a person possessing merely the Hall certificate is competent to treat all cases, though it is well known that a surgical question is never asked at the Hall. Admit that the examination of the College merely tests the ability of the candidate as to his competency to meet "the common exigencies of surgery;" still, we contend that the mere apothecary has no right to place himself on a higher position as a practitioner even in a legal sense, than the mere surgeon. What, then, do these anomalies in the profession indicate? Do they not clearly show the necessity of some forbearance upon the part of qualified medical practitioners towards each other? Undoubtedly they do. They show that there is an absolute and increasing necessity for a common entrance into the profession—one that must be made compulsory, that will embrace an examination in all branches of medical and surgical knowledge; that shall not be confined merely to pharmacy, midwifery, and medicine; nor, on the other hand, to the mere alphabet of surgery;—but a test that will try the candidate in all branches, that will prove him to be fit for all exigencies, and will entitle him by law to practise in every or any department of his profession. A candidate so qualified should be protected from the quack and impostor, and he should be entitled to reach the highest position which it is possible for a medical practitioner to attain.—*Lancet*.

#### UNBLEACHED DISULPHATE OF QUININE.

UNDER the name of "Hospital Sulphate of Quinine," an unbleached sulphate or disulphate has been introduced into the drug market. It is prepared by Mr. Edward Herring, and is sold by Hulle, of Trinity-street, Southwark, London. In the advertisements, it is stated to be at least as pure, and 20 per cent. cheaper than the white salt. The following is the account which the proprietor gives of the substance. He says—"The crystalline form is the same, and is in every respect identical with the usual white article, with the exception of the one being bleached and the other unbleached. In refining the white, or bleached article of commerce, by the usual agency of animal charcoal, the sulphuric acid acts upon the lime of the charcoal, and great care is necessary to preclude the inadvertent contamination of sulphate of lime. The "hospital," or unbleached sulphate of quinine, is prepared without the aid of animal charcoal, rendering the presence of salts of charcoal impossible. The peculiar mode of preparing both the sulphates of quinine of this establishment is being patented, and therefore the process of manufacture will be made public." We have examined a specimen of the unbleached, or "hospital" sulphate, which was forwarded to us by Mr. Hulle, and we can report in its favour. Save the merest trace of inorganic colouring matter, it contains no foreign substance. It differs in aspect from the pure colourless disulphate, its crystals being larger and denser. Not having made a quantitative examination, we cannot say whether the preparation be a sulphate or a disulphate; but we are satisfied that it consists only of quinine, sulphuric acid, water, and a trace of colouring matter, and that it is therefore as good for medicinal uses as the white and pure disulphate. We are willing to admit that, as a general rule, it is wrong to sanction the use of medicines which are not absolutely pure; as by so doing, we are apt to afford temptation and facility for their adulteration. We think, nevertheless, that we ought to report favourably as to the value of the unbleached salt, because we have found that for medicinal purposes, it is entitled to be called pure; and because by its smaller price, we may enable many to benefit by its use, who could not afford to employ the white salt.—*Association Medical Journal*.

We can now add our testimony in favour of this preparation from reports as to its value furnished from the City

of Dublin Hospital and elsewhere. Ireland, of all places in the world, requires a cheap and efficacious form of this essential tonic, and we hope that the poor may have the benefit of this one. We know not how far the drugs supplied to the Dispensaries have been subjected to scrutiny, but the sooner so important a proceeding comes to be adopted the better; and in such case the matter here alluded to will have the consideration it deserves.

#### LOCK HOSPITALS.

THE letters of Dr. Rose, published some time since, prove the necessity for the interference of the government at our chief naval stations, relative to the formation of some establishments by which one of the great torments of both services might be abated. We allude to the institution of "Lock Hospitals," particularly for the treatment of diseased women, who now render these stations the very foci of the syphilitic virus. That venereal complaints are dreadfully rife among soldiers and sailors, is unfortunately too true; that the treatment and cure of them costs a great deal of money, is not less so; and were it not, for the extreme, but often very disagreeable vigilance of the medical officers in the examinations, in endeavouring to detect the earliest symptoms of the disease, matters would be infinitely worse. That the *filles publiques* of our great sea-port towns are not only affected in a higher ratio than are others of the same class elsewhere, but that the more severe forms of venereal affections are commoner amongst them, and those whom they infect, are facts requiring no substantiation from ourselves. But it appears also, that in the opinion of some well qualified to judge, venereal diseases are prevailing in some densely-populated manufacturing districts, "to an extent barely credible," and that, on examining the recruits for the militia, they were found "to be diseased to the extent of twenty-five per cent." Surely, then, both as a matter of economy to the state, as a right precaution to be fairly expected from the latter in relation to the bodily health of a large number of public servants, and as, in combination with these advantages, the power of offering curative relief to numbers of diseased and miserable women, capable of, and indeed constantly, unintermittingly spreading a loathsome and severe malady, the suggestion of Dr. Rose is worthy of the serious consideration of the government.—*Lancet*.

#### ROYAL COLLEGE OF SURGEONS—MERIT REWARDED.

AT a meeting of the students of the Royal College of Surgeons on Thursday last, George H. Hyndman, Esq., in the chair, Mr. John Evans, who filled the situation of janitor for a period of twenty-seven years, was presented with a valuable silver watch, gold chain, seals, &c., as a testimonial of approval of his excellent conduct in his situation, and to express their satisfaction at his promotion to a higher situation in the same institution. The watch bore the following inscription:—"Presented with gold chain, seals, &c., by the students of the R.C.S.I. to J. Evans, in testimony of their approval of his conduct in his late situation. 1853." We are glad to see by the above that merit in the humble rank of life is not always overlooked. The college has done well in promoting a good and efficient officer; and the presentation of this testimonial from the students is one that must prove gratifying to every man in whatever clime he may now be placed, who studied in our national school during the seven-and-twenty years of Evans's connexion with the institution. We have no doubt but many of them, like ourselves, would gladly have added their testimony to the worth and attention of Evans, had they known that this testimonial to merit was in contemplation.—*Freeman's Journal*.

#### MEDICAL VIRTUES OF GREEN GOOSEBERRIES.

I BOUGHT a bottle of preserved gooseberries from one of the most respectable grocers in this town, and had had its contents transferred into a pie. It struck me that the gooseberries looked fearfully green when cooked; and on eating one with a steel fork, its intense bitterness sent me in search of the sugar. After having sweetened and mashed the gooseberries with the same steel fork, I was about to convey some to my mouth, when I observed the prongs to be completely coated with a thin film of bright metallic copper. My testimony can be borne out by the evidence of three others, two of whom dined at my table.—*Letter in Lancet*.



## CURE OF NEURALGIA OF THE FACIAL NERVE

By S. LAURENZI.

D. CECCHINI, aged 50, of sanguine temperament, suffering from neuralgia for about two years, and had tried various remedies, general and local; such as ointments containing chloroform, cyanide of potassium, &c., without any benefit, was admitted into the surgical wards at the Hospital St. Jacques at Rome, under Professor Olivieri, who decided on excising the affected nerve. The operation was performed by S. Laurenzi in the following way:—A vertical incision was made from the zygoma to the angle of the jaw, the cellular tissue and fascia divided, and portion of the gland dissected. The cervico-facial division of the nerve (which appeared to cause most pain) was seized by a forceps and excised to the extent of two or three lines. It may be well to add, that at the end of thirty days the neuralgia had not appeared, nor paralysis of the muscles supplied by the nerve.—*Raccoglitori Medico.*

## ON THE EMPLOYMENT OF ICE POULTICES.

M. SANDRAS relates the following cases where the good effects of this application were manifest. The first was one of glossitis, in a boy six years of age, complicated with aphthous ulcerations of the mouth, the tongue having the appearance of being double. The ice poultices and borax gargle cured this affection in a few days.

The second was one of typhoid fever of the adynamic form, which was treated by saline purgatives and poultices composed of linseed meal and pounded ice. The heat of the abdomen and tympanitis were such, that the ice melted in five minutes after being first applied. The patient kept them on for half an hour, then for three quarters of an hour, and afterwards for one hour. On the sixteenth day the ice did not melt for two hours, and the applications became intolerable, a symptom that shows it ought to be stopped, which was done accordingly.—*Presse Méd. Belge.*

## REDUCING THE SALARIES OF POOR-LAW MEDICAL OFFICERS.

A PARLIAMENTARY paper has just been printed respecting the Tewkesbury Union. The board of guardians carried resolutions to reduce the salaries of the medical officers, on account of the "cheapness of provisions." The officers appealed to the Poor-law Board, and the reasons were required from the guardians that induced them to pass the resolutions. They urged that the value of agricultural produce had been diminished at least 30 per cent., that the rates had decreased, and that food was cheap. The Poor-law Board replied, that they had "never recognized the principle that the price of the articles and of the produce referred to are to be the criterion by which the amount of salaries ought to be estimated and regulated, or that such salaries should be liable to vary as the price of food fluctuates." The Poor law Board thought that no sufficient reason had been assigned for the reduction, declaring that the fixed salaries of the medical officers remunerated them only for their ordinary duties, and the board did not see that sufficient grounds had been adduced for diminishing the salaries of the officers referred to in the resolutions of the guardians.

A SURGEON COMMITTED FOR MANSLAUGHTER.—A very painful sensation has been created in Bedford, by the committal, under the following circumstances, of Mr. Robert Hicks, the highly respected surgeon of Toddington. It appeared, that as Mr. Hicks was passing the house of a Mr. Ward, he was called in, and requested by Mrs. Ward to examine her son's leg, which she suspected had been severely injured by a fall. After examining the leg, Mr. Hicks said that the small bone was broken, and applied to it a diachylon plaster, bandaging the limbs—the mother having told him he could not set it that night. The child, who was four years old, was brought to him the following morning, when he substituted pasteboard for the plaster. The child getting worse the next day, Mr. Hicks, jun., attended, and expressed a fear that a gathering was taking place under the knee; whereupon he and his father consulted, and applied a bread poultice to the whole limb

That evening Mr. Benson, surgeon, was sent for, but he could do nothing for deceased, who died that night. Mr. Benson, before the coroner's jury, stated, that he performed the autopsy, and found no fracture of the leg, but that under the knee-joint, some matter, which filtrated through the muscles of the leg, had escaped. In his opinion, death resulted from congestion of the brain, produced by the pressure of the bandage. Mr. Hicks' treatment was injudicious. Mr. Thompson, surgeon, corroborated Mr. Benson. It further appeared, that Mr. Hicks gave a certificate of death, stating that deceased died from an inflammation of the bowels and knee-joint. The jury returned a verdict of "Manslaughter" against Mr. Robert Hicks, who was accordingly committed to jail, under the coroner's warrant. [The above probably contains many inaccuracies; but there can be no mistake as to the absurdity and injustice of the verdict.]—*Association Journal.*

## ADMINISTRATION OF PHOSPHORUS.

It has long been a desideratum in medicine to find some safe mode of administering phosphorus. At first I supposed that this would be attained in the new amorphous phosphorus; but from experiments on animals, I find this substance to be without either the deleterious or the active physiological properties of the ordinary substance. I have given phosphorus lately in the following ways: first, in the form of a solution in chloroform; secondly, in cod-liver oil. Chloroform dissolves about one-fourth of its weight of phosphorus; and the solution is not inflammable. I have given four or five minims of this solution, shaken up with a drachm of ether in a wineglassful of port wine, twice a day, with great benefit in rallying the forces of the patient, as I fancied at least, in cases of typhoid fever. The solution in the oil is made by cutting the phosphorus into chips, and putting it into a bottle of the oil, in the proportion of half a grain to the ounce, then immersing the bottle in hot water, and with a little shaking, solution is easily effected. I think I have seen this beneficial in strumous cases. I am still investigating the subject, and beg to suggest it to others also.—*Dr. R. M. Glover in Lancet.*

## METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1853.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan. 16th,	43.5	35.5	29.200	
Monday,	17th,	42	35	29.550	.010
Tuesday,	18th,	41.5	34	29.860	.005
Wednesday,	19th,	52	41	29.620	.100
Thursday,	20th,	55	42.5	29.520	.220
Friday,	21st,	48	41	29.300	
Saturday,	22nd,	42	33	29.850	

## PORTARLINGTON, QUEEN'S COUNTY.

1853.	Max T.	Min. T.	Barm.	Dry T.	Wet Dew T.	Pow	Rain.	Wind.
Jan. 16th,	45	32	28.012	42	41.3	40.4	.068	SW
17th,	42.5	33	29.310	39.2	38.2	36.8	.006	Calm
18th,	41	31.5	29.637	39.5	39.2	38.8	.010	NW
19th,	50.5	39	29.469	50.1	50	49.9	.134	SSW
20th,	52.5	45	29.292	47	45.1	43	.494	NW
21st,	48.5	38	29.117	42.4	41	39.3	.093	WNW
22nd,	43	32	29.655	40.1	38.7	36.8	.022	NW

M. W. HANLON, M.B.

MILK IN ABDOMINAL TYPHUS.—Through the French and Belgian journals, we learn that Dr. Thielmann, of St. Petersburg, administers from two to four tumblers of milk to his patients affected with abdominal typhus, in all stages of the disease—even when they are in a state of insensibility. He believes that this aliment is not only well borne, but is assimilated, and that it gives a power of resisting the disease. More than one patient, he says, who had been given over as hopeless, has been saved by the milk treatment: and he avers that the inconveniences which often follow the use of broth, and similar articles of diet—such as delirium, meteorismus and diarrhœa—never occur when milk is substituted for them.—*Association Medical Journal.*



## GOOD NEWS FOR PLACE-HUNTERS.

NAPOLEON III. seems, according to the recent reports, anxious to conciliate the medical profession, by appointing an unusual number of physicians and surgeons to the imperial court, with liberal salaries. Of these, it is said, there will be at least twenty, having from 6000 to 8000 francs (£240 to £320) per annum, besides the honour of being attached to majesty. Whatever may be the motives influencing the Emperor in these proceedings, the large amount of money which will be thus distributed amongst professional men in Paris, must prove very opportune to various individuals, since no class has suffered more, by late revolutions and tornadoes, than members of that body. This example is worthy of imitation elsewhere; and if the contemplated appointments are conferred only on hard-working and scientific practitioners, every fortunate holder will be materially benefited, whilst their brethren must feel satisfied by the prospects here held out to future candidates.—*Lancet*.

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## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—JAN. 15.

Dr. HUTTON, President of the College, in the chair.

CASE OF ORGANIC DISEASE OF THE HEART—ANGINA PECTORIS—DEATH DURING A PAROXYSM—WITH REMARKS.

By O'B. BELLINGHAM, M.D.

Dr. BELLINGHAM said he would take that opportunity of exhibiting to the members of the Society the heart of a man who had died in hospital during the last summer in a paroxysm of "angina pectoris." He would first read the notes of the case, and conclude with some remarks upon angina.

The patient, Daniel Kavanagh, a labourer, aged 40, was admitted into St. Vincent's Hospital, under his care, July 15, 1852. He stated that he has been employed for the last twenty years in the works on the River Liffey, under the Ballast Board, in which he has been much exposed to cold and wet, and the labour had been extremely severe.

He always enjoyed good health until about six months since, when he was seized with severe pain on running, which compelled him to stop, when it subsided. Since that period he has suffered frequently from this pain on using much exertion at his work, or on walking quickly. The pain was at first a catch or stitch, and was referred to the lower part of the sternum; in subsequent attacks it extended to the upper edge of the sternum, and passed through the thorax to the left scapula. A month ago, it was experienced, in addition, in the left shoulder, arm, and forearm, reaching to the palm of the hand. He describes the pain as having a severe, burning character, and he refers it principally to the lower part of the sternum, from which it extends to the upper edge of this bone, and passes through the chest to the left scapula. The pain in the left shoulder and arm, he says, is a dead or numb pain. He suffers no pain as long as he is at rest; but if he walks quickly, or exerts himself at his employment, the pain sets in, and subsides again when he rests. He is a tall, muscular, and healthy-looking man, and with the exception of this pain and palpitation, he enjoys good health.

On examining his chest, there is no unusual impulse of the heart; the pulsation of the carotids is visible, but not remarkably strong. On auscultation, a murmur is audible at the period of the second sound of the heart, which is soft and prolonged, loudest a little to the sternal side of the left nipple. Over the upper bone of the sternum, a double sawing murmur is distinctly heard.

July 17th: On entering the ward this morning, I found the patient up and dressed, and in his usual health. I desired him to undress and to get into bed; in the mean time I was occupied with a patient in the next bed. On coming to him he seemed to be suffering extreme pain; he was writhing about in bed; the countenance was pale and ghastly; his face and chest were wet with perspiration, just as if water had been poured on him; the hands were cold, and the pulse was almost absent at the wrist. Stimulants were immediately freely given, consisting of subcarbonate of ammonia in camphor mixture, with ether and Hoffman, hot brandy and water, &c. A mustard cataplasm was applied to the præcordial region, and a warm jar to the soles of the feet. The pulse improved slightly, and the pain appeared to diminish; he soon began to complain of the pain of the mustard, and he requested it to be removed. On applying the stethoscope to the præcordial region, the heart's action was feeble and irregular, and no bruit was audible. The improvement, however, was very transient, he continued to writhe about in bed, sometimes turning upon the face, sometimes upon the side, particularly the right. The perspiration continued, and his shirt was quite wet through. He begged for something to be done for his relief, as he said he could not long endure the pain, which had a burning character, extending from the sternum through the chest. He died in somewhat less than two hours from the commencement of the attack, the pupils having become greatly dilated immediately previous.

*Post-mortem Examination.*—The examination was made twenty-one hours after death. On opening the chest, old and close adhesions were found between the layers of the left pleura; the outer surface of the pericardial sac had likewise been implicated, as it was firmly adherent to the



left pleura, and partially to the right. The pericardial sac itself was so closely in contact with the heart, that it could not be raised from it, and it seemed at first as if they were adherent. This was not, however, the case; it arose from the distension of the chambers of the heart, which was so great that the pericardial sac was stretched to the utmost, and rendered so tense that it could not be raised from the heart with a forceps.

When the pericardial sac was laid open, the heart much enlarged came into view; its apex was deep in the chest, the adhesions of the pleura on the left side preventing it from approaching the parietes. A larger amount of fat than natural existed upon the surface of the heart, which filled up the grooves and extended beyond them. A white patch of an irregular shape occupied the anterior surface of the right ventricle; another was seated upon the appendix of the right auricle, and smaller opaque patches extended along the course of the coronary veins, and partially connected the serous surface of the base of the auricles with the base of the ventricles.

All the cavities of the heart, the vena cava, and the pulmonary veins, were distended with blood, which was perfectly fluid. When emptied of blood, the heart weighed twenty-eight ounces. The part principally enlarged was the left ventricle, the walls of which were increased in thickness, measuring above an inch at the thickest part, which was near the base; while at the apex it was not above half an inch; the cavity of this ventricle was also considerably dilated. The aortic valves were thickened at their free margin, particularly the valve between the orifices of the coronary arteries; they were likewise opaque and rigid, and imperfectly closed the orifice, permitting regurgitation.

The ascending portion of the arch of the aorta was dilated, its lining membrane extremely rough and irregular, presenting every variety of adventitious deposit, the coats being thinned in some places and thickened in others. The other parts of the valvular apparatus of the heart were not diseased.

#### OBSERVATIONS.

Angina pectoris has been heretofore always described as a distinct disease. The earlier writers upon the subject supposed it to have some mysterious connexion with ossification of the coronary arteries; others, that it depended on excessive deposition of fat upon the heart. Modern pathologists having failed not unfrequently to discover either of these morbid changes, and seeing the suddenness with which it supervenes and subsides, refer it to *spasm* of the heart; while others, again, looking more to the character and intensity of the pain, regard it rather as a form of *neuralgia*, and describe it under the name "*Neuralgia of the Heart*."

I do not think sufficient evidence has been adduced to entitle angina pectoris to be regarded as a distinct disease; neither do I think it necessary to call in the aid of spasm or neuralgia, when there are circumstances in its clinical history and pathology which seem to be quite capable of explaining all its phenomena independent of either. Thus, angina, in a well-marked form, is not seen except in cases of organic disease of the heart; and as a general rule, it is not observed even in these, unless something occurs either to disturb the action of the heart or to hurry the circulation.

The *immediate cause* of angina pectoris appears to me to be a sudden impediment to the *coronary circulation*, particularly to the return of the blood by the coronary veins, itself in general the result of a temporarily over-distended state of the chambers of the heart, and an inability in them to empty themselves, whether owing to weakness of the muscular tissue of the parietes of the left ventricle, or to other causes. For instance, if the cavity of the left ventricle is considerably dilated, or its walls are attenuated, or softened, or have undergone fatty degeneration, the contractile power of its muscular tissue will be impaired in proportion; and if the circulation happens to be suddenly hurried, or the heart's action to be suddenly disturbed, the cavity of this ventricle might become so much distended as

to be unable to contract upon its contents, which would be immediately followed by distension of the auricle on that side, and if relief is not quickly experienced by distension of the right chambers of the heart.

It is scarcely necessary to say, that in a normal state of the circulation, all the chambers of the heart are never full of blood at the same moment. When the ventricles are filled, the auricles are comparatively unfilled, and *vice versa*. Here, however, we would have a suddenly distended state of the chambers on both sides of the heart at the same moment. From the position of the coronary vessels in the grooves of the heart, they cannot, we know, suffer compression during the alternate movements of the ventricles and auricles; but if the auricle and ventricle upon each side of the heart are distended at the same time, these vessels, but particularly the veins, must suffer compression, by which their circulation will be impeded; and the great coronary vein, in addition, may be prevented from freely emptying its contents into the right auricle, in consequence of the distended state of this cavity.

We know, likewise, that the normal capacity of the pericardial sac is but little greater than that of the heart in its ordinary state of distension; and that this membrane is composed of tissue which does not *suddenly* yield. The parietes of the heart would, therefore, under the circumstances that I have described, be placed between two compressing forces—an undue amount of blood in the chambers of the organ, and the unyielding pericardium upon the outside. The effect of this compression of the heart's tissue would necessarily be to impede still further the coronary circulation, and to clog still more the movements of the organ, and the condition of the heart would be somewhat analogous to that in which a large amount of fluid was *suddenly* effused into the pericardial sac, from rupture of a vessel or other cause.

The organic lesions of the heart most likely to be attended with angina would, therefore, be a condition of the aortic valves permitting free regurgitation, with a rigid, dilated state of the ascending portion of the arch of the aorta, which permits the blood from the large vessels to regurgitate into it, combined with either—

1. Dilatation of the cavity of the left ventricle; or,
2. Attenuation of the parietes of the left ventricle; or,
3. Softening or fatty degeneration of the muscular tissue of this ventricle.

For instance, when the aortic valves permit free regurgitation, there is at each ventricular diastole a reflux of blood from the aorta into the ventricle at the same time that the current is entering it from the auricle; the left ventricle consequently is unable to empty itself, the state of distension in which it is kept leads to permanent dilatation of its cavity, which tends still further to embarrass the circulation by enfeebling the ventricle, and diminishing its power of expelling its contents.

It has been shown by Hales, that "each square inch of the surface of the interior of the ventricles has a pressure upon it during the systole equal to about four pounds," and "as the resistance which the heart has to overcome in contracting, is, according to hydrostatic laws, in proportion to the extent of the inner surface of the cavity at the commencement of the systole," if the cavity of the ventricle is dilated, more force will be required to enable the ventricle to expel its contents; and the greater the amount of the dilatation the less able will the ventricle be to overcome the resistance. In such a state of the aortic valves, and in such a condition of the ventricular cavity, if the parietes of the left ventricle are, in addition, attenuated or softened, the ventricle will be still less capable of overcoming the resistance, and a very trifling muscular exertion, or a sudden mental emotion, may lead to over distension of its cavity, followed by distension of the other chambers of the heart. If, at the same time, the arch of the aorta is dilated, and its coats are rigid and inelastic, permitting the blood from the large arteries which come off from the arch, to regurgitate into it, the coronary circulation will be necessarily greatly impeded, and a paroxysm of angina will be the result.



Any one of the foregoing morbid conditions of the heart may be present, or two or more of them may be combined, without angina necessarily occurring; indeed, as long as the circulation continues tranquil, and as long as the left ventricle is able to get rid of the blood which enters its cavity, the latter cannot become over-distended. If, however, the heart's action is disturbed by some sudden mental emotion, or other cause; or even without this occurring, if the stomach is loaded with indigestible food, and it and the intestines are distended with flatus, by which the cavity of the chest is encroached upon, and the heart's movements are impeded, a paroxysm of angina may be the result. Hence, in persons who have had previous attacks, it is liable to supervene during sleep, when it may be the result of a frightful dream, disturbing the heart's action; or of considerable distension of the stomach by flatus, impeding the movements of the organ.

Dr. Forbes,\* in his able article on the subject, has shown that *plethora* is a very common complication of angina; a state which, if combined with a weak heart, would give a further predisposition to the attack. Thus, "the subjects of angina (Dr. Forbes observes) are mostly of the male sex, above 50 years of age, and a great majority of them belong to that class of persons who are enabled to indulge in full living, without the necessity of undergoing severe bodily labour." Again, "gout is a very frequent disease in persons subject to angina, and obesity is extremely common." "The very existence, too, of angina tends (he adds) to produce plethora if it did not previously exist; a sedentary life and abandonment of all active bodily exertions, are almost inevitable consequences of the disease."

It may, perhaps, be objected that the foregoing explanation of the cause of angina is insufficient to account for the peculiar pain which accompanies a paroxysm. I cannot, however, imagine any state more likely to be attended by intense distress, anxiety, and suffering, with a sensation of impending dissolution, than such as I have described, where the chambers of the heart are immoderately distended, the coronary circulation temporarily obstructed, the heart's movements clogged or impeded, or its muscular tissue compressed.

Angina pectoris, in its most marked form, is almost peculiar to advanced life; thus, of 84 cases recorded by Dr. Forbes, 72 were above 50 years of age, and only 12 under that age. The reason of this is sufficiently obvious; the morbid conditions upon which it depends are, in some measure, limited to advanced life. Again, when a person has been once the subject of angina, subsequent attacks are very likely to ensue if the exciting causes come into operation, because the diseased states on which it depends are irremediable. Lastly, angina is rare in the female compared with the male, because the diseased state of the aorta so frequently associated with it, is very seldom met with in the female; indeed, regurgitant disease of the aortic valves itself, is less frequent in the female than the male.

In conclusion, then, I would say, that angina pectoris ought to be regarded rather as a *symptom* of organic disease of the heart than as a distinct form of disease; in fact, what dyspnoea is to the lungs, angina appears to be to the heart, and it might without impropriety be termed the *dyspnoea of the heart*. Thus both are met with in very variable degrees of intensity; both have sometimes apparently almost purely a spasmodic character, and both are often the result of mechanical causes—in the one case, of some impediment to the free passage of air into or out of the lungs; in the other, of an impediment to the circulation in and through the heart. It would, indeed, in my mind, be almost as absurd to class dyspnoea apart, and describe it as a distinct affection, as it is to make angina a separate disease. As dyspnoea may arise under variable and opposite states of pulmonary disease, so angina may ensue in different forms of cardiac disease. We can, likewise, easily understand, from what precedes, that if the paroxysm of angina is slight, it may pass off spontaneously, or under the influence of stimulants and other appropriate

measures, the heart may be enabled to get rid of the blood which distends its cavities; while, if the paroxysm is severe and continued, complete arrest of the coronary circulation may ensue, followed necessarily by cessation of the heart's action and the death of the patient.

The conclusions which I would draw from what precedes, are—

1. That angina pectoris is to be regarded as a symptom of disease of the heart, not as a distinct affection.
2. That it does not occur except where organic disease of the heart, generally of long standing, exists.
3. That its connexion with spasm, or neuralgia, is more than doubtful.
4. That its probable cause lies in impediment to the coronary circulation, particularly to the return of the blood by the coronary veins.
5. That the diseased states of the heart in which it is most liable to ensue, are a condition of the aortic valves permitting free regurgitation, with a rigid dilated state of the ascending portion of the arch of the aorta, combined with either dilatation of the cavity, or attenuation, or softening of the parietes of the left ventricle.
6. That even in these diseased states, angina may not occur unless the heart's action is suddenly disturbed, or its movements are clogged, or impeded by some mechanical cause.

The PRESIDENT observed that the communication was one of much interest, and he would be glad to hear the opinions or experience of the members present upon the subject. Could any gentleman mention one or more cases where angina pectoris had existed without some or any of the morbid signs included in Dr. Bellingham's theory?

Dr. H. KENNEDY said there was one point which, it struck him, was not easily reconcilable with the views advanced by Dr. Bellingham—namely, that diseases of the heart and great vessels were exceedingly common; whilst angina pectoris was a comparatively rare affection—certainly, not by any means of such frequent occurrence as disease of the heart. He was borne out in what he said by another fact; namely, that there were many instances on record in which the affection called "angina pectoris" had been entirely got rid of. He found in the course of his readings many cases in which persons, who had suffered severely from angina pectoris, had completely recovered—a fact which was totally irreconcilable with the idea that it depended in any degree on organic disease of the heart; for there was no reason to believe that when organic disease of the heart had once fairly commenced, it could be remedied by treatment. He did not scruple to confess that he had always felt disposed to regard angina pectoris as connected with some particular form of dyspepsia. Certainly, whatever relief was experienced by the patients he had met with, appeared to depend on the attention paid to their general health, by keeping the stomach in order, and using a proper discrimination in the selection of food, &c. Under these circumstances, he had known many cases to be ameliorated, though none, he must admit, were completely cured.

Dr. BENSON said that he was particularly struck with the interesting paper which Dr. Bellingham had brought under their notice on that occasion. He confessed that some objections did occur to him whilst it was in course of being read to the Society. The objection raised by Dr. Kennedy, however, did not appear to him to have much weight; for although in a large number of instances of organic disease of the heart, angina pectoris did not present itself, yet when it did make its appearance, it might be under the circumstances mentioned by Dr. Bellingham; namely, when there was over-distension of the cavities of the heart, and as a consequence of this state of things, an obstruction of the circulation through the coronary vessels. If the case was one of organic disease of the heart, and angina pectoris supervened, in that case, although the organic disease might not be curable, yet the state of things which gave rise to the angina pectoris might be got rid of by judicious treatment. A general attention to the patient's health might so far improve the circulation

\* Cyclopædia of Practical Medicine.



through the heart as to remove those secondary causes, whatever they were, that produced the angina pectoris, although the original organic disease might still remain. Particular instances, therefore, like those mentioned by Dr. Kennedy, in which dyspepsia appeared to be the exciting cause, would not suffice to overthrow the theory advanced by Dr. Bellingham. There were, no doubt, some difficulties in the way of accepting that theory; but nevertheless, on the whole, it appeared to him to be much more satisfactory than any other explanation he had met with. Against the supposition that it was a neuralgic affection, there was this weighty fact—namely, that it was much oftener found in males than in females. Dr. Heberden had shown that out of one hundred cases, only three were females. This fact was strongly opposed to the notion of its being a neuralgic affection. The opinion that it was a spasmodic complaint was liable to the very same objection. Besides, it was difficult to conceive how a spasm could act in such a manner as to leave the circulation so little disturbed as it occasionally is. In one of the severest attacks he ever saw, the pulse was not very much disturbed. The same thing had been noticed by Heberden. This indeed was an objection to Dr. Bellingham's theory as well as to the spasmodic. Another objection he would name to Dr. Bellingham's theory was, that an opiate often gave relief—a fact scarcely reconcilable with his theory, but quite consistent with the spasmodic. And again, another objection occurred to him—namely, that in cases of emphysema with bronchitis, where the heart is greatly congested and usually becomes enlarged and softened, where the conditions best calculated to bring on a fit of angina, according to Dr. Bellingham's supposition, exist to perfection, there was hardly ever seen such an event. Dr. Bellingham made objections to the use of the term angina, which he (Dr. Benson) did not consider valid. It is true it was only the name of a symptom; but it was extremely convenient to have a word to mark a symptom of so peculiar a character, under which other symptoms might be grouped; more especially as one could not always tell the organic disease which gave rise to it. The same reasons induce medical men to use the words "jaundice," "dropsy," and "fever," to designate conditions which generally depend on some organic affection that could be pointed out. The term "asthma," was in constant use, although asthma was but a symptom depending on certain circumstances; and therefore there was no impropriety in using the phrase "angina pectoris" in the sense in which it is employed. The theory advanced by that gentleman, which he believed to be original, went farther than any other theory he was acquainted with, in explaining the phenomena of this peculiar affection, and he thought the profession ought to be much obliged to Dr. Bellingham for bringing the matter under the notice of that Society, with a view of eliciting discussion upon so interesting a subject.

Dr. H. KENNEDY said he just recollected that one of the cases to which he had referred was cured by means of issues. In one or two cases, four or six ounces of blood, taken at the time, was found to be one of the best modes of alleviating the fit, the usual stimulants being also administered internally.

Dr. BENSON—That would favour Dr. Bellingham's theory of the existence of plethora.

Dr. MORGAN referred to the case of a medical student, who was under the care of Sir Henry Marsh for a severe attack of angina pectoris. This gentleman had suffered severely and repeatedly from such attacks, and he was under an impression that, in this case at least, Sir Henry Marsh had attributed the angina pectoris to congestion. An issue was tried in this instance with some success, and for some time past the patient had not had a return of the complaint.

Dr. BENSON knew the case to which Dr. Morgan alluded, and could say that he examined the gentleman on several occasions, and that neither he nor Sir Henry Marsh could detect organic disease of the heart, though it was pretty certain that a good deal of fatty matter was deposited on the latter—a condition referred to by Dr. Bellingham as

sometimes accompanying angina pectoris. A great many of the older writers insisted that no organic disease could be found in some of the cases of angina pectoris which came under their observation. He should like to know in what state was the blood in the heart of Dr. Bellingham's patient?

Dr. BELLINGHAM—Perfectly fluid. Both the vena cava and the pulmonary veins were likewise distended with fluid blood.

Dr. BENSON believed such was generally the case.

Dr. H. KENNEDY—In the case I examined there was also great distension of the cavities, and a large accumulation of fat about the heart.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE PARTICULARS OF TWO CASES OF POPLITEAL ANEURISM TREATED BY COMPRESSION, WITH SOME GENERAL OBSERVATIONS ON THAT PLAN OF TREATMENT.

By BENJAMIN PHILLIPS, F.R.S.,  
Surgeon to the Westminster Hospital.

THE author's objects in laying this paper before the Society, are to procure a permanent record of perhaps an unique case—one of popliteal aneurism on each side in a female—and to obtain a deliberate consideration by the Society of the treatment of aneurism by compression. As a proof of the necessity for further deliberation on this subject, he refers to the different estimate of the general applicability of the remedy in Dublin, London, and Edinburgh. The author alludes to the want of some tribunal before which important questions should be brought and discussed, as is done in the Academy of Medicine at Paris, where a subject such as the present would be referred to a committee to report upon, and a discussion would take place on the report.

Catherine C—, aged 39, a market-woman, tall and gaunt, was admitted into the Westminster Hospital on December 3, 1851, with a pulsating tumour in the right popliteal space. She had observed a stiffness about the right knee about two months before admission. She followed her occupation, and carried heavy loads on her head; but gradually the part became more painful, especially after her day's work. Three weeks before her admission, in getting into a cart the limb was stretched, and she felt something give way in the ham. The pain suddenly increased, and in two days extended to the ankle. Her habits of life were unfavourable; she was a confirmed gin-drinker, and she laboured under great nervous excitement and apprehension. The heart's action was most tumultuous, but no signs of disease could be detected along the course of the large internal vessels. There was a pulsating tumour in each popliteal space. That on the right side commenced in Hunter's canal, a little above the point where the artery enters into the popliteal space, and extended beyond the middle of that space. It could not be emptied by any amount of pressure. The tumour on the left side was situated lower down in the popliteal space; was smaller, and with less violent pulsation. The treatment was at first directed to her general condition; it consisted of a moderate diet, with abstinence from fluids; ice and ice-cold water were applied to the tumour. Under this plan she improved; and at the end of a fortnight it was determined to try the effects of moderate pressure on the side of the larger tumour. From her alarm at the sight of an instrument invented by the author, it was thought prudent to commence proceedings by means of a simple ring tourniquet, the pad being fixed near the apex of Scarpa's triangle. It was screwed tight enough to cause the pulsations to become imperceptible to the touch. At the end of two hours the pain was so great that it became necessary to remove the pressure; and in place of the tourniquet, a Signorini's compressor was applied at the groin. It slipped, however, after nearly three hours, but was re-applied for the night; but in the morning it was found to have slipped again. During the day and night moderate pressure was kept up by means of the ring tourniquet, the situation of which was altered from time to time, and this



was continued during the succeeding day. The pulsation of the tumour had evidently lessened, the knee looked shining, and the leg was slightly œdematous. During the night the author's compressor was used. Pressure was continued during the following day and night; the ring-tourniquet was used, and with slight intervals the pressure was continued for seven days longer, when the tumour was carefully examined; it felt more solid, and no whiz could be detected when all pressure was removed. The pressure was more or less steadily applied for twelve days more. At this time there was more fulness about the knee and ham; no whiz could be heard; but there was a general elevation of the mass, synchronous with the heart. After two day's interval, pressure was again applied, and continued at intervals for eleven days. It was believed, however, that the treatment had failed, and that the aneurism had become diffused; and as a last chance, ligature was applied. She died on the seventeenth day after the operation; and, on examination, a clot was found extending from the ligature to the aneurism. The posterior ligament of the knee-joint was ulcerated, and the cavity of the joint contained sanguineo-purulent fluid. The aneurism in the left side appeared to consist of a fusiform dilatation of the artery, and contained concentric laminæ of coagulated blood. There was a large aortic aneurism commencing below the origin of the cœliac axis. The aorta and many other arteries presented extensive fatty degeneration.

George S——, aged 31, a navigator, admitted July 8th, with a popliteal aneurism of the size of a turkey's egg. It had begun six months before from a strain. Six weeks after this, he observed a "knot" in the bend of the knee, which gradually increased to its present size. His health is good, and the circulating system tranquil. The characters of aneurism were very marked, and when firm pressure was applied on the artery at the groin, the tumour disappeared. It was found that he had been treated by compression at the Reading Hospital, and the author was furnished with particulars of the case by Mr. Bully; from which it appeared that pressure was applied for three weeks by which the tumour became less, and lost its elastic feel. It was noticed that at night, when the pressure was entirely removed the pulsation ceased; but that when it was reapplied the pulsation returned. Obstructive pressure was now applied for some time, but the man became impatient, and refused to allow any treatment. He was consequently discharged.

Although it appeared that a fair trial had been made, yet the author was induced to repeat the compression, and Dr. Carte saw the case, and aided the author with his instrument. The author here proceeds to describe the instrument. It was applied the 14th of July, and no pulsation could be detected in the tumour, which was completely emptied. The kind of pressure was varied as well as the situation. In three days it was noticed that the tumour could no longer be emptied, and that it contained coagula. The pressure was now continued; and, on the ninth day, the tumour was quite firm, and there was no pulsation in it. Since that time he has remained quite well.

After commenting on the different effects noticed at the Reading Hospital, and under his own treatment, the author adverts to the fact, that authorities are still found in opposition to the treatment of aneurism by compression. It must, however, be judged of by its results; and if it be shown that more cases are cured by it than by ligature, it will ultimately be preferred. Mr. Syme's statement, that he has tied the femoral twenty times without bad results, does not agree with the experience of this operation in the hands of others; and it appears, by reference to cases, that the failures amount to between one-third and one-fourth of the whole. The treatment by compression is far more favourable, its failures not exceeding one-fifth of the whole; and even when it fails, the patient's life may be saved. The question, whether there are any objections to this mode of treatment so serious as to make the surgeon hesitate to employ it, is answered by the author in the negative; and he objects to Mr. Syme's description of the time employed and the pain to be endured under it, as not a fair statement

of the case. He admits that cases have occurred where great suffering has attended the treatment by compression, but conceives that this is unnecessary, and is not the common result. It originated in a mistaken notion that it was necessary to stop the current of blood entirely in order to effect a cure. Mr. Todd did not think excessive pressure necessary; but those who followed him, for some time acted on the opinion that what the ligature does must be done by compression. But it has been proved that an aneurism may be cured although the whole supply of blood be not completely cut off, even when the ligature has been used. The author maintains, then, that the surgeon is justified in adjusting the pressure to the enduring powers of the patient, rather than to the almost complete extinction of pulsation in the sac, provided the pressure be sufficient to produce a decided diminution in the force of the pulsation. As to the most eligible point for applying the pressure, he thinks it should be where it can be best borne, and where it occasions the smallest amount of inconvenience; and he does not think it of consequence that the pressure should be applied above the profunda. It is important, however, that the return of blood by the veins should be as little as possible interfered with, and for this reason he believes that the immediate neighbourhood of Poupart's ligament is the most desirable situation, while at the same time a smaller amount of pressure is necessary at that point. The author maintains that the pressure should be applied gradually, and not suddenly, so as to admit of the enlargement of the collateral vessels; and he thinks it is clearly established that continuous pressure is not absolutely necessary. The author sums up by saying that he is justified in asserting that pressure should be applied at points where it can be best borne, provided it be not too far removed from the sac; that, if possible, it should be so applied as not to prevent the return of venous blood; that it should be strong enough to produce a sensible influence on the strength of the pulsation in the tumour; and that it may be intermitted to a sufficient extent to make the treatment tolerable to the patient.

#### CASE OF POPLITEAL ANEURISM CURED BY COMPRESSION OF THE FEMORAL ARTERY AT ITS UPPER THIRD.

By J. MONRO, M.D., Battalion Surgeon, Coldstream Guards.

This case (the author observes) is interesting from the fact which it proves, that a smaller amount of pressure than was formerly thought necessary will suffice for the cure of the disease. This being established, the chief difficulty in the steady application of pressure, the pain caused by it, is much lessened, the effects resulting from the undeveloped state of the anastomosing vessels are avoided, and a safer plan of treatment pursued, more especially when the tendency to arterial disease elsewhere in these cases is considered:—Drummer W. K——, aged 23, of a spare and delicate habit of body, walked to the hospital on the 19th of April, 1852. He complained of severe pain in the calf of the left leg, which was swollen, and the veins were dilated. Five days before, while playing at cricket, he was suddenly seized with pain, which obliged him to desist. He imagined he had met with a sprain. Although still suffering, he continued his duty; but to-day, being unable to go on any longer, he had come to the hospital. A large tumour, pulsating synchronously with the heart, was found to occupy the popliteal space. It was partially emptied by pressure, and returned to its former dimensions when that was removed. It expanded in every direction, and the bellows sound was heard. No other disease of the femoral or other artery was detected. The chest was free from disease, and the heart's action regular. He had suffered from time to time from slight catarrh and febrile attacks. He had been treated five times for venereal sores, but on one occasion only had taken mercury, and then but for ten or twelve days. After a little preparatory treatment, Mr. Phillips's instrument was applied, at first over the brim of the pelvis. The pressure could be borne only an hour and a half; it caused severe pain and feverishness. Believing that this arose in great measure from nervousness, the author employed manual pressure a little below the origin



of the profunda. This was effected by the aid of several intelligent convalescents. The artery was compressed only to such a degree as to allow a feeble pulsation in the sac. For the first three days this plan was followed for eight hours only during the day. The patient did not complain at all. There was no feverishness, nor increased œdema of the leg. The clamp tourniquet was now employed, but was removed each night; finding that it was well borne, it was kept on at night also from the 26th. On the 3rd of May the sac had become harder and smaller, the articular arteries more developed, and the œdema of the calf less. On the 6th the sac ceased to pulsate, and the tourniquet was removed. From this date the absorption of the contents of the sac went on rapidly, and he began to regain the use of his limb. In a short time the measurement round the limb diminished from sixteen inches and a quarter to fourteen inches and one-third; the femoral artery was pervious. On the 2nd of July he was dismissed to his duty, which he continued to do well till the beginning of November. Before that time his general health seemed worse. On the 19th November he was again admitted, and an aneurism of the aorta was found near the celiac axis. He complained of great pain in the loins and abdomen, coldness and numbness of the legs, faintness and nausea. On the 9th December he seemed to be fast sinking, and died on the following day.

On post-mortem examination, the heart was found of usual size—somewhat flabby on the right side, but the texture sound; valves healthy: no disease of lining membrane; the aorta sound to the situation of the celiac axis, between which and the superior mesenteric a rupture of its coats was found, and openings communicating with a large sac, of recent formation and filled with coagula. It had burst in two places, and several pounds of blood were found in the cavity of the abdomen. The aneurismal limb was injected: the femoral and popliteal arteries were of natural size and pervious, until opposite the centre of the popliteal space; femoral vein pervious and healthy; the profunda and its branches enlarged; slight thickening all that remained of the sac; popliteal artery obliterated down to its division into the tibial arteries; popliteal vein also obliterated; the anterior tibial artery enlarged; the posterior of usual size; the peronæal larger than usual; muscular branches large; the ramus anastomoticus magnus three times its usual size, its branches anastomosing with the inferior articular recurrent tibial, and with each other. Two superior articular and an azygos, given off by a common trunk, just previous to the remains of the sac, anastomosed freely with the recurrent tibial and peronæal.

The recurrent tibial was as large as the radial, and anastomosed freely with the articulars and plexus in the peronæal nerve; a tortuous plexus in the substance of the popliteal and peronæal nerves, united below with a recurrent branch from the anterior and posterior tibial behind the head of the fibula; another branch from the azygos communicated with the recurrent branches behind the head of the fibula. The communication between the external and internal articular was effected by branches three times their natural size; that between the anastomotica magna and inferior articular, between the recurrent tibial and superior articular, by large branches.

The PRESIDENT expressed a hope that some gentlemen present would offer their opinions on the subject of the interesting papers before them. After waiting a minute or two, and finding no one willing to commence the discussion, he said, that he quite agreed with Mr. Phillips in the opinion which he had expressed in his paper, that the treatment of aneurism by compression had not obtained that attention in England which its importance deserved, and which it had obtained in Ireland. The cause of this was probably the want of success which had followed this treatment in some cases in which it had been employed in this country; and the cause of this want of success he believed to have been a want of acquaintance with the true principles upon which this procedure produces the cure of the disease. It had been supposed that the pressure should be applied with sufficient force to flatten the sides of the

artery at a distance from the disease in actual contact, so as to cause the obliteration of its cavity by the adhesive process, and thus to place it and the disease in the same condition as when a ligature is applied to an artery in the Hunterian operation for the cure of aneurism. Such, however, was not the case; for in four instances in which the parts had been examined after death, and in which aneurisms in the lower extremity had been cured by pressure—three of which he had had the opportunity of inspecting, it was found that the artery at the part to which the pressure had been applied exhibited no change from its normal condition. In these instances the artery, throughout its whole course to the seat of the aneurism, retained its natural calibre; there were no vestiges of inflammation in any of its textures, nor in the surrounding parts; there was no adhesion of its sides, no plug, no contraction of its canal, and in short, no appearance of its having been subjected to any kind of treatment. In some of these specimens the aneurismal sac and the artery in the ham were filled with coagulum; in others, the sac only was filled with coagulum, and the circulation went on in the natural course of the artery. In Dr. Monro's case, which he had examined, the aneurism and the artery in the ham were obliterated; but above, where the pressure was applied, the artery was pervious and quite in its healthy condition. It was clear, therefore, from these facts, that the cure was not effected, at least in these instances, by producing adhesion between its sides and obliteration of the artery at the point where the pressure was applied. By what process, then, did compression cause the cure of the disease as effectually as the ligature of the vessel at a distance from the aneurism? From the recorded cases, especially from that communicated this evening by Dr. Monro, it was evident that moderate, but not "obstructive pressure," was that which was required. How did this act upon the artery? In addition to the three proper coats, which formerly were regarded as constituting an artery, modern histologists have demonstrated another texture, composing the inner portion of the middle or elastic coat, and, of course, situated between this elastic and the inner coats. In this texture resides the vital contractility of the vessel. Now it appears that when an artery is subjected to any irritation, this vital contractility is brought into action. When an artery is torn, or violently stretched and elongated, or exposed to a chemical irritant, it is by the agency of this vital contractility that its calibre is diminished; and in extreme cases this sometimes happens to such an extent that its area even becomes completely closed. Compression is one of the agents by which this power may be brought into action, and he believed that it was in this manner that long-continued moderate pressure produced such a diminution in the volume of the stream passing through the main artery to the disease, if not the entire suppression of the current, to cause those changes to take place in the aneurismal sac, by which the cure of aneurism is effected, when a ligature is applied at a distance from the tumour. In his opinion it was very important to keep this principle in view in adopting the means of treatment by compression; because by a moderate degree of long-continued pressure, we should produce all the good effects required, whilst great pressure would produce great suffering, which could be borne, if at all, with extreme difficulty, and often with most injurious effects upon the parts to which it is applied. Ample experience had now proved that long-continued moderate pressure was all that was required to bring about the cure of the disease, and not such a degree of violent pressure as would mechanically prevent the flow of blood through the vessel. The latter idea had, he believed, caused the failure of this practice in many instances in which it had been employed, whilst in others, by causing sloughing, and inflammation, and obstruction in the great venous trunks, and serious engorgement of the limb, its continuance was from necessity abandoned. Many years ago he had been engaged in some experiments on animals, in which attempts were made to procure the obliteration of arteries by powerful local pressure. In very few instances could this be accomplished; the sufferings which it produced were exces-



sive, and generally it caused inflammation of the veins, and most injurious effects upon the surrounding parts. The President concluded by expressing a hope that some of the gentlemen present would give their views on the subject of compression.

Mr. FERGUSON, after a pause, rose and said, that the circumstance of no one rising to address the meeting could not be from any want of interest in the subject, and he regretted that an older fellow than himself did not take the lead. He thought it a pity that so important a question should for the second time be passed over almost in silence in that Society, particularly after the interesting papers which had been read on the subject. The subject of compression in the treatment of aneurism was now attracting attention over the civilized world; and the surgeons in Dublin, Edinburgh, and elsewhere, where the plan had attracted much attention, naturally looked with some anxiety to what might fall from fellows of that Society upon the subject. He thought the surgeons present ought to give their opinion upon it. He (Mr. Fergusson) begged leave to say, that he accorded with the views of the Dublin surgeons, in advocating the employment of pressure in such a way, that, if it were general, would soon save any necessity for discussion upon it; for they not only brought forward arguments in its favour, but proofs, sufficient, in his opinion, to settle the matter. Thus forty or fifty cases had been recorded by the well-known names of Tufnell, Bellingham, &c., out of which only three or four had been unsuccessful. Now, in noticing the treatment of aneurism by ligature lately, he had occasion to state, that out of one hundred cases, sixteen had gone wrong. This fact alone was sufficient to show that compression should occupy the attention of every surgeon. In his opinion, the propriety of the operation, with respect to the lower extremity, was settled; but its applicability to the upper extremity involved a different question, for we could not apply compression there with the facility with which we could in the lower limbs. He thought Mr. Phillips and Dr. Monro entitled to something more than the usual form of thanks of the Society for their communications. It was worthy of note, that in Dr. Monro's case, pressure was kept up, under the surgeon's care, by that best of all compressors, the hand, for the space of three days; and this, he had no doubt, had had much influence on the favourable termination of the case. From his own (Mr. Fergusson's) experience of compression, and from the history of cases, he believed that both surgeons and patients were apt to despair too soon, and at a time when they should be full of hope and confidence. In one case, recorded by Mr. Phillips, this was well illustrated, Mr. Phillips having persevered with success after another surgeon had given up the case in despair. He (Mr. Fergusson) had seen a case which had been under treatment for nine weeks, without apparently making any progress whatever; but symptoms of cure soon after manifested themselves, and success was ultimately complete. The President had, in his remarks, raised one or two nice points for discussion. One was a suggestion thrown out with respect to pressure on the contractile coat of the artery. Now, without denying the influence claimed for it by so distinguished an authority as the President, he (Mr. Fergusson) should fancy that more depended really upon the pressure itself, than on the influence of the contractile coat. Now, pressure would obstruct the current of blood about one-third, more or less; yet the pulsation would continue; that amount of pressure quieted the circulation, and to this more than to anything else he attributed the cure. In calling in mind some points in Dr. Monro's case, he recollected that the calibre of the artery, from the upper part of the superficial femoral to the popliteal, was fully as great as in health. This was a fact in favour of the cure being effected by pressure only. Another proof was the circumstance that all the compression necessary was that which would impede, but not completely obstruct, the circulation. The same thing might take place in respect to a ligature, and it was only due to Mr. Wardrop to say that he had been the first to show that it was not necessary to entirely obstruct the circulation

through the aneurism, but only to diminish it to such an extent as would give rise to the deposition of fibrine.

Dr. J. A. WILSON said: "When in cases of popliteal aneurism, long-continued pressure of the femoral artery has been successfully employed, I should hesitate to explain the diminution of calibre in the compressed vessel by the hypothesis of an increased contractile energy in the artery at the part where compression has been made. I am inclined to consider such result as the effect of an impaired state of the general nutrition and special function of the arterial tube, under the disturbing influence of the long-continued pressure. Under this process of artificial structure, the close active normal relation of the artery with its contained blood is no longer maintained, and the consequences of such altered relation in the blood's current are of necessity first experienced in the aneurismal sac; subsequently, it may be in a prejudice and partial interruption of the circulation through the smaller arterial divisions of the limb. On this view of the effect of long-continued pressure of the healthy upper arterial structure in bringing about obliteration of the aneurismal sac, or prevention of its further development, the blood-current in contact with the compressed vessel is considered only a secondary agent in the change. From such violent interference with the complicated arterial functions, an effect necessarily follows on the force and volume of the blood's current through the compressed tube, with, as I believe, an incipient prejudice to the composition and delicate contractile properties of the blood itself; yet, such effect, if I am not in error, proceeds, in the first instance, from impaired nutrition and diminished contractile energy of the artery, which, however healthy and efficient in its structure and function, deteriorates, as an organ, from the first application of force by pressure to its self-adjusting tubercular cavity." He inquired the condition of the cellular tissue in Dr. Monro's cases.

Dr. MONRO replied, that there was no thickening of the cellular tissue external to the artery, the sheath being quite pervious.

Mr. CURLING had seen compression tried in two cases, and had come to the conclusion that more depended on the instruments employed than many supposed, and that very great care and attention to the case were necessary. In one case, which had been successful, in the London Hospital, the cure was mainly attributable to the great attention which Mr. Ward had paid to the case. Unless well managed, excoriation and sloughing readily followed the application of the pressure. In one of the cases he had seen the proceeding fail from this cause. Even with moderate and well-sustained pressure, success would not always follow, particularly in instances of very stout persons. He related two cases in which, from disease of arteries, a ligature could not be applied, and compression arrested hæmorrhage after amputation. He had seen one case in which pressure upon the brachial had been successfully employed.

No one else rising to address the Society, Mr. PHILLIPS said, that before the discussion closed, he wished to make two or three observations. The object he had in view in bringing the paper forward was, to determine, as far as possible, the benefits to be derived from compression; and whether we could do away with some of the inconveniences and difficulties which at present attended its employment. He could not help expressing his regret that more of the experienced surgeons present had not given their opinions upon the subject, so that it might be stamped with its true worth. He should, however, take it for granted, in the absence of any counter-statement, that compression should be continued to be employed as at present, until further experience enabled us to arrive at a better plan, if such there was. Now, it was clear that the operation succeeded in more cases than the ligature, and that a great number of successful cases had been published. It was open to the objection, however, of being more tedious, painful, and difficult to bear, than that by deligation. Now, he had wished to raise the question whether compression, applied with great care and improvement, might not be freed from



that objection. He (Mr. Phillips) had set it down that a moderate degree of pressure only was necessary, and that this might be sometimes intermitted. If pressure, with this qualification, were long enough continued, success would generally attend its application. A cure could not, of course, be expected in all cases. It had failed in one of the instances related in his paper, in which the artery had given way in front. The Dublin surgeons said the operation always failed in such cases, whether ligature or compression were the means employed. He (Mr. Phillips) did not know on what grounds they formed this opinion; but, in his own case, the joint had been injured by the arterial disease. But was it always so in these cases? These exceptional instances, however, did not militate against the value of the operation as a general remedy. He had therefore now come to the conclusion, that the smallest amount of pressure which would interrupt the flow of blood through the artery, kept up for a sufficient length of time, with occasional intermissions, would be well borne, and would cure aneurism.—*Lancet*.

### ACADEMY OF SCIENCES OF PARIS.

#### COAGULATION OF THE BLOOD IN ARTERIES FOR THE CURE OF ANEURISMS.

By Dr. PRAVAS of Lyons.

THE plan which Dr. Pravas proposes consists in coagulating the blood in the arterial vessels by the injection of a few drops of a concentrated solution of perchloride of iron. This is done with either a gold or platinum trocar, very finely pointed, introduced obliquely through the walls of the vessel with a rotatory sort of motion. The instrument being furnished with a syringe, and the piston worked by a screw, so that the injection would not be thrown in in jerks, and the quantity of liquid used measured accurately. Besides, the circulation in the vessel must be temporarily stopped, and some other precautions taken, which will be mentioned directly, after an account of the experiments performed.

1st. The carotid of a sheep having been exposed, the current of blood was interrupted by the finger and thumb, at two points distant, one inch and a half or two inches; about a spoonful of blood was thus enclosed. A puncture was made very obliquely in the walls of the vessel, and three or four drops of the perchloride of iron injected. For this purpose two turns of the screw were made, each turn ejecting about two drops of the fluid. Immediately after the injection of the salt, an increase in the density of the blood could be felt, and a clot forming rapidly. In four minutes the vessel could be left to itself, leaving off all compression; in fact, the clot did not change its position, and it could be felt in the same place for eight days subsequently.

2nd. A similar experiment performed on a horse gave the same result. The portion of the artery in which the circulation had been suspended, was about three inches long and could contain five teaspoonfuls of blood. Eight or ten drops of the solution were injected, Dr. Pravas having observed that it took nearly two drops of the solution to coagulate a teaspoonful of blood. In four minutes in the horse, as well as in the sheep, the clot was fully formed; it was firm and resisting, and was not displaced by the impulse of the blood for a quarter of an hour, at the end of which time that portion of the vessel subjected to the experiment was cut out and split; the inner surface was rough, and showed granulations and longitudinal striæ along the whole length occupied by the clot.

3rd. In another horse, a similar experiment was performed, with exactly similar immediate results, except that this animal was preserved for eight days, leaving the vessel exposed, so as to watch the progressive changes. It was observed that the induration of the carotid extended above and below the formative clot. At the end of eight days the horse was killed, and on examining the interior of the artery, three distinct clots were seen, which caused its obliteration for about eight inches and a half in extent. The middle clot corresponded to where the injection was

introduced, and had a darker-coloured and granular appearance, about an inch and a quarter long.

*Resumé*: After the injection of the perchloride of iron, four minutes and a half were sufficient to cause a clot in the carotids of these animals, so consistent and adherent as not to be displaced by the impulse of the column of blood from the heart.

The above experiments have been witnessed by M. Lallemand, and M. Le Coq, directeur de l'Ecole de Lyon. Dr. Pravas is still pursuing his researches, and has made these first results public, so as to draw the attention of experimentalists and practitioners to this plan of obliterating arteries. So far, his observations have been purely experimental, and instituted in such a way as to prove directly the mode of action of the coagulating agent he employs. As to its application for the cure of aneurism in the human subject, the proceeding ought to be thus modified: it is into the aneurismal sac that the solution ought to be injected, having previously arrested the circulation below the sac—that is, between it and the capillaries. The quantity injected should be in proportion to the size of the sac, and the compression below should last four or five minutes. This, in Dr. Pravas's opinion, will be sufficient to form an extensive clot, capable of plugging the artery and producing the same effect as ligature.—*Presse Méd. Belge*.

### ORIGINAL COMMUNICATIONS.

#### OBSERVATIONS ON THE TREATMENT OF SOME FORMS OF OBSTRUCTION OF THE BOWELS.

By THOMAS AICKIN, M.D.

THE fatal termination of the affection which has been termed "Ileus," or the "Iliac Passions," seems to be owing in many instances to the prostrating influence of the symptoms usually attendant on the local visceral lesion, independent of any progressive change of a necessarily fatal character occurring in the latter. Abercrombie's statement, that "ileus may be fatal without obstruction," and that "it does not appear to be necessarily connected with obstruction in any part of the canal," is calculated to excite some doubt as to the propriety of directing treatment almost exclusively to the removal of an obstruction, the nature, and possibly the existence of which continue to be matter of surmise and not of positive diagnosis.

I have had opportunity of observing the progress of some cases of obstinate constipation, in which the symptoms of ileus set in with great intensity. I have in some instances found it possible to subdue those symptoms many days before the removal of their assumed cause and the re-appearance of fæculent discharges; and I have remarked that the prolonged retention of the latter was not productive of dangerous consequences when the abdominal pain, vomiting, and general distress, were in the first instance controlled by appropriate treatment.

The first case which served to convince me of the injurious effects resulting from the repeated administration of purgatives, to the exclusion of other remedies, happened to be one of those in which purgatives seemed to be specially indicated. The patient, a young lady, had been subject to torpid bowels and pain, chiefly in the cæcal region; vomiting and severe abdominal pain supervened on protracted constipation. She was harassed for three days with these symptoms; the bowels remaining obstinately confined, notwithstanding the repeated exhibition of purgative medicine both by the mouth and per rectum; the stomach retained nothing, she had no sleep, and scarcely an interval of ease, up to the morning of the fourth day from the invasion of the acute symptoms, when I saw her for the first time. I found her much exhausted, the pulse very small, the extremities cold, and the nausea and straining to vomit most distressing; the bowels had not been moved for many days. On examination, a large and resistant mass was plainly perceptible in the cæcal region; it was about the size of a large orange; there was some surrounding tenderness: a blister had been applied over this region, and large quantities of purgative medicine admin-



istered before I saw her. Finding that the treatment previously adopted had been ineffectual, and that her strength was rapidly failing, I at once put her on calomel and opium—two grains of the former and one grain of the latter, in pill, were given, warmth applied to the extremities, hot stupes to the abdomen, and abstinence from all fluids, except cold water in small quantities, enjoined; the pill was retained, and the stomach became quiet. The calomel and opium were repeated every fourth hour. On the following morning—namely, the fifth day of her illness, I found that she had obtained upwards of six hours of sound and refreshing sleep, the vomiting had been arrested, but the abdominal tenderness had increased. General reaction was now fully established; the pulse, which on the preceding day was almost imperceptible, had become full and strong, and the countenance flushed. Twelve ounces of blood were taken from the arm, and in a few hours after leeches were placed over the cæcal region, and followed by a large poultice. The calomel and opium were persisted in. On the sixth and following days, she was almost free from general or local suffering; the gums became tender. Croton oil was now given in drop doses, which caused some return of the tormina; a blister was applied over the cæcal tumour; the blistered surface was dressed with mercurial ointment. On the tenth day, there were some small fragments of hardened fæces discharged after the administration of an enema; on the following days gentle frictions with mercurial ointment were repeatedly made over the mass in the cæcum, which ultimately broke up and was discharged piecemeal. Its fragments were of a dark colour, and strikingly resembled shoemakers' wax blended with some fibrous matter, both in their colour and amazing tenacity. This patient was sustained by the administration of enemata of beef-tea, thrown up by the tube. Three pints were thus given every day from the subsidence of the acute symptoms, until the stomach became able to tolerate food. Her recovery was perfect.

In another case of obstruction, accompanied in its early stage by the usual distressing symptoms, the sensation of pain and distress was chiefly referred to the umbilical region, several attempts had been made to open the bowels by the administration of oily purgatives, but without effect; the incessant retching proved so distressing that in the course of four or five hours from its commencement the patient became much exhausted. Calomel and opium were administered in pills, repeated every fourth hour. leeches were applied over the umbilical region, and iced water was allowed in small quantities. Under this treatment the vomiting became less troublesome, and the abdominal pain and tenderness were much diminished; large linseed-meal poultices were applied to the abdomen, and afforded much relief. Eight days elapsed from the commencement of the treatment of this case before fæcal evacuations were procured; no distressing symptoms were manifested after she was brought under the influence of opium. On the fourth day the gums became tender; the calomel and opium were now given at longer intervals. Attempts were again made to free the bowels by repeated doses of castor oil, and by large enemata, but up to the eighth day without effect; on and after which liquid fæces were discharged. Blistering the abdomen and mercurial dressing were also in this case attended with manifest advantage. Her recovery was unchecked by any untoward symptoms.

In another case of obstinate constipation, occurring in a lady who had been constantly obliged to resort to purgatives, the symptoms of obstruction set in with great violence. I found her on my first visit in a state of great exhaustion; she was straining at vomiting, and brought up frothy mucus in large quantity. She was so much sunk as to be unable to reply to the queries put to her; the pulse were scarcely perceptible, and the extremities cold. As soon as the cessation of the retching allowed a momentary pause, I gave her four drops of black drop in a teaspoonful of water, had warmth applied to the extremities, and enjoined as perfect repose as the nature of her suffering would admit of. After the lapse of an hour I found that the opiate had quieted the stomach, and that reaction was

beginning to set in. Hot turpentine stupes were applied to the abdomen, and ten grains of calomel and a drop of croton administered. Finding, after the lapse of some hours, that pain followed the purgative, and that the vomiting returned, I repeated the opiate, and directed the administration of a large enema containing turpentine and oil. The bowels continued obstinate, and the paroxysms of pain, which were evidently owing to the stimulus of the purgative, became very distressing. Black drop was again given; she passed a bad night, occasionally straining very much at vomiting, and brought up dark-brownish matter in small quantities. On the day following, finding that the bowels had resisted the purgative, and the abdomen continuing very much swollen and tender, I prescribed pills of calomel and opium; these were regularly persisted in for upwards of three days, until the gums became tender. After she had taken three or four pills, the symptoms were much improved; large enemata were occasionally exhibited, and her strength was supported by fluid nourishment given in small quantities. About the tenth day, the bowels were slightly moved, and on the two following days dark-coloured fetid discharges were freely passed. It may be remarked, concerning this case, that the first decided relief was obtained by opium, while the removal of the obstruction, whatever its immediate cause may have been, was obviously aided by the mercurial action, inasmuch as purgatives produced no effect previous to the manifestation of the latter; a few doses of castor oil were then sufficient to procure stools, after which nothing occurred to interfere with her recovery.

The causes of ileus are various, and their differential diagnosis is, in many cases, impossible. The affection may occur, as noticed by Abercrombie, in "the simple form, without any previous disease," or "with previous disease which deranges the muscular power without mechanical obstruction," or it may occur "with mechanical obstruction." Now, it is sufficiently obvious that when distressing or dangerous symptoms arise as consequences of an undiscovered or merely surmised lesion, our treatment should in the first instance be directed to their alleviation or removal. The possibility of effecting this, even when their exciting cause cannot be directly interfered with, is illustrated by every-day practice. Thus, the symptoms following obstruction of the bowels which are developed in virtue of an exalted reflex action, are controlled by sedatives which diminish the excitability of the nervous centres, and render them less capable of propagating morbid impressions originating in local disturbance of either function or structure. Hence the necessity of resorting to this class of remedies in order to check the diffusion of excited or perverted action, arising from any cause whatsoever. Hence the necessity of exhibiting opium in ileus occurring in any form, "with or without mechanical obstruction," when once the effects of an over-excited or perverted innervation are strongly developed. According to this view, it is applicable to every form of the affection accompanied by urgent symptoms, whether arising from intussusception or strangulation, from peritoneal adhesions or bands of lymph, internal or external irreducible hernia, impacted fæces, concretions, stricture, musculo-enteritis, and simple distension, with loss of power, &c. &c. Abercrombie states, that "a modification of the disease yields to a full opiate more readily than to any other mode of treatment." Mackintosh observes, that in ileus "opium seems to increase rather than diminish the laxative effects of medicines." The profound sagacity of Sydenham enabled him to discover a mode of treatment scarcely improved on by subsequent practice. For the treatment of the iliac passion, he directs that "blood be taken from the arm; after a few hours, twelve grains of scammony and a scruple of calomel are to be given; if rejected by vomiting, twenty-five drops of the liquid laudanum are given in half an ounce of strong cinnamon water. Should the vomiting cease, the purge is to be repeated, but should it return along with pain, and the cathartic be retained, the same dose of laudanum is to be again given, and to be repeated every fourth or sixth



hour until the motion of the intestine be perfectly quieted; after the action of the purge, the opiate is to be repeated twice, thrice, or oftener during the day, until the pain and vomiting have wholly ceased." Had Sydenham been aware of the remarkable effects of mercury pushed to salivation when it failed to purge in such cases, there would have been nothing to add to this method of treatment.

Amongst the many remedies employed in this affection, tobacco and belladonna enemata have been occasionally successful; the former is a remedy of much power, and its depressing effects are well known; the latter has been extolled by some modern practitioners, but is confessedly a dangerous remedy. Hanius, Wagner, and some others, have seen it followed by good results; the former has given the infusion of the root of belladonna, made by infusing a drachm in as much boiling water as would yield one ounce on straining; this, with an equal quantity of infusion of chamomile, is administered as an enema. (Cánstat, *Med. Clin.*) Messrs. Trousseau and Reveil direct dried belladonna leaves (gr. xv. to 3ss.) to be infused in eight ounces of boiling water for one hour, and strained; this quantity is to be administered as a glyster in cases of ileus from strangulated hernia. Amongst other remedies occasionally successful, are enemata of large quantities of warm or cold water, thrown up by O'Beirne's tube. Dr. R. H. Townsend of Philadelphia succeeded in overcoming an obstruction which threatened speedy death, by first throwing a quart of ice-cold water into the rectum, then suspending the patient by his feet to the ceiling of the chamber, and kneading the abdomen with considerable force; the signs of obstruction immediately ceased, and in fifteen minutes the injected water with feculent matter were evacuated. (Wood's *Practice of Physic.*)

I have succeeded in freeing the bowels in a case which had resisted powerful purgatives for a week by pumping up large quantities of strong soap-suds, by means of the tube and syringe. Rokitansky thinks that injections of air are applicable to cases of invagination. To be of any use, however, they must be employed before adhesions take place between the opposed surfaces of the invaginated bowel.

A host of remedies, familiar to most persons, have been from time to time resorted to for the relief of ileus; some of them are undoubtedly productive of dangerous effects. I have known shot to be swallowed, and strange to say the relief was immediate; but such remedies are rarely successful. In every case, it is indispensable that a minute examination of the abdomen should precede the use of remedies. There are instances recorded of death from strangulated hernia unnoticed during life; stricture of the rectum, or obstruction occurring in this bowel, should be sought for before resorting to active remedies. I have known the sudden occurrence of retroversio-uteri give rise to very severe symptoms of obstruction; in another case, attended with much pain, whenever the patient endeavoured to force a motion, a hair-pin was found to be firmly fixed by one of its arms, which had penetrated the recto-vaginal septum, whilst the other, remaining free, was pressed upon by the solid contents of the bowel, and inflicted so much pain, as to cause the patient to refrain altogether from straining at stool; the consequence of which was a large accumulation of hardened feces, which were dislodged by enemata after the foreign body had been removed by the aid of forceps.

**ARSENICAL CONFECTIONERY.**—At an inquest held last week at Ashford, upon two brothers killed by eating the painted ornaments of a twelfth cake, Professor Taylor, who analyzed the stomachs of the deceased children, said that he detected arsenic, which the system had completely absorbed. In his opinion, the yellow colour of the ornaments that contained the poison was produced by orpiment, or sulphuret of arsenic. The quantity that he discovered did not exceed a quarter of a grain. The green colour of these ornaments was imparted by the arsenite of copper, which poisoned in small doses. During the two last years he had met with ten fatal cases from children eating these ornaments.

## INFIRMARY REPORTS.

### REPORT OF THE COUNTY DOWN INFIRMARY, FOR THE YEAR ENDING JANAURY 5, 1853.

**INCOME**—Derived from parliamentary grant, £89 ls. 10d.; fines from petty sessions, maintenance of police and soldiers, miscellaneous sources, and interest from bank, £24 6s. 4d.; donations, £27 8s.; grand jury presentments, £450; life subscriptions, £71, and annual subscriptions, £43 10s.; total, £1098 16s. **EXPENDITURE**—£869 17s. 11d.

Patients under treatment January 6, 1852	...	51
Admitted since, up to January 5, 1853	...	686
Discharged during the year cured	...	499
Relieved	...	110
Incurable	...	39
Left of own accord	...	17
Discharged for misconduct	...	4
Sent to fever hospital	...	2
Committed to jail as dangerous lunatics	...	2
Died	...	21
Remaining under treatment January 6, 1853	...	42
Average number of days each under treatment	...	21½
Average number of beds occupied daily	...	40
Total number of beds for the reception of patients,	...	50

Cost of each patient while under treatment, £1 5s. 0½d.

The above includes the whole cost of medicine and appliances for 2043 extern patients. Many of the intern patients, it may be observed, came from the most distant parts of the county, and some even from Glasgow, Manchester, Liverpool, and Whitehaven, to seek relief at the infirmary of their native county.

Patients recommended for medicine and advice during the year	...	2043
Attendances, and prescriptions compounded, for the same	...	4023
Trusses supplied to the poor	...	52

The committee having presented the statistics of the infirmary, satisfied the governors of the continued usefulness of the institution; and they have only to add their thorough satisfaction of the manner in which affairs have been conducted by the various officers employed therein.

### ON THE EPIDEMIC MENTAL DISEASES OF CHILDREN.

Translated from the German by G. H. COOKE, Esq.

(From Dr. Winslow's *Journal of Psychological Medicine.*)

It is well known that children only learn to see and hear after a considerable time, though the organs of sight and hearing are from the first prepared to receive their appropriate impressions. There can be no question that the mental life of the child at this period is far inferior to the dreaming state of the adult: for though the suspended consciousness of the sleeper is scarcely stirred by the thread of ideas which flits across the mind, and is almost incapable of attention to them, yet these ideas may be perfectly clear in themselves, and even orderly; while in the child, when awake, they are only dim figures, without order and connexion. The faculty of speech is, we know, acquired by imitation of the sounds heard. The first modulated cries of the infant are not speech, but sounds without consciousness and significance; it learns to imitate the sounds presented to it, to show that it has received the impression they give. Gradually it associates ideas with the words, to which it then gives significance. It is not till a later period that there wakes up the higher faculty of recalling past ideas and the power of using words as the organ of thought. It is still long before the child can attain that mental independence which is regarded as the characteristic of man; the most can hardly be said to attain it at all, but continue through life dependent on circumstances. We constantly observe, in the amusements of children, that they are most absorbed in those which mimic the serious occupations of those around them—those of the school, the household, the family, the shop, and the church. Especially in times of popular excitement, we find the general topic repeated with perhaps greater earnestness, and the most engrossing plays of the children are the military attack or the parliamentary debate. In all this we see nothing but what is natural; we are aware that it needs guidance and restraint, but this is easily applied—the need of rest and food, and the quiet discipline of home, separates the most ardent playmates,



and subdues the most vivid enthusiasm. That the faculty should be morbid in its manifestations, it is necessary that the general feeling of society should be unduly, or, at least, unusually excited, and that either the domestic tie be feeble, or the position of children in society misunderstood. How widely spread, and how morbid an excitement may seize the youthful population under favouring influences is remarkably evinced in the children's crusade of the thirteenth century. At this period, the Holy Land had long been restored to the sway of the Saracens. Vexation for the loss, and an earnest desire for the recovery of this dearest possession of Christendom had spread with renewed earnestness among all the nations of the west. But the emissaries of Rome found no sympathy among the men, and not an arm was raised. They would not give their property and lives a useless sacrifice in the repeated effort at ■ achievement in which the skill and bravery of the past century had failed. But the children's minds were kindled with brilliant dreams of the Holy Land, and of miraculous victories over the infidels, and it was impossible that some outburst of feeling could be long delayed. The first impulse was given by Etienne, a shepherd boy of Cloies, near Vendôme, who must have possessed great address and talents. He gave himself out for an ambassador of CHRIST, who, he said, had appeared to him in ■ foreign garb, had received food at his hand, and given him a letter to the king. His sheep were said to have knelt down before him, to worship him, a miracle which perhaps was hardly needed to encircle him with the halo of sanctity. The shepherd-boys of the neighbourhood collected about him, and soon more than 30,000 persons streamed together to accept his revelations, and be transported by his preaching. He wrought miracles in St. Denys, the reports of which circulated with incredible rapidity through France. All rendered him homage, ■ the saint of the day and the messenger of God.

The king Philippe Auguste, alarmed at the excitement of so formidable ■ multitude, forbade the assemblies, with the sanction of the university of Paris. He might as well have forbidden an earthquake. Every day there started up new eight or ten-year old prophets, who preached, worked miracles, collected troops of young enthusiasts, and conducted them to the holy Etienne. To the inquiries put to these young pilgrims (for they were mostly clad in pilgrim's weeds) whither they were going, they replied, as with one voice: "To God." They went in orderly processions, headed with oriflammes; many carried wax candles, crosses, and censers, and they sang hymns without intermission, with most intense devotion, and to new melodies. In these hymns they often repeated the words "Lord, raise up Christendon, and give us again the true cross." It is to be regretted that the witnesses of a movement which thus engulfed the whole of the youthful population, have not recorded either these hymns or the music to which they were sung. Even the few words which have been preserved have not come down to us in the vernacular dialect. It cannot be doubted that thus many of the fairest flowers of national poetry have been lost, however overwrought and morbid the excitement which produced them. Many of the parents partook of the delusion, and furnished their children with arms and armour, or clad them in pilgrim's garb, and gave them a staff and wallet for their long journey. Some, who were kept back by force, wept day and night, and wasted away with fretting, or fell ill with nervous disorders, till they were allowed to go. Others made light of bolts and bars, and found means to elude the utmost vigilance of their attendants, that they might join the representatives of the holy Etienne, and at last behold that great crusade-preacher himself. All distinction of ranks was confounded: the children of counts and barons fled equally with those of burghesses and the lowest peasants. The richer parents, however, sent guides to accompany their children, many of whom it is probable were thus quietly rescued. Within a month from the commencement of the commotion, there was assembled at Vendôme an immense host of boys armed and unarmed, a few of them on horse, and among them not a few girls in male attire. The total number is reckoned at 30,000.

They all acknowledged the beloved Etienne as their captain and guide to the Holy Land, which they purposed to rescue from the Saracens. They put him in a splendid chariot; the noblest of the youths, in splendid equestrian accoutrements, formed his body guard, which indeed he needed, to restrain the ardour of his followers, who blessed themselves if they could but get a thread from his robe, when their devotion and enthusiasm had been inflamed by his preaching. On some of these occasions, a few were crushed to death in the violence of the press. In July, the extraordinary procession

set out for Marseilles. It was hot and dry; but none of the difficulties of the pilgrimage, neither the drought on the hot and arid plains of Provence, nor the scarcity to which the poor must have been exposed, after the first few days of the journey, could quench the ardour of their devotion and zeal. "To Jerusalem!" was their cry, when they were asked of the astonished beholders whither they were going; and none doubted Etienne's promise that the sea should divide before them, and they should go to the Holy Land dry shod. Disappointed of this expectation, on their arrival at Marseilles, they thankfully accepted the offer of two merchants of the city to convey them to Palestine without charge. They were still sufficiently numerous to fill seven large ships. Shortly after they set sail, two of the ships were wrecked in the bay, and not a soul saved. The remaining five were taken to Bugia and Alexandria, and all the children sold to the Saracens. It is satisfactory to know that the two merchants did not escape retributive justice. They were hanged in Sicily for another offence. At the same time a similar excitement sprang up in Germany, and repeated almost to the letter the incidents of the French boy crusade—the number of those drawn into it being probably somewhat larger. They were under two or more leaders, and went in two bodies toward the coast. It is probable that at least the half must have perished by the way, for the passes of the Alps were at that time very difficult, especially for such ill provided travellers; while the greater number of adults and women that attached themselves to these expeditions must have made the moral effects more disastrous. One of the detachments reached Genoa in August; the other entered Italy by way of Lombardy. Their fate was various. A large number met the same fate as the children of Etienne's army, being kidnapped in the Italian sea-port towns, and sold into slavery; some entered into service in Italy; some fell victims to seduction or violence, and abandoned themselves to infamy; some of noble birth established themselves in patrician families in Genoa. A very few only returned home.

Hecker relates, on the testimony of a contemporary chronicler, a monk of Pirna, that twenty-five years later ■ similar movement seized the youthful population of Erfurt. Above a thousand of these assembled on a particular day, unknown to their parents, left the town together, and went dancing and leaping to Armstadt. They were fetched back the next day, but none of them could say who had enticed them, or wherefore they had gone. This appears to have been more connected with bodily indisposition than the boy crusades. Many of the children continued ill long afterwards with chorea and epilepsy. Hecker conjectures (I do not know on what ground) that the proximate cause of this event was the religious solemnities connected with the canonization of a landgrave of Thuringia. From its proximity in time to the former event, he very reasonably supposes an excitable state of the "child world" at this epoch. More than 200 years afterwards, in the year 1458, a time when the St. Vitus' dance was very prevalent, more than a 100 children of Hale, in Suabia, set out, against the will of their parents, on a pilgrimage to Mont St. Michel, in Normandy. As all attempts to restrain them were fruitless, or hazardous, the corporation provided them a guide, and an ass to carry their baggage. They made the journey, offered their devotions to the Archangel Michael, and returned.

All these mental epidemics (if so we may call them) had this in common, that they produced an impulse to bodily activity—an impulse which, especially in childhood, may be regarded as salutary and critical. I do not suppose (in defect of information on the subject) that any permanent effects were produced on those who survived the hardships of the journey. It is recorded that, on the contrary, those who were kept back suffered much with chorea and convulsions, as well as with the anguish of disappointment, and that some died in consequence. There is another class in which we suspect the consequences may have been more lasting; more, we mean, which were connected with hallucinations, and which consisted in supposed commerce with the invisible world. The belief of witchcraft prevailed throughout Europe from the time of the Reformation, or earlier, down to within a century of the present time. As I am now only concerned with so much of its history as relates to its influence on children, I have not here to decide how much was imposture or malignity, but set down all, with a merely fractional deduction, to the score of delusion.

It will be remembered that, in this unhappy superstition, the children were regarded ■ the chief victims, ■ delusion which, as we may anticipate, they almost universally confirmed. Nearly all the children were seized with the com-



plaint. If their mothers were burned ■ witches, they themselves conversed with the devil, whom they saw hovering before them. They cried after their mothers, and all received answers from them. In sleep they felt themselves carried away by women in the form of cats, and when carried before the courts, they mentioned the names of the women who had thus carried them. This evidence, in which multitudes of children were unanimous, sufficed for the condemnation of those women to the stake. The children were carried into the churches, and were studiously kept awake. When overpowered by sleep, their dreams were repeated and they described all the doing of the witches, the appearance of the devil, the food he set before them, the dances they had witnessed, the conversations and songs they had heard. When these witches were burnt, the evil was by no means stayed; the children soon found themselves similarly treated by other women. They all agreed in the affirmation that bolts and locks were of no avail to detain the witches from the observance of their Sabbath, and that they had themselves been cruelly scourged by witches, who were at the very time in prison. This was regarded by the judges as an additional motive to hasten the execution of the sentence, and even a girl of sixteen years was burnt on her confession of having carried three children to the witches' Sabbath. The convulsive disorders occasionally prevalent in schools and nurseries are too familiar to us, historically, to require that I should allude to the case treated by Boerhaave in the orphan asylum at Haarlem, or similar cases recorded in the treatises on hysterical affections. From extensive inquiries which I have made among many of the great educational institutions in Great Britain, I cannot find any modern instances of these affections. In some of the excitements of religious revivals at the close of the last century, the children took much part, and were evidently morbidly affected. I have not been able, unfortunately, to procure the exact information on this subject. It will be remembered, that a few years ago children were much pressed into the advocacy of the cause of total abstinence, much I believe to the moral injury of some, and with fatal results to others. Beyond this, I do not know any modern events at all resembling those narrated at the beginning of this paper.

I do not refer to the supposed or actual increase of insanity at this period and in this country, which I think is not fully proved; nor to those severe affections of other parts of the nervous system, the prevalence of which in this country has compelled our physiologists on the researches which have given fame to this half century; but to what may almost be called the epidemic constitution of the educated classes of this country, and which constitutes the substratum of those diseases, while it modifies the nature and in consequence the treatment of most others. I refer to the nervous asthenia so prevalent in both sexes, but chiefly in the female, during ■ few years, commencing from the establishment of puberty. In the majority of cases it passes away with the full development of the body, and may never during its continuance have amounted to disease—amounting only in its collective symptoms to what we habitually call delicacy of constitution, and which it is quite needless to describe. It is impossible to collect statistics of what does not constitute ■ actual disease. I am compelled to rely on the statements of intelligent women, who almost unanimously testify in reply to my frequent inquiries, that this delicacy which they see in their daughters and granddaughters was almost unknown in their earlier days. This is confirmed by the testimony of the medical profession, that disease in general is more nervous and more asthenic than it was comparatively a short period ago. Probably the increased curability of diseases by nervous influence alone tends to further confirmation of the opinion. It appears to me, that it is impossible to observe the symptoms of this condition, and the manner of its gradual abatement, without feeling that it is ■ result of exhaustion only to be relieved by a protracted, but not passive rest. It is, if I may use such ■ figure, ■ temporary old age, not very dissimilar to the climacteric disease of old age. The present topic is one that chiefly concerns those who in any way have the care of the young—the clergy, preceptors, and parents. I am fully aware of the difficulty of the task at once to educate the child up to the point that shall qualify it to meet the excitement of the world, and to take care that the exercise thus given to the mind shall not restrain or impair the development of the body; and I am far from thinking that the difficulty is not on the whole judiciously met. I fear, however, that there is ■ undue tendency to call the young to aid of our religious institutions. Far be it from me to discourage youthful decision and activity in religious matters, but

to urge the necessity of care, in this more than in any other subject, that the child be not urged to do that which is properly the work of the man. If he does it in his childhood, there is a risk that he will not do it in manhood. Having hinted at what in some, not, I think, very many cases, is an error in the education of youth, I will mention, in conclusion, what seems to me the great desideratum of English society in cities. I mean scope and encouragement to active relaxation. It is with very little hope that they can be supplied that I allude to their needfulness. I fear that modern civilization has not as yet either the means or the wish to allow its younger servants that bodily exercise which might mitigate the strain which it imposes on their minds. The proper mental and bodily relaxants are music and the dance. It is a subject of much congratulation that the former is now recognized as almost one of the necessities of life. It is to be hoped that a better understanding of the value of the latter may ere long correct that mistaken morality which has driven it to late hours and heated drawing-rooms. No amusement is either healthy or moral which cannot be taken within the domestic circle, and at the hour when it is needed.

## MEDICAL PRESS.

SALUS POPULI SUPREMA LEX.

DUBLIN: WEDNESDAY, FEBRUARY 9, 1853.

## MEDICAL REFORM.

It is more with ■ view to the discharge of ■ duty which is annually imposed upon us at this period of the year, than with a hope of achieving much by our advocacy, that we return to the subject of MEDICAL REFORM. So utterly fruitless has every attempt to improve Surgical Education, or to correct the abuses which prevail in its management proved, that any proposal made with that view is treated with derision, and every man who ventures to express an opinion favourable to such an object is considered ■ visionary or ■ deceiver. Is this not so? Have we not at the very moment we write, the unquestionable evidence of daily experience to produce in support of the assertion we make? No man can open his mouth, or handle his pen, in support of any suggestion for the correction of abuses in our educational institutions, or for the removal of defects in our professional organization, with the slightest hope of sympathy or encouragement. The struggling practitioner, or the despairing aspirant to practice, impatiently repudiates the assumption that he has any interest in such matters, or that he is under any obligation to entertain the subject at all; while the successful candidate for popular favour, or the fortunate object of patronage, exultingly disclaims participation in any proceedings which may interfere with the pursuit of his prosperous avocations. In making this observation, we do not, however, mean to say that we feel particularly inclined to blame those much who pursue such a course; it is the natural result to be expected under the circumstances, and we only allude to the fact in support of our position, that reformers have little to expect in the way of assistance in such quarters. At the same time we cannot help saying, that we have our doubts as to the sincerity of these professions of neutrality; for when the shoe pinches, or the building shakes, we find that very unequivocal proofs are given of ■ keen interest in passing events; so much so, indeed, that the past leads us to fear that it is from this direction the most formidable resistance to reform is in future to be experienced. Even now we can perceive that the advocates of present arrangements, and opponents of any change which may affect their positions, reckon on the support of the classes to which we allude; relying on the discontent of the one and the apprehensions of the other. It was the same before. When,



ten years ago, one of the first fruits of our editorial labours displayed itself in the shape of a very unequivocal movement in favour of Medical Reform, the earliest and bitterest opposition was offered by the immediate recipients of the rewards which vicious arrangements confer; but those more remotely interested in the maintenance of existing systems soon became alarmed and joined them, and the masses blindly followed. The result was a postponement of the question *sine die*, and a period of languor as regards it up to the present day. The effort, however, was not without its results. The Colleges of Surgeons of London and Dublin obtained new Charters to enable them to meet the requirements of the times; and a Secretary of State introduced a bill into parliament to give effect to their provisions. Unfortunately, however, a political turmoil, aided by professional dissensions in England, came, and whatever of improvement the fear of change had produced was arrested, and a relapse of the worst character followed. The heads of the profession, as they then called themselves, retired from the contest, content with their victory, and the masses followed them, leaving the field in possession of the original defenders of abuses and malpractices, who, emboldened by success, from that time set no bounds to their proceedings. Elated with victory, they set at defiance all authority. A periodical registration of pupils, with a view to a verification of certificates, was attempted, and failed; sessional examinations of the students were tried only to be abandoned, and even permission to study in libraries was restricted as to become of little general benefit. Powers to grant Diplomas in Midwifery, after proper education and efficient examination, also became nugatory, in consequence of speculations in private diplomas in this department; and Universities, scarcely entitled to grant qualifications to practise Medicine, assumed a right to issue Licences to practise Surgery. All this took place; but this was not all. Discipline thus relaxed at the fountain-head, and charters and statutes openly infringed or evaded by those bound to execute them, naturally led to their repudiation by those bound to obey them, until a state of affairs unparalleled at any previous period has arisen. Mock lecturing, inordinate multiplication of teachers, imperfect attendance of students, and a wholesale trade in certificates, has succeeded; while the grinding or cramming process has been substituted for every species of legitimate instruction. We might glance at other consequences of this "leave-and-licence" system, if proofs of their occurrence could be adduced; but we must rest satisfied with a hint regarding rumours of private bargains between schools and hospitals which require contradiction. We write without reserve, but, we believe, without exaggeration; because we know that formidable maladies demand powerful remedies, and that no ordinary or tame remonstrance against abuses will suffice for the attainment of Medical Reform. We disclaim personal allusions; for the evils of which we complain cannot be attributed to particular individuals; and we still more distinctly disclaim any intention to attach blame to the Councils of the Colleges of Surgeons, because we are aware that both those of Dublin and London are now engaged in the discussion of measures having the correction of abuses and the removal of defects in view. If we felt inclined to attribute the mischief to any, we might perhaps venture to attribute it to the profession at large, or at all events to those members of it who have a voice in the election of Collegiate Councillors. If they perform their duties with firmness and integrity, complaints of this kind might

be less common. But how is it at present? Strange to say, it is upon the votes of Collegiate Electors the advocates of the *status quo* rely to perpetuate the present arrangements. Be the question under discussion by the Councils what it may, no man is to dare to deal with it on its merits: it is not whether a proposal is for the good of the College or the Profession, but whether this or that Councillor will *vote* for or against it; and at the moment we write, an active canvass is carried on in accordance with this principle. It is true that the parties engaged in these discreditable proceedings are not only numerically but otherwise in little estimation, but it is well known that a dozen or twenty unscrupulous men, banded together to vote through thick and thin in any body, must exercise a sinister influence on its deliberations. This state of things it is the duty of those entrusted with the elective franchise to counteract. Unless they strengthen the hands of their executive by cordial support, good laws can neither be enacted nor executed. We have often said what we now repeat, it is the Practitioner that is most deeply interested in the training of the Student; for sooner or later the Student must become a Colleague, and sooner or later will he discover that, if badly trained, he will prove a dangerous one.

#### MEDICAL RELIEF FOR POOR-LAW GUARDIANS.

THE following is valuable evidence of what may take place under the operation of the Dispensary Act. It is, we admit, too gross an outrage to be often repeated with impunity; but it proves that the Dispensary Surgeons are liable to such and similar demands. Our belief is, that there is not a union in Ireland without a *Mister NAUGHTON*, and perhaps more than one, two or three of them; and what is worse, that such may be found very generally on the Dispensary Committees:—

Dr. Dillon said he took the opportunity, which the meeting of the board gave him, of drawing the attention of the guardians to the great necessity of a careful supervision of the parties applying for medical relief; members of the several medical relief committees of the union, they should carefully inspect every case in which relief had been granted, in order that none but the poor who were entitled to it should be relieved. He had in the Brideswell dispensary discovered a case in point, which he would now bring under their notice, and which would show the great necessity of attention upon the part of the committee to their duties which were prescribed by the Poor-law Commissioners. He held a ticket in his hand which had been sent to the medical officer of the Brideswell district for medicine by a person named Peter Naughten, who was himself nothing less than a member of the committee, and, as he understood, a member of that board of guardians. This ticket was filled up by Mr. Naughten, signed by him, and at the bottom of it is written this addenda:—"Please send me a doze of castor Ile I thint. Sauttee wont anser me." This, it would be admitted, was an abuse of the charity, and he felt it his duty to call the attention of the board to it as well as to bring it under the notice of the commissioners.

Mr. Boyde wished to learn if there had been any meeting of the committee since that ticket had been issued?

Dr. O'Connell said, not since the ticket had been sent by Mr. Naughten, who was the guardian of the Dysart electoral division, and he (Dr. O'C.) felt it his duty to send the medicine.—*Westmeath Independent.*

Now, what we want to know is this: Has this man committed an offence for which the poor-law acts provide a punishment; and if so, will the Commissioners exercise the powers given them by these acts, or rather enjoined by them? The case affords an excellent opportunity for the vindication of the law, and for teaching a lesson to other Guardians similarly inclined, as well as to a host of persons who do the same thing in another way.



## CODE OF ETHICS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

THE American Pharmaceutical Association, composed of Pharmacutists and Druggists throughout the United States, feeling a strong interest in the success and advancement of their profession in its practical and scientific relations, and also impressed with the belief that no amount of knowledge and skill will protect themselves and the public from the ill effects of an undue competition, and the temptations to gain at the expense of quality, unless they are upheld by high moral obligations in the path of duty, have subscribed the following "Code of Ethics" for the government of their professional conduct:—

1. As the practice of pharmacy can only become uniform by an open and candid intercourse being kept up between apothecaries and druggists among themselves and each other, by the adoption of the National Pharmacopœia as a guide in the preparation of official medicines, by the discontinuance of secret formulæ, and the practices arising from a quackish spirit, and by an encouragement of that *esprit de corps* which will prevent a resort to those disreputable practices arising out of an injurious and wicked competition; therefore, the members of this association agree to uphold the use of the Pharmacopœia in their practice, to cultivate brotherly feeling among the members, and to discountenance quackery and dishonourable competition in their business.

2. As labour should have its just reward, and as the skill, knowledge, and responsibility required in the practice of pharmacy are great, the remuneration of the pharmacist's services should be proportioned to these rather than to the market value of the preparations vended. The rate of charges will necessarily vary with geographical position, municipal location, and other circumstances of a permanent character; but a resort to intentional and unnecessary reduction in the rate of charges among apothecaries, with a view to gaining at the expense of their brethren, is strongly discountenanced by this association as productive of evil results.

3. The first duty of the apothecary, after duly preparing himself for his profession, being to prepare good drugs and preparations (for without these his skill and knowledge are of small avail), he frequently has to rely on the good faith of the druggist for their selection. Those druggists whose knowledge, skill, and integrity enable them to conduct their business faithfully, should be encouraged rather than those who base their claims of patronage on the cheapness of their articles solely. When accidentally or otherwise, a deteriorated or adulterated drug or medicine is sent to the apothecary, he should invariably return it to the druggist, with a statement of its defects. What is too frequently considered as a mere error of trade on the part of the druggist, becomes a highly culpable act when countenanced by the apothecary; hence, when repetitions of such frauds occur, they should be exposed for the benefit of the profession. A careful but firm pursuit of this course would render well-disposed druggists more careful, and deter the fraudulently inclined from a resort to their disreputable practices.

4. As the practice of pharmacy is quite distinct from the practice of medicine, and has been found to flourish in proportion as its practitioners have confined their attention to its requirements; and as the conducting of the business of both professions by the same individual involves pecuniary temptations which are often not compatible with a conscientious discharge of duty, we consider that the members of this association should discountenance all such professional amalgamation; and in conducting business at the counter, should avoid prescribing for diseases when practicable, referring applicants for medical advice to the physician. We hold it as unprofessional and highly reprehensible for apothecaries to allow any percentage or commission to physicians on their prescriptions, as unjust to the public and hurtful to the independence and self-respect of both the parties concerned. We also consider that the practice of some physicians (in places where good apothecaries are numerous) of obtaining medicines at low prices from the latter, and selling them to their patients, is not only unjust and unprofessional, but deserving the censure of all high-minded medical men.

5. The important influence exerted on the practice of pharmacy by the large proportion of physicians who have resigned its duties and emoluments to the apothecary, are reasons why he should seek their favourable opinion and cultivate their friendship by earnest endeavours to furnish their

patients with pure and well prepared medicines. As physicians are liable to commit errors in writing their prescriptions, involving serious consequences to health and reputation if permitted to leave the shop, the apothecary should always when he deems an error has been made, consult the physician before proceeding; yet in the delay which must necessarily occur, it is his duty when possible to accomplish the interview without compromising the reputation of the physician. On the other hand, when apothecaries commit errors involving ill consequences, the physician, knowing the constant liability to error, should feel bound to screen them from undue censure, unless the result of a culpable negligence.

6. As we owe a debt of gratitude to our predecessors for the researches and observations which have so far advanced our scientific art, we hold that every apothecary and druggist is bound to contribute his mite towards the same fund, by noting the new ideas and phenomena which may occur in the course of his business, and publishing them, when of sufficient consequence, for the benefit of the profession.

This is excellent advice, especially that in the last paragraph. We wish sincerely that people at this side of the Atlantic would take a leaf out of our brother Jonathan's book, for assuredly he is a wise man in his generation, notwithstanding his practical adoption of the obsolete adage, that "honesty is the best policy." After all, there is a great saving of time and money in going by the straight road, however agreeable it may be to go by the crooked one. But what will our friends, the "General Practitioners," say to the "pecuniary temptations involved in the combined practice of medicine and pharmacy?" Is it not worthy of observation that such keen people as our American brethren denounce such combinations and consider them suicidal.

## CORRESPONDENCE.

### CASE OF FLAP WOUND OF THE SCALP.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—May I be permitted to make the following remarks in reply to some observations made on "A Case of Flap Wound of the Scalp, in which a considerable portion of the Skull was denuded of the Periosteum," the report of which was forwarded by me, and read at the Surgical Society on the 15th ult.

It has been asserted by Dr. Fleming, that "the complete union of an extensive flap wound of the scalp by the adhesive process, was an extremely rare occurrence in city hospital practice." Now I beg leave to say, that when I acted as resident pupil in charge of the Meath Hospital, I frequently saw scalp wounds treated on this principle; and the result was in every case satisfactory, and the union, as a general rule, invariable; and I recollect that when I was appointed house-surgeon to the City of Dublin Hospital in 1836, one of the very first cases which fell under my notice was that of a most extensive flap wound of the scalp, which occurred in the afternoon, and consequently fell under my immediate care. The patient was a servant who had been engaged in packing furniture, and was struck on the head by the sharp edge of some piece of furniture, which accidentally fell from the upper part of the van. A great part of one side of the scalp was completely stripped off, and hung down towards his shoulder. On ascertaining that the wound did not contain any dirt or extraneous matter, the flap was laid down, and retained in position by one or two sutures and some strips of adhesive plaster. The entire healed in a few days, strictly "by the first intention;" and I well recollect the astonishment of some of the junior pupils who had anticipated a much more tedious and troublesome recovery. The notes of this case are possibly to be found still in the hospital case-book. These were all cases occurring in metropolitan hospital practice.

Again, Dr. Fleming has assumed that the subject of the



case read before the Society, "was a hale country boy, enjoying a country residence," and lays some stress on the importance of this advantage. But in the notes forwarded, it was particularly specified that he was not healthy or robust; and it is further stated that he was brought to hospital presenting symptoms of concussion. It was these circumstances which gave the case peculiar interest, and invested it with more than ordinary importance. The fact was, he was a delicate boy, but indifferently developed for his age, residing in one of the liberties of the city, and but poorly fed; while the fact of his presenting symptoms of concussion bespoke some considerable direct violence, and justified the worst anticipations in such a constitution. On this account it was that inflammation or abscess of the brain were more particularly alluded to as possible consequences.

The well-known vascularity of the diploe of the skull enables us easily to account for the preservation of the external table, even stripped of its periosteum to a considerable extent. It was natural, however, to apprehend that matter might have formed between it and its proper membrane, which was completely isolated, and lay, as the flap was turned back, on some cellular tissue. Such, however, did not take place; and the true explanation, I believe, is that given by Dr. Benson, that "plastic lymph was thrown out between the bone and its detached membrane," which subsequently became organized, and reestablished the natural relations and dependencies of the parts. There is no other means, that I can see, of accounting for the result; for I can say, from a careful daily examination, that union took place here as soon as in any other part of the wound, and that during the healing process there was not more, nor even much, tenderness over this spot as over other parts of the wound. Finally, the only suppuration which took place was at a distance, in the back part of the wound, where the cellular tissue was more loose and abundant.—I am, dear sir, faithfully your obedient servant,

ZACH. JOHNSON.

Kilkenny, February 3, 1853.

#### TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—As I am not a direct subscriber to your valuable PRESS, perhaps I am not at liberty to ask any question of you; still I am an indirect subscriber for some years. If you will please to answer me the following in your next PRESS:—Can any dispensary surgeon who is not able to reach on his duties employ an assistant, or should the guardians appoint a second medical man; or if such surgeon can employ an assistant, can he employ a man having only an apothecary's diploma?—Yours, &c.

February 7, 1853.

We should with pleasure answer this, were we not apprehensive that our reply might at the moment have a personal application. However anxious to afford information, we must keep clear of local differences. We may, however, be mistaken; and if so, we will reply presently, although the inquiry does not appear of so much importance, seeing that such arrangements are not provided for by written laws.

#### CURE OF ANEURISM BY COMPRESSION.

THE paper of Mr. Phillips, on the treatment of aneurism by compression, which was read at the last meeting of the Royal Medical and Chirurgical Society, is suggestive of some very serious reflections. It is well known to our readers that the subject has long occupied the attention of many of the most eminent surgeons in the kingdom. It is equally well known that, at present, opinions in the metropolis are much divided respecting it, although there are few surgeons in extensive practice here who have not to some extent tested its merits. With the view of bringing the matter fairly before the profession in this country, a paper was read last session at the Medico-Chirurgical Society by Dr. Bellingham.

Cases were detailed, and opinions asked for, and the author liating contrast to the discussions at the Academy of Medicine in Paris. The subject was left in the state in which the Society found it. Long ago, it would seem that the surgeons of Dublin had declared unequivocally in favour of compression; and certainly their good opinion had been formed upon what we believe to be sufficient grounds. Strongly impressed with the importance of the subject, and anxious that some decided opinion should be expressed upon it, Mr. Phillips himself took the trouble to come from Dublin to answer any questions, and to furnish any information which he was able to supply. What was the result? Certainly not a discussion worthy of the first medical society in the empire. Its poverty and meagreness, both in facts and arguments, afford a humiliating his paper to the Society. He was not contented with simply adducing many facts and arguments in favour of the improved system of treatment; he made a direct and urgent appeal to the members present, that they should state their experience and opinions upon it. The library was crowded; surgeons from every hospital in London, we believe, were present. Many of them had had experience of the treatment; but the really valuable and important paper failed to elicit a remark from many of the most distinguished fellows present; and this, too, in spite of an earnest and praiseworthy endeavour, upon the part of the President—himself no mean authority upon the subject—to elicit discussion. True it is, that Mr. Fergusson and Mr. Curling, after waiting in vain for older men to respond to the call, spoke well and ably to the point; but we must say that we join in the general dissatisfaction which was expressed, that only these two gentlemen could be prevailed upon to speak. Contrast this apathy upon a really important practical question, with the ardour and enthusiasm which animate the members of the Society when any personal question is at issue? Witness the gladiatorial displays on such subjects which took place during the last session or two in this Society. The contrast is indeed humiliating, and little encouraging to those members of the Society who bring papers before it of a really practical character. It is too late in the day now to assert that the Society is not for discussion. One of the ablest men who ever occupied the chair of the Society sufficiently set that question at rest. Sir Benjamin Brodie not only gave it as his opinion that discussion formed the more important object of the meetings, but he himself set an excellent example, by never failing to give the benefit of his great experience upon the subject of every surgical paper which came before the fellows. The Society cannot return to its former state. It can no more cease to be an oratorical Society, than it can return to its little meetings of six or eight. Why, then, should those whose names and reputation would confer a dignity and value upon the debates remain silent? It would be difficult to answer this question satisfactorily—*Lancet*.

#### MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DR. J. F. DUNCAN, Treasurer, begs to acknowledge with thanks the receipt of the following subscriptions since last report:—

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\* Full details of these subscriptions will be given in the next Annual Report.

19, Gardiner's-place, Feb. 7, 1853.

DEATH OF DR. GEORGE GREGORY.—This well-known physician died on the 25th ult., of disease of the heart. He had suffered for some time past occasionally from this affection, and lately was the subject of dropsy. Dr. Gregory held the office of physician to the Small-pox Hospital for many years, and had paid much attention to that disease.



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NOTICE is hereby given, that the next Examination for the Degree of DOCTOR OF MEDICINE will commence on Wednesday, the 4th of May. Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for examination.

Every Candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for Registration on or before the 3rd of May.

By order of the Senatus Academicus,

JAMES McBEAN, A.M., Secretary.

St. Andrew's, February 2, 1853.

**TO THE MEDICAL PROFESSION AND THE PUBLIC.**

GEORGE OLDHAM AND CO.,

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in availing themselves of the present opportunity to return their grateful acknowledgments to their Friends for the support which they have hitherto received, and which they will regard as a fresh motive for exertion, beg leave to announce that they have taken the

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## METEOROLOGICAL TABLES.

## PROCEEDINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.—JAN. 29.

Dr. HUTTON, President of the College, in the chair.

#### ON THE ADVANTAGES OF NOT OPENING THE SAC IN OPERATIONS FOR STRANGULATED HERNIA.

By WILLIAM HARGRAVE, M.B.,  
Vice-President of the Royal College of Surgeons, Professor of Surgery to the College, Surgeon to the City of Dublin Hospital.

(Case noted by Mr. W. W. Webb.)

MATTHEW D——, a grocer's porter, ætat. 23, was admitted into the City of Dublin Hospital on the 25th of October, 1852, labouring under oblique inguinal hernia of the left side, which had become strangulated.

*Previous history:* Health always good; has led a temperate life; his work has required constant exertion, with lifting of heavy weights. For about a year he has had a small rupture which he cannot trace to any particular exertion, and he was able to return the tumour at pleasure. For about a fortnight before admission he has suffered from pain in the groin, which suddenly increased considerably on Friday, the 22nd, while he was at work. He immediately went to bed, but got up on the following day, and returned to work, but was unable to do much. He vomited on Friday and Saturday. He lay in bed on Sunday, and on Monday he applied for relief at the Meath-street Dispensary, whence he was sent to hospital, where he arrived at two p.m.

On admission, he was in the following condition: Bowels confined, they have been since Thursday; countenance anxious and sunken; tongue foul; pulse very quick and small; very little hiccup; the belly is swollen, very tense, tender, and tympanitic; respiration hurried. On examining the left groin, a very tense but not very large tumour was seen, about the size of a walnut, and presenting the usual appearances of a strangulated oblique inguinal hernia. It was very tender, painful on pressure, and could not be returned in any degree. An ineffectual attempt was made to reduce it by means of the taxis. A consultation was held, and it was decided that an immediate operation was

necessary. Chloroform was administered, but the patient could not readily be brought under its influence; he, however, afterwards became fully affected. While under the action of the chloroform, a second attempt was made to reduce the hernia, but it was unsuccessful.

*Operation.*—Chloroform was again administered, but failed to produce in a well-marked manner its specific effects. During the performance of the operation, which was commenced by dividing the integuments from the vicinity of the internal ring to a little below the external one, which was found to form a firm stricture. On its being freed, an effort was made to return the hernia, which failing, I passed my finger beneath the tendon of the external oblique muscle, and divided it upwards to the internal ring, where I encountered another stricture, formed partly by the transversalis muscle and the ring. It was freely divided, and the attempt again made to reduce the hernia, which not succeeding, I opened the sac, from which flowed a large quantity of deeply tinged sanguineous serum. On introducing my finger into it, a firm stricture was found formed by the neck of the sac, which, on being divided, permitted the hernia, which was intestinal, to be easily returned. The intestine was much congested, flaccid, and of a dark chocolate colour.

The wound was dressed, and the patient conveyed to his bed. Deeming it unnecessary to occupy the time of the Society with the details of the progress of the case, which still possess some points of interest, I may state my sole object in bringing it forward, is to direct attention to the revival of Petit's operation by Mr. Luke of the North London Hospital—namely, *not to open the sac*, and which has proved so successful in his practice. The objections made to this operation in Petit's day (now near a century) were: 1st, the difficulty of the operation; 2nd, the fluids shut up in the sac may be returned into the abdomen and produce mischief; 3rd, intestine or omentum may be in a state of gangrene, or approaching to it, to which may be added, 4th, strictures of various kinds and other obstacles within the sac; 5th, adhesions.

These objections can be met as follows: Difficulty



of an operation should not deter the surgeon from it; the fluids effused are often returned by the taxis, and no sinister event follows it. If the contents of the sac are in a state of gangrene, oedema of the superimposed parts will indicate its existence, and the sac must be opened. Stricture within the sac and adhesions are more frequent in old than in recent hernia; still they may exist in recent cases of this disease, and require the sac to be opened. This operation was supported by Dr. Munro, Sir A. Cooper in some cases of small hernia advocated it; and practised it in large ones; the late Mr. Aston Key also was a supporter of it.

The advantages presented by this operation may be enumerated as follows:—It renders the operation less dangerous, by exciting a less degree of inflammation than when the sac is opened; there is no wound of the peritoneum, no exposure of the intestine to the air, which always acts as a stimulant to it, the operation is less protracted, the handling of the protruded parts prevented, which, however delicately managed, must add some additional mischief to the operation, and it can be considered as an adjunct to the taxis.

When we consider the mortality of the operations for hernia, as shown by the following statistics from Mr. Gay's work on "Femoral Hernia": Of 80 reported cases in "Guy's Hospital Reports" for October, 1838, 34 were unsuccessful; Royal Infirmary Edinburgh, from 1839-43, of 9 operations 4 died; Howship's "Appearance of Surgical Disease," 1840, 19 operations, 11 died; Anman in *Edinburgh Medical and Surgical Journal*, 1845, in 545 in the practice of the best European and continental surgeons, 260 died; Parisian "Report," of 1845, average ratio of mortality, 4 in 7; in Wartzburg, 3 in 7; in Mr. South's cases in St. Thomas's Hospital, in 16 cases, 6 unsuccessful; "Guy's Hospital Reports" from September, 1841, to December, 1842, 19 cases, 9 recoveries, 10 deaths; Mr. Luke's cases (82), sac opened in 25, deaths 8, recoveries 17—sac not opened in 57 cases, 7 deaths, 50 recoveries; St. George's Hospital, 1842-3, in 34 cases sac opened in all, deaths 9, recoveries 25. Mr. Luke, being unable to supply from his own case-book the result of cases operated on by opening the sac, has appealed to the authority of others, referring to the statistical details given by Mr. Textor, South, Malgaigne, and collected at the London Hospital; and from British journals generally, which gave a return of mortality of from one-third to more than one-half. (*Lancet*, 1848.)

This result is not very flattering to operative surgery. To what must this sad and discouraging detail be attributed? I shall leave this question at present for future examination, and would but express the hope that Irish surgeons, and those of Dublin in particular, will not follow the example given them by their brethren in England and Scotland some time since; who, either from apathy, indifference, or what is worse, prejudice, refused for a time to examine into and test the treatment of aneurism by compression, and ably revived in this city, I might say, brought back to the profession from things that were, and which at length surmounting every opposition, and forcing its way into adoption and success, and will yet become the rule for the cure of aneurism in certain situations, the ligature being the exception. Let our surgeons come forward, and by every legitimate way ascertain in what manner so great a mortality can be prevented; and record from their experience in what cases it will be prudent not to open the sac, and in what cases the contrary practice will be desirable. For the character of operative surgery—for the sake of our common humanity, we are called upon to re-examine into this most practical question, and if possible to place it upon a more successful foundation.

In my opinion, Mr. Luke deserves well of the profession in calling their attention to this subject, and from the strong feeling which holds possession of almost every surgeon's mind as to the necessity of opening the sac in every case, he has had to meet much prejudice, and perhaps charged with rashness and an uncalled-for innovation, in an operation which was considered finally and immutably

settled by the generality of surgeons, and incapable of further improvement.

The President observed, that Mr. Luke's statements formed a strong argument in favour of the operation; but at the same time, he thought that in the list of fatal cases which he had enumerated, it would have been of very great importance to have added an analysis, showing the cases in which the operation was performed at an early period after the symptoms of strangulation made their appearance. The great want of success in this operation was, he had no doubt, to be attributed to the handling of the tumour and the delay arising from the vain hope of returning the hernia. In his own experience, he had found that when he operated at an early period, a very large proportion of the cases terminated successfully; and he was therefore of opinion that in any list of fatal cases, a very careful analysis should be made, so as to trace the causes to which the fatality was due.

Mr. TURNELL inquired of Dr. Hargrave, how many of the list of eighty-two cases were in Mr. Luke's own practice?

Dr. HARGRAVE—They were all in his own practice. There was another question, connected with strangulated oblique hernia, which, as far as he knew, was not laid down in works on surgery. He remembered having under his care a strong, well-developed young man, who had a strangulated hernia of this description, and in this instance he was merely enabled to get his finger from the external to the internal ring, and then he succeeded in freeing the stricture and in returning the intestine. But from the delay he experienced in the operation, he came to the conclusion, that if he ever again met with a stricture at the internal ring or at the neck of the sac, he would never stop until he got to the internal ring by incising the tendon of the external oblique muscle, and since that time he had had two opportunities of acting on this determination, and the result had been so very satisfactory, that he had no hesitation in recommending other surgeons to follow his example. Another matter to which he wished to call attention was the manner in which surgeons were in the habit of seizing the tense membrane forming the sac of the hernia. In two cases which he had under his own observation, the membrane was so tense that no ordinary forceps could take hold of it; and in these instances he found that by using a common tenaculum he was enabled to grasp the membrane very readily and firmly, so as to come down on the diseased part in a short space of time.

The President said he recollected a case, where an operation was performed for strangulated hernia, and in which the greater part of the intestine was passed up through the inguinal canal. The sac or a small portion of it was left in the ring, and after the patient's death, the inguinal canal was found empty, but a portion of intestine was discovered at the inguinal ring where the obstruction existed.

Mr. BUTCHER remarked, that Mr. Luke had omitted to specify the relative proportions between the time of operating in those cases where the sac was opened and those where it was not. His statement with regard to his long list of cases went for nothing, unless he gave the length of time during which the strangulation had existed. When he was a student he saw a number of operations of this kind performed by Mr. Woodroffe, with unprecedented success, and in every one of these instances, the operation took place at an early period after the symptoms of strangulation set in; but if the patients had been allowed to remain some hours longer without surgical interference, the results, he believed, would have been very different. He was disposed to lay as much stress, as the President had done, on the advantages of operating as early as possible in these cases, and this was the point in which he conceived Mr. Luke's statements to be most defective. Some surgeons in Dublin had been very successful in their operations, but with others, almost every case had been fatal.

Dr. HARGRAVE thought the profession owed a debt of gratitude to Mr. Luke for the manner in which he had brought forward this important question under their notice. What they wanted was accurate statistical information on a subject, the statistics of which were not hitherto



as accurate as they ought to have been, coming from the medical and surgical professions. Mr. Luke's operations should only be met by a fair examination, and with regard to the comparative success of different surgeons, to which Mr. Butcher had alluded, he believed it to be due to luck or chance, more than to anything else.

Mr. BURCESS did not wish to detract from the merit to which Mr. Luke might be justly entitled, but he thought that all statements connected with a question of so much magnitude should be taken with great care and caution, more especially because Mr. Luke had omitted to mention "the time of strangulation." It was because he wished to have the subject sifted thoroughly, with the view of arriving at practical ends, that he had referred to it on that occasion.

Mr. TORNELL thought the wisest course would be (as Dr. Hargrave himself had stated) to endeavor to test the utility of the practice from that day forwards.

Dr. BENSON said it would be an advantage to compare this operation if found to be equally successful with the other, because it appeared to be of a rather less severe description. He thought a surgeon would hesitate less to perform the operation if aware that he might do so without opening the sac. In the case of the ordinary operation, there was a something which might make a man hesitate, and perhaps put it off for a lengthened period; but if the surgeon thought the former operation would be as successful as the latter, he might be tempted to press for its performance at an earlier period than he would if he knew that he should be obliged to open the sac, and expose the patient to what he knew to be a very formidable operation, involving, as it did, the cutting into a serous membrane.

Mr. BUTCHER—But it yet remains to be proved that it is a safe operation. For my part, I do not think that the difficulty of any operation should deter a surgeon from discharging what he feels to be his duty.

Dr. BENSON—No, certainly not; the difficulty of an operation might not deter a surgeon, but its danger might cause him to hesitate in the way I suggested.

Dr. HARGRAVE—There is one safety to the patient in not opening the sac. You perform the operation, and the sac not being opened, even the surgeon himself is prevented from handling the intestine. When a sac is opened in an operation, the intestine is almost invariably irritated by the manipulation of the bystanders; whereas, when the sac is not opened, the patient is saved from this hurtful manipulation, and even that I consider to be a great gain.

Mr. BUTCHER—I would say that a practitioner is highly reprehensible if he allows every person who may be standing by to put his finger into the wound, and handle the intestine.

#### ACADEMY OF MEDICINE OF PARIS.

M. J. PERSONNE read a paper on the "Presence of Phosphorus in Cod-liver Oil," of which the following is a summary:—1. That all the varieties of cod-liver oil do not contain phosphorus. 2. That this metalloïd is found in some as an alkaline earthy phosphate. 3. That the presence of this phosphate is due to a faulty method of preparing these oils, and shows its inferior quality.

#### BIOLOGICAL SOCIETY OF PARIS.

ON THE EFFECT OF SECTION OF THE CEPHALIC PORTION OF THE SYMPATHETIC NERVE.

By M. C. BERNARD.

Since the time of Pourfour Du Petit, who, in 1727, found that section of the cephalic portion of the sympathetic nerve caused contraction of the pupil of the corresponding eye, a great number of physiologists have repeated the experiment. In addition, it has been found that destruction of the superior and inferior cervical ganglions also, on the same side, causes a contraction of the pupil.

In 1845, M. Biffi, by galvanizing the upper end of the sympathetic nerve, when divided in the neck, saw the

pupil dilating. Lately, M.M. Budge and Valler have added a new and interesting fact. They have found that the part of the spinal cord which they call *sympathical*, can act on the pupil by the intervention of the sympathetic nerve.

In all these experiments one principal phenomenon has been kept in view—viz., the effect on the pupil, either its contraction or dilatation, which is explained as being an isolated paralysis, either of the radiating or the circular fibres of the iris, admitting, as Rust has pointed out, that the common motor oculi supplies the radiating, and the sympathetic the circular.

But the effects of section of the cephalic portion of the sympathetic, are not by any means restricted to the pupil. For some years I have been in the habit of showing in my lectures, that this section causes, besides contraction of the pupil, other varied effects; being, 1st, a contraction of the palpebral opening, which consequently causes deformation of the orbit, becoming elliptical and narrower; 2nd, a retraction of the eyeball towards the orbit, this retraction causing the third eyelid to become more prominent, it then covering the eye; 3rd, a contraction, more or less marked, of the nostrils and mouth on the side of section; 4th, an increased activity of the circulation in all the side of the face corresponding to the side of section, and consequently also an increased temperature in the parts. All these phenomena follow section of the cephalic portion of the sympathetic or destruction of the superior cervical ganglion, for they appear immediately after the performance of one or other of these operations. Galvanism produces directly the opposite effects. If the upper part of the divided sympathetic be galvanized, all the phenomena which ought to appear are checked, the pupil enlarges, also the palpebral outlet, the eye becomes prominent, and the circulation not so excited; so that the conjunctiva, nostrils, and ears, which previously were congested, become pale. On stopping the galvanic current, the effects again are manifest. This experiment can be repeated at pleasure, always with the same results, the only point to be borne in mind being, that the animals should be strong, such as horses, dogs, &c.

I have now pursued for a long time these researches on the sympathetic nerve; by and by I hope to publish the results. I only here wish to establish that it was wrong to limit the action of the great sympathetic exclusively to the pupil, its influence is much more extended. Besides, the theory by which it would be explained, that the effects produced on the pupil by paralysis of one of the two orders of muscular fibres on the iris, is only applicable to the changes in the pupil, but not to the other phenomena I have pointed out. In fact, the dilatation which is caused by galvanism of the upper end of the trunk of the nerve is involuntary, as the following experiment will illustrate. On the conjunctiva of a dog (whose sympathetic had been cut), a drop of ammonia was placed; the pain caused the animal to keep the eye constantly and firmly closed. Now, by applying galvanism to the upper end of the sympathetic, notwithstanding the pain felt, the dog could not keep the eye closed; the lids opened, and at the same time the congestion diminished, and almost disappeared.—*Gazette Medicale de Paris*.

#### EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. GAIRDNER read a communication

ON THE CAUSES OF DILATATION OF THE HEART.

The object of the paper was to review the different circumstances under which dilatation, and the concomitant lesion of hypertrophy of the heart arise, and especially to determine, by the analysis of a considerable number of recorded observations, the relation of dilatation of the heart to diseases of the lung. The author observed, that obstruction of the circulation on the one hand, and debility or disorganization of the heart's fibre on the other, were the causes to which most cases of cardiac hypertrophy and dilatation were referred by pathological writers, the residual cases being usually considered as inexplicable on mechanical principles. Among the causes of obstruction in the course



of the circulation, leading to secondary disease of the heart, chronic pulmonary diseases, and especially emphysema, had been long recognized. Dr. Gairdner stated, that his own experience fully corroborated the assertions of authors as to the connexion of emphysema of the lungs with simple hypertrophy and dilatation of the heart; but he adduced numerous considerations tending to prove that obstruction in the pulmonic capillaries was not, as commonly supposed, the sole, or even the principal, cause of this connexion. From the examination of a variety of details, Dr. G. concluded, that emphysema of the lung, and simple dilatation or hypertrophy of the heart, very frequently coexisted, and stood in the mutual relation, not so much of cause and effect, as of joint results of a common cause; and that dilatation of the heart arose in connexion with pulmonary disease, under the same circumstances as the dilatation of the air-cells in emphysema—viz., when the capacity of the thorax was out of proportion with the volume of the lungs, these organs having suffered partial atrophy from some chronic disorganizing disease. Under these conditions (as Dr. G. had formerly attempted to demonstrate), emphysema arose by the effect of inspiration upon a lung not prepared to dilate equably, and therefore dilating irregularly, and, in some parts, excessively. Under precisely similar circumstances, the heart yielded to the dilating force of the external parietes, became habitually gorged and distended with blood, and finally became the subject of organic permanent dilatation, with or without corresponding hypertrophy. Dr. G. remarked that this theory of the connexion of cardiac with pulmonary disease was not only consistent with the facts already known, but would tend to explain numerous cases of hypertrophy of the heart, hitherto inexplicable, in which disorders of the lung of more recent origin have masked the original atrophic lesions. Such cases could only be properly understood by means of careful and correct clinical study.

Dr. BENNETT said that a case had recently occurred to him, bearing on the theory suggested by Dr. Gairdner. A young man had died in the infirmary after a protracted illness, and having had all the signs of a healing tubercular excavation in the left lung. On examination, this lung was reduced to little more than the size of a man's fist, and contained numerous small cavities, lined by perfectly firm and smooth membrane. The opposite lung was healthy, with the exception of a few traces of healed tubercle in the upper lobe. If atrophy of the lung were, as Dr. G. supposed, a cause of hypertrophy and dilatation of the heart, the latter affections ought, as it appeared to him (Dr. B.), to have been present to a marked extent in this case. The heart was, however, normal or nearly so, and he therefore appealed to Dr. Gairdner to reconcile the case with his theory, he (Dr. G.) having been present at the dissection.

Dr. WOOD thought it necessary to enter a caveat against the views of Dr. Gairdner, although from the mode in which he had treated the subject, and the number of details involved in the argument, he (Dr. W.) was not prepared to state all his specific objections. He thought that the older mechanical theories, and particularly the obstruction theory of cardiac disease, had been undervalued by Dr. Gairdner; and that the effect on the heart of the obstruction to the current of blood, could not be set aside, considering the illustration which it derived from valvular disease. He considered, too, that loss of tone from inflammation and other disease of the heart, was a very unquestionable cause of dilatation. The class of cases referred to by Dr. Bennett was a large and important one; and he thought that the theory promulgated by Dr. G. failed altogether as applied to phthisical cases.

Mr. GLOVER said a few words in objection to the inspiration theory of emphysema.

Dr. GAIRDNER said, in reference to Dr. Bennett's case, he thought the absence of cardiac disease admitted of a very clear explanation. The man was reduced to the last stage of emaciation and exhaustion long before death, and although the remains of extensive lung disease existed, there was practically no serious impediment to respiration, and no necessity for preternaturally strong inspirations. The

evidence of this was not only the absence of heart disease, but the absence of dyspnoea during life, and of emphysema of the remaining lung after death. The discharge from a large number of tubercular abscesses in the kidneys, had in fact operated as a drain upon the system, reducing the amount of blood to a conformity with the diminished breathing capacity. Accordingly, the body was emaciated and pallid, the chest tank and narrow on both sides, the whole of the organs smaller than usual, except perhaps the heart which was not at all remarkable. Hypertrophy and dilatation of the heart could not reasonably be looked for as a result of atrophied lung in a case like this; but he (Dr. G.) was perfectly willing to test the theory he had advanced by phthisical cases, and indeed had referred to them in his paper as illustrating it. He admitted that, in ordinary cases of phthisis there was no tendency to cardiac dilatation; but in ordinary phthisis, besides the existence of a constitutional condition unfavourable to over-distension of the heart, the local circumstances were altogether the opposite of those under which emphysema and dilatation of the heart occurred. Atrophy of the lung only occurred in very chronic and partially healing cases of tubercle; and accordingly wherever the cure of an extensive tubercular affection had advanced to a considerable extent without the counteracting circumstances in Dr. Bennett's case, Dr. G. had found that dilatation and hypertrophy of the heart almost invariably occurred to a greater or less extent. This proposition was entirely borne out by an analysis of his cases; and so far from tubercular cases being, as supposed by Dr. Wood, at variance with the law he had endeavoured to maintain, they had always been regarded by him (Dr. G.) as one of its principal illustrations. In regard to Dr. Wood's other objections to his paper, Dr. Gairdner would only say, that he had no thought of either overthrowing or of undervaluing the older theories for the sake of setting up his own. He had in fact strongly urged the evidence of both the theories favoured by Dr. Wood, but claimed a place in pathology for the new law, on the ground chiefly of facts hitherto unexplained, or which he at least thought he had shown by ample evidence not to be satisfactorily explained. With these remarks, he left the subject to the mature consideration and renewed observations of the members of the Society.—*Edin. Monthly J.*

## ON THE TREATMENT OF ANEURISM BY COMPRESSION.

By W. REEVES, Esq., M.R.C.S., L.A.C., Carlisle.

From what I have seen of the treatment of aneurism by compression, I cannot but feel assured that such treatment must become the rule of practice,—if it be not already the rule,—especially where the disease occurs in the extremities. The present case, which I send for your perusal, was cured—that is, the disease ceased to be active aneurism after the application of my compressor for the short period of four hours. The instrument I use admits of easy application. When once applied it does not shift its place, it is under the control of the patient himself, and affords means of alternate compression at the groin and lower down without change of instrument. The one instrument can be used for a double purpose; it possesses the quality of *multum in parvo*, a quality so much to be admired wherever to be met with.

W. C.—, a bookbinder by trade, and delicate appearance, enjoyed good health till within the last two years or less. He thinks his habits have not been very bad, "as he only got drunk occasionally like other working people." About May, 1851, while on tramp, his leg near the hough, used to feel painful and numb, and the foot swelled very much. Besides bathing the parts occasionally, when they troubled him more than usual, he paid no attention to the leg. When at rest the pain was not severe, but on any exertion the pain and swelling got worse. Within the last three months, the swelling near the hough obliged him to notice it, as it became considerable, and caused his knee to be very stiff and painful. He had a club-doctor to attend him, who thought it was an aneurism. The patient said



it throbbed and caused so much pain that he could not move about. I saw him on the 1st of April, 1852. Over the tumour the thigh measured sixteen inches and a half; round the sound leg only thirteen inches. The tumour was situated on the inner part of the thigh, just where the artery emerges from the canal of the triceps adductor femoris. It was a large pulsating tumour, considerably diffused, with a distinct bruit.

April 3rd. He is in a very debilitated state, obliged to keep his bed; pulsation of tumour weak, as his circulation is so low, the pulse almost like a thread, yet the stethoscope when placed on the tumour, is distinctly raised at each systole of the heart; tongue furred; no appetite; bowels sluggish. Ordered an aperient and mineral tonic. 5th. Much improved; appetite restored. Ordered nutritious diet. Aneurismal tumour as before. 6th. Compressor applied, and the compression to be alternated according to the feelings of the patient, and by the patient himself. 7th. Kept up an alternate compression for four hours yesterday, and then he removed the compressor so that he might sleep. 8th. Tumour as large as before, but firmer, and no pulsation can be discovered. 9th. No pulsation in the tumour; it is firmer, and more like a large ball; circumference over the tumour, sixteen inches; there is still some pain in the region of the tumour. 12th. No pain; no pulsation; circumference of leg over the tumour less; health improving. 20th. Circumference over the tumour fourteen inches and a half.

May 1st. Can walk without any assistance; tumour scarcely to be felt; circumference over the tumour, less than fourteen inches. He is still a delicate man, though much improved in health. He eats and drinks well, and, as far as the aneurism is concerned, is cured.

I think I read somewhere of a surgeon of celebrity who had condemned the treatment of aneurism by compression, as during the cure by this means a man might visit his friends in America and come back, and not find the patient any better. Such could not be said in the above case. I believe the cause of failure in treatment by compression rests with the instruments hitherto used, and not in the principle of treatment. Such a case as the above speaks for itself. With so delicate and broken-down a subject, an operation, such as deligation of the femoral, must have been hazardous, whereas the simple plan adopted could not be found fault with; its safety could not be disputed, and its success speaks for itself. — *Lancet*.

## ON THE EMPLOYMENT OF OPIUM IN MENTAL DISEASE, AND SOME ALLIED CONDITIONS.

By DR. FRIEDZ ENGELKEW of Oberneuland.

It will be interesting to our readers, to learn the views of our German brethren upon a practical point, which has particularly engaged attention in England. The author introduces his remarks by a few general observations upon the empirical misuse of medicines; and in the next place gives an historical sketch of his subject. The use of opium for mental maladies, among the ancients, Dr. Engelkeu observes, is very doubtful, since we have no written record thereof, and their theories of this class of diseases would be opposed thereby. The first distinct mention of its employment in mental diseases, he informs us, is to be found at the beginning of the eighteenth century, by Dr. Culleu. By Tralles and Wepfer it was given in increasing doses until sleep was produced. The views of Reil, the author remarks, coincide with those which guide the administration of opium in insanity by the best practitioners of the present day, as seen by the following quotation from that writer's treatise on fever. "In asthenic mania with erethism, not proceeding from any material (organic?) cause, opium administered in full doses from one to four grains, is of most essential service; it diminishes excitement, quiets the undue action of the brain, and causes sleep. Further, it is of great utility in cerebral disturbance from cold, accompanied with pain and spasms."

The writers, whose names we next meet with, are those of Fribourg, Pargeter, Chiarugi, and Friedrich; the

latter ranges the authorities into two classes, those opposed to and those in favour of the use of opium in insanity; among the former he enumerates Prichard, Haslam, Hasper, Goxi, Neville; in the latter, Chiarugi, Reil, Burrows, who have not, according to the author, sufficiently indicated the contraindications of its employment. Friedrich's indications for its use are excitement in a depressed state of the cerebral vitality, and the necessity for the production of a soothed state of mind. The influence of Brown's views Dr. Engelkeu remarks, was to hinder the use of opium in the cases now spoken of, and despite the commendations of Sydenham, its use was prohibited, and the treatment of mental disease was, by so much, prejudiced during part of the present century. Opium, Dr. Engelkeu observes, was formerly regarded as the common representative of all narcotics, but later researches have shown that its narcotic properties are unlike others of the class, while in value it surpasses all others. The mode of action of opium, advocated by the author, is that of those physiologists who consider it to have a twofold action, one local on the nerves of the stomach, the other remotely, on the nervous centres, by absorption into the blood.

In illustration of the effects of opium, the author quotes Reineke's description of the Persian and other oriental opium eaters, and observes thereon, that we may thence learn that opium may be administered in large doses, and for a longer continuance, than is generally admitted. In support of this opinion, Dr. Engelkeu cites several of his own cases, in which from one to three grains had been given with benefit once or twice a day, for periods of three or four years, and in one instance, with two short intervals, for a period of twenty years. We may observe, however, upon the supposed beneficial result in these instances, that time must be regarded as an important element in the cure. Dr. Engelkeu has often administered this remedy for three months, and longer, in different forms of mental disease, without having perceived any ill effects to have resulted; on the contrary, the appetite has improved, the entire frame has been benefited besides the marked and decisive amelioration of the mental malady. It has seldom been found requisite to give so large a dose as four grains. Medium doses have usually been combined with other means; regardless of the primary excitement, the use of the drug has been persevered in, limited to once or twice in the twenty-four hours.

The general influence of opium, the author divides into positive and negative, determined by the amount of the dose; thus, he describes small (e.g., half grain) doses as producing augmentation of the rapidity of the circulation, and of the quantity of the secretions; if the dose be raised to a grain, or a grain and a half, the actions of the brain are increased, with diminished susceptibility to external impressions. Thoughts are developed more rapidly and with greater clearness, the association of ideas is more varied, and imagination more active. A larger dose, e.g., from three to ten grains or more produces the well-known phenomena of stupor, &c. The author further observes, that taken altogether, the primary and secondary effects of opium are exerted upon the nervous system, producing, in general, a diminution of excitability, and an increase in the capability of action in the mental endowments.

Dr. Engelkeu enumerates the following as the chief points to be considered in the employment of opium:—The bodily constitution, the nature of the disease, the contraindications for its employment, the history of the disease.

The changes which time has introduced into our manners, customs, habits, &c. have had their influence in producing a greater development of certain feelings and passions, with their corresponding morbid conditions, and by their frequent repetition, induce a preponderance of the nervous constitution. Opium, the author states, is more suitable for those forms of hypochondriasis which most nearly approach to melancholia, as the former can, in many cases, be more closely traced to disorder of the visceral ganglia than of the brain itself, to which the morbid state applies more strictly in melancholia. In neither form, however, does the author look for great benefit from its



use. In general insanity, the utility of this medicine is observed when there is a degree of excitement; its continued use is then frequently of much service. In mania its employment is not required in the early stages, which are marked by more or less inflammatory or subinflammatory action. This state having been in some measure subdued, the author administers opium in doses of one or two grains, gradually increased to four or six grains, combined with calomel and digitalis; warm baths and corresponding regimen being enforced at the same time. In periperal mania the author recognizes as a disease of nervous excitement, with debility occurring in a peculiar inflammatory state, and a form of mania in which the best effects are obtained from opium. In idiocy and dementia, the author finds opium of no service.

Dr. Engelkew recognizes an asthenic and a sthenic form of delirium tremens, the former in his experience being more frequently met with in nine out of eleven cases. He administers opium in doses of from two to four grains with or without digitalis.

Chorea is a form of nervous disease, in which the author also states that he has witnessed the most decided benefit from opium. He gives it in increasing doses, of from one quarter of a grain to one grain, with children, of from 10 to 12, and continues its use for from two to eight weeks.

The contra-indications for the use of opium in mental disease mentioned by the author, are much the same as in other cases—e.g., 1. In insanity depending upon inflammation, with or without synochial fever. Besides inflammation of the brain, of which delirium is a symptom, there are many other distinct forms of disease, which in the acute stages, are attended by delirium, and for which an antiphlogistic, rather than a sedative, treatment is adapted. 2. In congestive conditions in the arterial (sanguine?) temperament, opium is injurious; whereas on the contrary, in the nervous and venous (lymphatic?) temperament, opium will, in the majority of cases, remove the congestion, especially when the exciting cause is to be sought in violent mental emotion.

With disease of the mind occurring in the asthenic state, the greatest caution is required in the use of opium.

With regard to the repetition of the doses of opium, Dr. Engelkew points out, that this must be determined by the constitution of the patient, and the effects of the previous administration.

The author also observes upon the error of regarding all narcotics as equally useful in mental diseases; and repeats his remark that they are not to be regarded as they were formerly, specifics for insanity.—*Psychological Jour.*

#### AMERICAN LARD.

By F. GRACE CALVERT, Esq., Of St. Louis.

DURING the numerous analyses I made some three years since of various articles of food employed in public establishments, I analysed several samples of American lard, and therefore may add to the fact already mentioned by Mr. George Whipple in your last number, that I found them to contain, in addition to starch, from 10 to 12 per cent. of water, and from 2 to 3 per cent. of alum, and about 1 per cent. of quicklime. A few months ago, I was able to ascertain that the operation is conducted in the following manner: The fatty matters, such as they arrive from America, are melted with a little water in false-bottomed copper pans, through which circulates a current of steam. The dirt and other heterogeneous matters fall to the bottom of the pans, and the clear grease is allowed to run into a wooden vessel when it is stirred in contact with cold water; it is then put under revolving wheels, with a thick paste made of potato starch, mixed with a little potash, alum, and quicklime, which appears to facilitate the taking up of the water and starch by the fatty matter. The cause of the American lard appearing so white, is, no doubt, the great division of the fatty matter through the interposition of the starch, water, and alumina. The quantity of alum should be such that a small excess should remain to prevent the starch from becoming mildewed, and I believe that the manufacturer also adds it for the purpose of communicating to the lard the property of facilitating the raising and increasing the whiteness of the confectioners' paste, in which it is employed largely.—*Phar. Jour.*

#### EFFECTS OF CLIMATE ON MAN'S GENERAL WELFARE.

By T. G. HARRIS, M.D.,  
Physician to the Suffolk General Hospital.

At the present hour, when millions of human beings are leaving their homes in Europe, or contemplating doing so, for countries which may or may not possess a climate similar to that which gave them birth, it cannot fail to be perceived that many interesting inquiries are thereby laid open to science, on which none but the physiologist can enter with advantage.

If the race of man, then, in all its varieties, affords a general expression of the existing climates of the world, in reference to the circumstances which contribute to healthy organization; if one climate maintains, while another modifies more or less the characteristics of human beings, as is undoubtedly the case, it cannot be out of season to make this investigation: With what result to his own physical conformation and moral character, and more especially to that of his descendants does man, born in a congenial climate, emigrate at random into different zones?

Having examined this subject in its many bearings, both by collating the written observations of travellers made cursorily without any immediate scientific object, and by questioning intelligent persons from our colonies, and other newly-formed states, I premise with confidence that it is one which is most important and curious. To take a common example: What a diversity of effects must obviously arise from one member of a family taking up his permanent abode in a portion of the American, and another in a part of the Australasian continent! Both regions afford climates which are called delightful and healthy; but their separate influence on the organization of the European is already perceptible. Indeed, it has been forcibly argued that man cannot travel out of his own zone without entailing extinction on his race. Be this as it may, an inquiry into the subject of isogenetic\* or congenial zones is of sufficient moment, under the existing conditions, and inevitable redistribution of nations, to give basis to a branch of science; nor will it be passed over without due consideration in this series of papers.

The classical ethnographer is of opinion that the human race is essentially migratory; that while it has enjoyed the character of being so from its origin, it is in obedience to the same instinct that it persists in pursuing its migrations into lands still unsubdued or unpeopled. But if it were true originally that the human race, being of common stock, fulfilled one of its great ends in spreading itself over continents, does it follow that the physical conformation of man is calculated to endure these changes of climate indefinitely? The race of man, physiologically considered, has its limits, like animal beings generally, many species of which have disappeared, some within our own time. Granting, then, that after one or more migrations, a particular race has become acclimated, as the Saxon, the Dane, and the Norman in this country; is it to be supposed that further migration, beyond our isogenetic zone, is in accordance with natural laws, especially at this not early period of human history, when disease to so large an extent is hereditary, and early death so general, as to mark an epoch in man's limited career? In answer to these inquiries, it may be assumed, that the type of man's physiological condition is expansive to a great degree, and that change of character in it is not incompatible with its integrity; but that beyond certain limits, such change as is effected by diversity of climate does hasten the fulfilment of the natural law of its extinction. With these preliminary remarks, the subjects intended for discussion may be approached in detail.

Climate, it will be found, is intimately associated with

\* I venture to introduce this term in order to mark the distinction between zones of equal geniality of climate, and those of like temperature, or isothermal zones, both of which differ from each other, and from geographical zones, as much as the magnetic differs from the common equator.



the history of countries. The Olympic games, the Greek drama, in common with the arts both of architecture and sculpture, are in some degree due to the influence of a cloudless sky. Rome owed her exterior splendours, Italy her palaces and unrivalled frescoes, to the same southern climate; while the vivacious Frank, rejoicing in an atmosphere scarcely less pure, delights in the imitation of Athenian taste, and Roman example, with their avenues, statues, and fountains. But the Englishman, enjoying equal, if not greater advantages, all of which are due to the climate of his native country, appeals, neither to sun nor sky; he is content to expatiate on the luxuriant verdure of his fields and hedgerows—on the perfection of his stock—on the breed of his cattle—on the manly character of his countrymen; and for the rest, he exercises his privilege of grumbling, however unjustly, at the ever-varying weather and leaden sky, through which these unexampled benefits are maintained.

What meaning, then, is to be attached to the expression, *good climate*, in the widest acceptation of the phrase? Though the sun of Greece may have inspired the dream of an *Acropolis*, and its realization, and somewhat later, but in the same spirit, may have marked out the boundaries of an eternal city on the plains of Italy,—of what avail is it, if human welfare prove not commensurate in duration with the glories of Nature? But so it is; the greatness of the South has been due to other causes than climate: it has arisen from a combination of human elements, the admixture of races having mainly contributed to the great result, the enduring monuments of which, climate alone was unable to sustain. Yet that some climates are better suited than others to the development of man—to the formation of his genius—to the growth of his physical powers—to the production of his supplies—is scarcely to be disputed. What country or region, then, beyond all others, has proved the most congenial to man; and in what does its geniality consist?

Excellence of climate is that quality which secures to any country its aptitude for the maintenance of intellect, strength, and health in the highest perfection, and for the rearing and growth of the supplies best adapted to the support of man. Some may, at first sight, pronounce this definition to be too strictly economical—too exclusive of the pleasures derivable from sunshine and a perpetual spring. But who can dispute the supreme blessing of health? And when this is once admitted, it cannot but be allowed that food, one of its chief sources, must take a prominent place also among human benefits. Nevertheless, it is highly probable that the custom of undervaluing—indeed abusing this climate, boasts a high antiquity. King Charles the First, with true discrimination, was among those who saw the subject in its true light; he observed, that in no other country was it possible to take exercise in the open air for so many days during the year as in England; and yet it has been reserved for the nineteenth century—that epoch of our scientific agriculture, of our success in sciences, in mechanical arts, in all that has its source in the intellect and energy of man,—to discover in how great a degree all this is due to climate.

Looking to exercise then as one grand source of health, let it be considered how many fine days, or portions of fine days, occur in all parts of England, however diversified, during the year. To the advantage our temperate climate thus affords, are attributable the vigour and symmetry of the men, and the corresponding beauty and freshness of our women. What other country boasts its pedestrians, who have accomplished the feat of walking over a thousand miles in a thousand hours? Where else are we to look for a race of prize-fighters like that which, through moral, not physical influences, is now disappearing? To descend in the scale, to what but to the climate of this country is the perfection of the horse attributable; and not of the horse only, but every other kind of animal?

As a grazing and agricultural country, England can scarcely be surpassed; but it is unnecessary to do more than allude to the produce of her soil, whether vegetable or animal. If the superior excellence of our stock is attri-

butable in the first instance to breed, no other influence than the climate could have perpetuated it; for the same stock, imported into less favourable regions, is known to deteriorate rapidly.

This utilitarian view may appear novel to those who have been in the habit of associating the spontaneous productions of the earth, and a perennial spring, with all that is desirable in climate—who, unaccustomed to the details of science, fall readily into the luxurious dream of the poet, in crediting the idea that the man of temperate zones can with impunity settle down within intertropical countries. But the true tests of a climate are seen in the quality of its productions; the constitution and temperament of the people living under it; the age to which they attain; and other circumstances of a like character, to which reference will be hereafter made.

This country owes its productiveness to the somewhat equable fall of rain which occurs throughout the seasons; to the moisture and warmth preserved to the land by a clouded atmosphere, which, by preventing a radiation of heat from the surface, tends materially to neutralise the effects which would else accrue from a high latitude. But these circumstances alone, while they may preserve it from becoming ice-bound during the winter, like other countries of the same, and of still more southern latitudes, are not sufficient in themselves to create the truly temperate climate we inhabit; other causes, of a most admirable and unique description, are to be looked to, not only in characterizing our zone, but in extending its geographical boundary over a great part of Europe.

A lake of warm water, having a maximum temperature of 86 deg. F. in the Strait of Florida, stretches across the Atlantic, from Cape Hatteras to the Azores; its greatest breadth being 120 miles, and its entire extent equal to that of the Mediterranean Sea. The origin of this tepid lake, whose waters are directed ultimately to our coast, and the western shores of Europe, is the Gulf of Mexico—an enormous cauldron, measuring one thousand miles in length, and seven hundred in breadth; having above it a tropical sun, which maintains a very high temperature in its waters. From this great sea, both the name and source of the Gulf Stream are derived. After passing between Cuba and Florida, and taking the direction of the American coast, it turns eastward, preserving a mean velocity, from the commencement of its course to the Azores, of thirty-eight miles a day; having a temperature of about 9 deg. Fahr. above that of the surrounding ocean in the Strait of Florida, which decreases so gradually in its passage to the east, as to have lost only 5 deg. Fahr. Opposite the south bank of Newfoundland, a distance of 1300 miles, it still retains a heat of 8 or 10 deg. above that of the adjacent seas, communicating its temperature to the superincumbent atmosphere. The warmth diffused over the Atlantic Ocean by this means would be sufficient—such is the calculation—to raise the entire column of air covering France and the British Isles, on a winter day, from freezing point to summer heat—a fact which accounts for the comparative absence of ice in the North seas, and affords the true explanation of the mildness of our climate, and that of adjacent countries.

But, while its influence, by means of the atmosphere, thus affects a large extent of climate, the Gulf Stream itself washes our western shores. The waters of the Atlantic are still warm as they wash the coasts of Connaught, while their effect is perceptible along the shores of Norway, and to the very borders of the Arctic Ocean.

And lastly, among the tributaries of our temperate climate, is the south-west current of air which is the prevalent wind of the northern hemisphere. Its gusts occupy the track of the Gulf Stream. They waft the warm moist air, arising from the contact and evaporation of its waters, over the coasts of Western Europe; they are felt in the same warm fitful gusts, from Cape Finisterre to the North Cape, as in the Atlantic, penetrating into the Baltic, and reaching to the Russian plains. It is the influence of this current which gives to the western coasts of these islands, from Cornwall to the Hebrides, almost the same isothermal line.—*Association Med. Jour.*



## MILITARY SURGICAL SKETCHES.

By W. E. HORNER, M.D.

Professor of Anatomy in the University of Pennsylvania,  
Senior Surgeon at the St. Joseph's Hospital, &c. &c.

THE concentration of numerous forces at Buffalo, New York, early in the year 1814, the arrival of many officers of high grade, the accumulation of large amounts of military stores, the daily drills and parades, lasting from eight to ten hours, the presence of Major General Brown, in command, with the recently appointed brigadiers, Generals Scott and Ripley, of the regular army, and the chivalrous General Peter B. Porter, of the New York Militia, all led to the conviction that a great enterprise was at hand, and the young medical aspirants of this division of the United States forces, and all of us who felt desirous of some degree of experience in surgical matters, for our better instruction, were likely to obtain it before long.

In the year 1813, I had seen but little service; my commission as hospital-surgeon's mate having come too late for any of the important field operations. The American force at New York consisted of about seventeen hundred men, and the British of about eighteen hundred. The former lost three hundred and twenty in killed and wounded, the latter about four hundred. Dr. James Mann, hospital-surgeon, being attached to the expedition, says that the American column halted at a distance of four hundred yards from the enemy's battery to reconnoitre, and that at this moment an explosion occurred, whereby sixty were killed and one hundred and eighty wounded, by the fall of stones which formed the magazine.

The attack on Fort George commenced on the 25th of May, and the assault on the 27th. The Americans had about four thousand troops, of which twenty-seven were killed and eighty-seven wounded. The British loss was estimated at one hundred and two killed and one hundred and seventy-five wounded. Dr. Mann, who was on the spot immediately after the action, says that he found four hundred men either killed or wounded, made up from both armies as they lay intermixed. Many capital operations were performed, both on the Americans and English.

On my arrival at Fort George, in August 1813, the army was tranquil, and there was no special duty for myself. At that time it had been determined that the forces should leave this position, and make a descent upon Montreal. The general hospital was then at Lewistown, under Dr. Mann. About this period more than one-third of the soldiers of the army were on the sick report; half of the medical staff attached to regiments were disabled. Of seven surgeons' mates belonging to the hospital, one died, three had leave of absence, and the other three were for a short period sick. At one time, with a sick list of some six or seven hundred men, only three surgeons were present for duty. The diseases were typhus and intermittent fevers, diarrhoea, and dysentery.

From the preceding battles, there remained many who, from the nature of their wounds, were incapable of further military duty. A detachment of seventy-three such soldiers was committed to my professional charge.

The encampments of the army at Buffalo were broken up July 1, 1814. Orders were issued for hospital preparations, a number of tents were left behind for future sick service, and for the sick of the regiments then on hand. The present Eagle Hotel and Railroad Depot of Buffalo, occupy the part of the city upon which the hospital was opened. On the night of the 2nd of July, the American army crossed the Niagara, and early the next morning Fort Erie was invested. In this affair, only two soldiers were wounded, one in the knee by a grapeshot, and another in the head by a buckshot. The first one must have had his knee in a flexed position at the time of injury, judging from the course of the ball. It entered on the end of the right tibia, opposite the head. It did not penetrate or injure the bone, but, dancing on, quelled upwards, came out in the inside of the anser internus, just above the knee. From the nature of the wound, and the pain the patient experienced, an unfavourable result was looked

for. The wound was dressed with a pledget of lint and a bandage, on the field, and the day afterwards brought to the general hospital. I removed the first dressing, washed the wound well with soap and water, and applied a pledget of lint spread with simple cerate, and confined it with a bandage loosely applied. The use of astringent spirits was forbidden; ordered thin soup and boiled rice, and to keep the limb undeviatingly in a straight position. On the fourth day after the injury, the pain of the limb increased, and a swelling of the joint was perceptible; the part was so extremely tender, that the patient could scarcely bear the falling of water on it from a sponge. A saturnine poultice was then applied, he was bled to the amount of a pint, and, in order to counteract the irritation of the wound which had kept him sleepless since its reception, an opiate was given. On the morning of the fifth day the pain had somewhat abated, the swelling was stationary, and a small quantity of pus was perceptible on the surface of the wound. The poultice was removed, and the opiate at night. This plan of treatment assuaged the violent pain, and the sore got into a healthy condition on the tenth day. The suppuration became very copious and healthy, and the tension of the knee removed; everything was then dispensed with, except the daily washing of the sore, and a dressing of cerate. The suppuration gradually diminished, the cicatrix contracted, the knee became flexible, and on the fortieth day after the reception of the injury, he returned to his military duties.

The other patient, who was wounded in the head, was a boy of 15, much esteemed in his company for his gallantry. He was brought to the hospital, the day after the injury, in a comatose state attended with delirium; however, when spoken to, his attention could be directed to the person who addressed him. The wound was extremely small, in consequence of being inflicted by a buckshot, was situated on the right temple, and had been closed up by the tumefaction of its edges, so that only a small bloody scab was visible; the temple was much swollen, and he complained of great pain in the right ear and back of the head. The wound being closed, prevented the probing of it. A poultice of bread and water (it being impossible to obtain milk) was applied by a bandage, but the patient from his restless and painful situation, did not allow this to remain more than an hour or two; it was frequently applied, and as often displaced, so that it was given up the next day, and the wound dressed with cerate. On the third day the appearance of the wound was not much altered, it had discharged a little blood and serum; the patient still restless, and moaning through excess of agony; pulse frequent and feeble; an anodyne at night, and a little soup was occasionally given. Fourth and fifth day, condition much the same as the preceding, only it was more difficult to obtain his attention, the delirium and comatose state having increased. Death put an end to his sufferings on the fifth day. On examining the head, it was found that the buckshot had passed through the temporal muscle and entered the cranium through the anterior angle of the right os parietal, just before the squamous suture, penetrated through the dura mater into the substance of the brain, and passed through the cortical part of it, not far from the right lateral ventricle, and lodged above the tentorium on the same side.

From the first day of July we had been busily employed in erecting hospital tents, procuring bunks and straw, and making every arrangement for the reception of a large number of wounded. On the 5th of July the battle of Chippewa was fought; many of the enemy's wounded fell into our hands, which added to our own, gave the surgeons of the hospital department as much business as they could well attend to. Many operations were performed on the field of battle, and all the wounded dressed there. The battle was fought on the banks of the Niagara river, and the wounded were brought up in boats to the general hospital at Buffalo. They were conveyed from the boats to the hospital—a distance of about four hundred yards—on blankets, the sides of which were nailed to poles; this formed an easy and convenient litter, by which four men



could safely convey one wounded without subjecting him to jolts, &c. Besides this advantage of the litter, when the wounded soldier was to be placed on it, it was spread smoothly on the ground and he slipped gently on; a litter thus constructed can be easily pulled from under the patient without pain, and is, in that respect, much better than the brancard or the handbarrow. The number placed immediately under my charge amounted to from sixty to seventy.

On the 25th of July, the battle of Bridgewater was fought, and was one of the most destructive field fights on record, for the numbers engaged. It crowded our hospitals so completely, that the attention of the surgeons was required unremittingly from early in the morning till night, besides the constant sick-calls at night. At one time I had the sole attendance and dressing of one hundred and seventy-three sick and wounded. My fingers became so sore from incessant dabbling in water and in pus, that I could seize nothing without pain, and was constantly liable to let articles fall, from the sudden twinges of agony in touching them. Our pressure of hospital business continued till the 4th of August, when an attack at Black Rock by a large force of the enemy, with the view of capturing the munitions at Buffalo and the troops in the hospital, occasioned a sudden and general dispersion. Our requisitions for hospital rations for some days before this affair, had been at eleven hundred.

The precise number of the wounded patients at this time, I have no memorandum of, but it included a very large amount; the wounded officers were generally quartered in the town. The danger of capture was so imminent, that while the action was in progress many of the hospital patients who were capable of shifting for themselves dispersed into the country, and others were removed to Williamsville, a small town of two or three hundred inhabitants, eleven miles in the interior. At this place a general hospital was opened, and I was placed in charge of the Buffalo one, as a receiving hospital for the army now hemmed in at Fort Erie. The hospital at Williamsville had for its chief medical officers Drs. Bull, Thomas, and Lovell. The latter was afterwards surgeon-general of the army, and had distinguished himself by his skill and zeal in the campaign of 1813, as well as that now going on. The hospital at Buffalo was directed to retain the most severe cases of wounds, and to send all others forward to the interior one, and to pursue this course for the remainder of the campaign. My care for the time was thus reduced to eighty or ninety, whose condition forbade removal. A physician in private practice in Buffalo, Dr. Coltrin, was allowed me as an assistant; he had been the partner in practice of Dr. Cyrenus Chapin, the oldest physician of the place. Dr. Chapin had been equally distinguished in his profession and in a military career. He was colonel of a regiment, and as such accomplished several remarkable feats of bravery, by his resistance to frontier attacks, his hostile incursions into Canada, and a singular recapture of himself on Lake Ontario in an open boat, by rising, with some other American prisoners, upon the guard, and bringing boat and all into the American territory.

On the 15th of August, a general assault was made on the American works; and while a column contended for a bastion of Fort Erie, a magazine near it exploded, and threw the enemy into the air. The wounded by this explosion were truly most pitiable spectacles. Some blackened over the whole face, and their heads swollen to two sizes; eyes burnt out; limbs mangled; clothes torn from scarified backs, &c. &c. There was scarcely a description of wound which was not exemplified amongst them. The military man sees in these events the steps of his glory; but the surgeon has only the impression of the woes of war. He only hears the groans of the wounded, and sees the horrid mutilation of their bodies, their want of comfortable accommodation and provisions, and the imperfect attendance from press of business. Since the 2nd of July, our hospital had been recruited by two pitched battles, one general assault upon our position at Fort Erie, by the defence of Black Rock, and by skirmishing, bombarding,

and cannonading, from day to day, with scarcely the interval of an hour.

From the preceding narrative, it may be inferred that every description of wound was to be met with—from musket ball, grapeshot, cannon ball, fragments of shell, and all missiles used in warfare. There were but few instances on either side of bayonet wounds, the troops seldom closing. One day, in making my hospital rounds, a patient just arrived presented an amputated forearm, and in doing so could scarcely restrain a laugh; the titter was constantly on his face. "What's the matter? this does not strike me as a subject for laughter." "Excuse me, doctor; I lost my arm in so funny a way that I laugh whenever I think of it. Our sergeant wanted shaving, and got me to attend to it; we went out in front of his tent, I lathered him, took him by the nose, and was about applying the razor, when a cannon ball came, and that was the last I saw of his head and my hand."

The crowd of wounded brought in by the field of Bridgewater, reduced, unavoidably, attentions to individuals; the utmost possible was done, but it did not come up to the point. Under these circumstances, many soldiers were treated in the outskirts of the hospital by their wives, or females having an attachment to them. With such assiduities, recoveries took place which would scarcely have followed in the then ordinary hospital practice. A boy shot in the forehead, with the ball penetrating to the back of the neck, along the base of the face, whom I had seen on his first arrival and dressed, and given up for a fatal case, pleasantly surprised me some weeks after in a state of convalescence; and a soldier badly shot through the lungs, was in the same way. So much for assiduous nursing, congenial food, cleanliness, and good poultices.—*Amer. Med. Examiner.*

#### DIVISION OF THE TENDO-ACHILLIS IN FRACTURE.

(Under the care of Mr. SHAW in Middlesex Hospital.)

THE division of the tendo-Achillis, as a means of facilitating the reduction of fracture of the leg, in cases where such reduction presents difficulties, seems now to be pretty generally used in our hospitals. This practice, which originated in Germany, and has been adopted in several countries besides England, has the great advantage of allowing of reduction without the powerful traction (and accompanying pain) which must sometimes be used in cases of complete riding or widely-displaced fragments, when the gastrocnemius muscle draws the lower fragment upwards with a great degree of force.

Mr. Shaw has now in Clayton ward a male patient, aged 40, who was admitted January 19, 1853, with a simple fracture across both malleoli, with complete twisting of the foot outwards and towards the front of the leg. Reduction was found extremely difficult, and Mr. Shaw thought it advisable to divide the tendo-Achillis, to render the parts more yielding and manageable. This measure had the desired effect, and the leg was easily reduced; the limb was then placed into the usual apparatus (side-splints and foot-piece), and the patient is now doing extremely well.

We noticed in the same ward a severe case of compound fracture of the leg, in which the same procedure was resorted to with great benefit. The man was admitted October 26, 1852, and is aged 61. He was run over by a cab, and suffered a compound fracture towards the lower third of the leg. The fragments were so widely separated, and the action of the gastrocnemii and solei muscles so powerful, that Mr. Shaw was obliged to divide the tendo-Achillis, besides removing a small portion of bone. Reduction became then comparatively easy. Suppuration has been profuse, and the diligent exhibition of stimulants became necessary; but by dint of care, cleanliness, &c., the patient has done well, and the wound was almost healed three months after admission.

Mr. Hilton had lately recourse, at Guy's Hospital, to the division of the tendo-Achillis in a case of compound fracture



of the leg of a very severe kind. Reduction was found extremely difficult before tenotomy was performed, the separation of the fragments was considerable and the traction of the muscles insupportable. After the division of the tendons, the limb was secured in a comfortable position, and by the use of opium and stimulants, the patient is likely to recover without the loss of his leg.

Mr. Hilton has had two other cases of the same description, in which tenotomy proved very beneficial. One was that of a woman aged 67 who was admitted with compound dislocation of the ankle joint. Mr. Hilton proposed amputation, but the patient would not consent; he was therefore obliged, in order to bring the patient into a tolerable position, to divide the tendo-Achillis, the peroneal tendons, and the tibial tendons. By the continued use of stimulants, &c., the patient recovered, and has just left the hospital, with an ankylosed and hardly useful joint.

The third case refers to a woman who suffered simple fracture of the lower third of the tibia and fibula. The foot became so elevated by the action of the peroneal muscles, and the lower fragment was so strongly pulled upwards, that Mr. Hilton divided the tendons of the peronei and the tendo-Achillis. Reduction was then effected with comparatively little trouble, and this patient has also done well.—*Lancet*.

#### FLUID EXTRACT OF RHUBARB AND SENNA.

By WILLIAM PROCTER, JUN.

NOTWITHSTANDING that two preparations of rhubarb and senna are already known, it is believed that the new one, now proposed, possesses sufficient claims to gain for it the favourable opinion of physicians and patients in many cases where a cathartic is needed, simply as such, or in connexion with other medicines. It is well known that senna has little, if any, tonic influence on the alimentary surfaces; that an over-dose has a depleting effect, often inconvenient, and that griping is a frequent attendant on its exhibition. On the other hand, it is equally understood, that rhubarb is remarkable for being a sort of therapeutical paradox, in so far as it possesses both a purgative and an astringent property, the latter coming into play after the former has manifested itself, and thus repairing, as it were, its effects. It is also well known, that this astringent or tonic action is so strongly marked, that it is necessary in most cases to combine it with some other cathartic to overcome or modify this peculiarity when a simple cathartic is needed. By the union of these two drugs in the concentrated form presented by a fluid extract, and in a due proportion, a resulting cathartic action is obtained which is safe, unattended by unpleasant symptoms, and not followed by constipation when the dose has been properly graduated. It has been ascertained that the associations of alkalies and alkaline salts with rhubarb and senna, has a tendency to prevent their unpleasant griping effects, and in the case of senna to increase its activity. The introduction of the bicarbonate of potassa is with this view, and the aromatics from their carminative properties also aid.

The following is the formula:—

Take of senna, in coarse powder	twelve ounces (troy)
Rhubarb, in coarse powder	four ounces
Bicarbonate of potassa	half an ounce
Sugar	eight ounces
Tincture of ginger	a fluid ounce
Oil of cloves	eight minims
Oil of aniseed	sixteen minims
Water and alcohol of each a sufficient quantity.	

Mix the senna and rhubarb (by grinding them together in a convenient way), pour upon them two pints of diluted alcohol (U. S. P.), allow them to macerate twenty-four hours, and introduce the mixture into a percolator furnished below with a stop-cock or cork to regulate the flow. A mixture of one part of alcohol and three of water should now be poured on above, so as to keep a constant but slow displacement of the absorbed menstruum, until one gallon of tincture has passed. Evaporate this in a water-bath to eleven fluid ounces, dissolve in it the sugar and bicarbonate, and after straining, add the tincture of ginger, holding the oils in solution and mix. When done the whole should measure a pint.

Remarks.—If the percolation has been properly conducted, the ingredients will have been sufficiently exhausted when six pints of fluid have passed. As by far the larger portion of

soluble matter passes in the first two pints, it is well to set these aside and evaporate them separately to six fluid ounces, subsequently adding to the other liquid when it has been reduced to five fluid ounces. As the cathartic principles of senna and rhubarb are very susceptible to injury from heat, especially in contact with the air, the propriety of using the best available means for conducting the evaporation need not be urged. When the evaporation is conducted in open vessels, some advantage is gained by adding the sugar to the tincture and continuing the process until it measures fifteen fluid ounces. The sugar protects the extractive matter from oxidation, and more completely suspends or dissolves the resinous part of the rhubarb contained in the tincture. The bicarbonate should not be added to the extract while it is above 40 deg. F. and should be reduced to powder previously.

It may be objected to this formula that we already have fluid extracts of rhubarb and of senna of the same ratio of strength, and that when physicians need such an association they can mix them. In answer it may be stated that the cases where a simple cathartic is needed, are so numerous that this preparation will be found useful to the physician, and a good medicine for travellers and others who resort to this kind of purgative habitually.—*Amer. Jour. of Pharmacy*.

#### LIQUID GLUE.

By M. S. DUMOULIN.

ALL chemists are aware, that when a solution of glue (gelatine) is heated and cooled several times in contact with the air, it loses the property of forming a jelly. M. Gmelin observed, that a solution of isinglass, enclosed in a sealed glass tube and kept in a state of ebullition on the water-bath for several days, presented the same phenomenon, that is to say, the glue remained fluid, and did not form a jelly. The change thus produced is one of the problems most difficult of solution in organic chemistry. It may be supposed, however, that in the alteration which the glue undergoes, the oxygen of the air or of the water plays a principal part; what leads me to think this is the effect produced upon glue by a small quantity of nitric acid. It is well known, that by treating gelatine with an excess of this acid, it is converted by heat into malic and oxalic acids, fatty matter, tannin, &c. But it is not thus when this glue is treated with its weight of water and with a small quantity of nitric acid; by this means glue is obtained which preserves nearly all its primitive qualities, but which has no longer the power of forming a jelly. Upon this process, which I communicated, is founded the Parisian manufacture of the glue which is sold in France under the title of "colle liquide et inalterable." This glue being very convenient for cabinet-makers, joiners, pasteboard-workers, toy-makers, and others, as it is applied cold, I think it my duty, in order to increase its manufacture, to publish the process. It consists in taking one kilogram of glue, and dissolving it in one litre of water in a glazed pot over a gentle fire, or, what is better, in the water-bath, stirring it from time to time. When all the glue is melted, 200 grms. of nitric acid (spec. grav. 1.32) are to be poured in, in small quantities at a time. This addition produces an effervescence, owing to the disengagement of hyponitrous acid. When all the acid is added, the vessel is to be taken from the fire, and left to cool. I have kept the glue, thus prepared, in an open vessel during more than two years, without its undergoing any change. It is very convenient in chemical operations. I use it with advantage in my laboratory for the preservation of various gases, by covering strips of linen with it.—*Comptes Rendus and Chemical Gazette*.

THE MEDICAL PROFESSION IN PARIS.—The Medical Directory of Paris, published by *L'Union Médicale*, gives the following numbers to our Parisian brethren:—Doctors of medicine and of surgery, 1837; officiers de santé (an inferior grade), 179; pharmaciens, 423; midwives, 277. From the 1st of January, 1851, to the 31st of December, 1852, there died in Paris 39 doctors of medicine; in the two previous years 64 had died. In the year just elapsed, 88 new practitioners set up in the capital. This year's list contains 15 medical men less than the last. The Directory also gives the numbers in the districts surrounding Paris, and from these statements it would appear that there is a great disproportion between doctors and patients. There are, in fact, less than 500 inhabitants for one medical man; and when it is considered how many of these apply to public institutions, very little is left for individual practitioners. *L'Union Médicale* warns young men from settling in Paris, as the exuberance of professional men is enormous.



## REVIEWS AND NOTICES OF BOOKS.

## A PRACTICAL TREATISE ON INFLAMMATION OF THE UTERUS, ITS CERVIX, AND APPENDAGES, AND ON ITS CONNECTION WITH UTERINE DISEASE. By JAMES D. BENNET, M.D., Member of the Royal College of Physicians, late Physician-Accoucheur to the Westminster General Dispensary, &amp;c. &amp;c. Third Edition.

The favourable opinion which was expressed of Dr. Bennet's work, when noticing the second edition, seems to have been fully borne out, a new one having been called for within a comparatively short space of time. In preparing this third edition for publication, I have (the author states) carefully revised it, and made various additions, which will I trust, render it more complete. I shall have also slightly altered the arrangement of the chapters, with a view to improve the general plan. The principal additions are in the sections upon acute and chronic ovaritis, amenorrhoea, dysmenorrhoea, menorrhagia, and displacements of the uterus. A new incident has also been added, which contributes much to the utility of the work.

Dr. Bennet's views respecting uterine pathology have been so often and so ably advocated by him, that they are familiar to most of the profession, and they have been adopted by a large and influential section of it. "Under such circumstances, I may be allowed (he observes) to pass unnoticed the 'opposition' which I have met with. Believing thoroughly in the correctness of the facts and doctrines which I have advanced, I shall henceforth leave them in the hands of the profession, under the conviction that eventually they must and will be adopted and acted upon by the entire medical community."

In previous notices of Dr. Bennet's work we gave an outline of its contents; here, therefore, we shall confine ourselves to the new matter contained in this edition, and principally to the section upon "morbid menstrual states."

Dysmenorrhoea, according to Dr. Bennet, may exist—1st, "permanently as a constitutional condition, or accidentally and temporarily in connexion with general morbid states." 2nd, it may be the result of the presence of uterine or ovarian disease, or of a contracted state of the cervical canal. "Constitutional dysmenorrhoea is often observed in females whose uterus appears naturally predisposed to congestion, and with whom menstruation is very abundant, and is preceded and followed by a white leucorrhœal discharge. It is met with also when this is not the case." "Accidental dysmenorrhoea may occur in a female who usually menstruates without pain, as the result of over-excitement or fatigue, from exposure to cold, or as the result of some temporary disturbance in the general health."

"Inflammatory dysmenorrhoea. Non-constitutional dysmenorrhoea, according to my experience, is much more frequently the result of inflammatory disease of the uterine organs, and principally of the cervix, than, as is generally supposed, of functional derangement, or of nervous susceptibility. When menstruation, naturally easy, becomes permanently painful, or when naturally but slightly painful, it becomes extremely so, we are warranted in looking for local disease. Such a change does not take place without a cause, and that cause is, generally speaking, inflammation of the cervix or body of the uterus; dysmenorrhoea being one of the most prominent and most ordinary symptoms of that disease."

We may connect with inflammatory dysmenorrhoea that form which has been described under the head of pseudo-membranous, and which is characterized by the expulsion of shreds and casts of plastic lymph from the cavity of the uterus. I believe that the formation of these membranes coincides almost invariably with the present or past existence of uterine inflammation. In other words, I have found, in the great majority of cases of this description, that have come under my observation, that there has been at first inflammatory disease, although the removal of this disease has not always freed the patient from the liability to the formation of the pseudo-membranous casts. M. Pouchet states that in all females, even in virgins, a delicate decidua mem-

brane or cast is formed in the cavity of the uterus at every menstruation, and is thrown out about the tenth day. If so, the deciduous pseudo-membranes of dysmenorrhoea may be considered as merely an exaggeration of a natural condition, but occurring generally speaking only under the influence of inflammatory disease. The expulsion of these pseudo-membranous shreds is always preceded by an aggravation of the uterine suffering, and not unfrequently by terminations similar to labour pains, which are evidently occasioned by the efforts of the uterus to get rid of the casts formed in its cavity.

Physical dysmenorrhoea. Dysmenorrhoea may also depend, as demonstrated by Dr. Mackintosh of Edinburgh, on a physical imperfection of the uterine neck, on contraction of the os internum, or of the canal which constitutes the cavity of the cervix. This contraction may be either congenital or the result of inflammation. The peculiar character of the dysmenorrhoea when caused by congenital contraction, is the absence of any uterine symptom during the interval of menstruation, and a severe agonizing pain for a few hours before the flow of blood appears, either then disappearing or lasting throughout the period, these pains commencing with menstruation in early youth; if they are occasioned by inflammation, there are the same symptoms at the time of menstruation, but there is not the same immunity from uterine symptoms in the interval of the catamenia.

The cause of the pain experienced under these circumstances is evident. The cavity of the non-pregnant healthy uterus, not containing more than about ten or eleven drops of fluid, as soon as the catamenial secretion commences from the lining membrane of the uterine cavity, unless the blood find a free exit through the os internum and the cavity of the cervix, it distends the uterus and gives rise to great pain."

The following forms of menorrhagia are described by Dr. Bennet.—1. "Accidental menorrhagia." 2, inflammatory menorrhagia. 3, menorrhagia from ovaritis; 4, menorrhagia at the dawn and close of menstruation; 5, menorrhagia during pregnancy; 6, menorrhagia after parturition." In the section upon treatment, Dr. Bennet proposes a novel plan of treating certain cases of menorrhagia where "the hæmorrhage persists after the entire removal of the local disease, owing to enlargement of the uterus, to the presence of a small unrecognized polypus or uterine tumour in the cavity of the uterus and its neck, or from the mere hæmorrhagic habit." This consists in plugging the os uteri itself, instead of the vagina. It occurred to me (the author observes) that the usual plan of filling up and distending the vagina by pieces of sponge, or a handkerchief, was a very clumsy, painful, and inefficient mode of opposing mechanical resistance to the exit of blood from the uterus, when its orifice could be so easily brought into sight.

"Acting on this idea, I have, in several instances, brought the cervix uteri into view, and passed inside the os two or three small pieces of cotton, tied to a piece of thread, which I wedged in firmly, covering the whole cervix with two or three larger pieces, left in close contact with it on the withdrawal of the instrument." In most of the cases in which I have resorted to this plan, I have easily arrested the hæmorrhage. Indeed, the modification of the ordinary practice appears to me so simple and so consonant with common sense, that I cannot but think it will be often adopted in severe cases. In the ordinary operation of plugging the vagina, that canal has to be distended by a large mass of sponge or linen, soaked with clotted blood, which often interferes with the functions of the bladder and rectum, is invariably a source of great discomfort to the patient, and is not always efficient; whereas, by the plan I describe, the end proposed is much more effectually encompassed, with scarcely any annoyance to the patient beyond that which the use of the speculum occasions.

Owing to the natural contractility of the cervical canal, and the pressure of the fluids from behind, if the cotton is not well pushed in, it is soon forced out. The plug may be left without renewal twenty-four or even thirty-six hours; but in the latter case it is generally expelled spontaneously. A small piece of sponge may be used, and is more likely to remain *in situ*, owing to its expansion; but as it must necessarily be very small, it is more likely to be permeated by the blood. If sponge is used, great care should be taken to extract the piece passed into the os, to which a small piece of



thread should always be tied, as the os uteri might not be able to expel it alone, owing to its great expansion."

It is scarcely necessary to multiply quotations from Dr. Bennet's treatise; its value is already established with the profession, and the improvements in this new edition render it now the most complete work upon the subject.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, FEBRUARY 23, 1833.

### FREEDOM OF THE PRESS.

It is odd enough that, at this hour of the day, so many readers of our journal should so little understand the nature of our position as regards them and others whom we cannot call readers. Perhaps, however, they understand it better than they care to confess, and only affect a simplicity which does not really belong to them. That subscribers should entertain some definite notions of a *quid pro quo* nature we can well understand; but that persons benefiting by our risks and exertions, without contributing to our resources, should suppose we are in any wise indebted to their patronage is amusing: yet such a strange misconception seems to prevail in certain quarters; a kind of misty idea that some occult influence is wielded by them which we cannot withstand. At such folk we laugh. The opinions of men who can form an opinion we respect, but noisy sounds of *vox et preterea nihil* we value as we value applause from the same source. So let those inflated by exaggerated estimates of their personal importance save themselves the trouble, for we heed not either their warnings or their predictions. Then of those who suppose that we are to be intimidated or diverted from our course by threats of consequences in a different arena, we have the same to say. If collusion with the corrupt be the price we are to pay for the "sweet voices" of those who dispense honours, we are not going to bid for the article on sale. We have been repeatedly accused of unhandsome discharge of our editorial functions, and even indulgence in personalities, when we have been compelled to notice practices which we considered culpable; but how much more open are we to the reproach of having exercised undue forbearance in cases of flagrant delinquency. The unworthy object of popular patronage who openly avows a licentious disregard of all conventional rules of professional obligation, charges us with designs on private character when we denounce his malpractices; and at the same time, those justly indignant because of his proceedings insinuate that we are accomplices if we spare him. We have experienced much vituperation on account of our reproofs of notorious charlatans, as we have blame for our toleration of infamous advertisers. In fact, as we have said, the duties of an Editor are not understood by medical men generally; neither are the limits assigned to his notice of passing events, and the public conduct of persons in office, properly appreciated. It seems to be assumed by many members of our profession that no matter how gross an abuse may be, or how corrupt a practice, no remonstrance is to be offered in print if it has a tendency to implicate individuals; and yet abuses and corrupt practices can scarcely occur without some one to promote them. Important trusts undertaken with solemn promises to discharge them, may be neglected, and stringent oaths may be forgotten or misinterpreted; but if any one hints dissent he becomes "personal," or he assails private character: and perhaps he does, for people cannot

comprehend how a man can be a knave in public and an honest man at home. Be all this as it may, for ourselves we repudiate obedience to any law which would bind us to a tacit acquiescence in the policy or propriety of proceedings which we cannot approve. We do not claim to be the censors of our profession, neither do we pretend to arrogate to ourselves any exclusive title to confidence in our integrity; all we want is to assert our right to enjoy the birthright of us all, Freedom of the Press.

### SURGICAL MEMBERS OF PARLIAMENT.

SOME of our readers will recollect that when, some half score of years ago, the Medical Association of Ireland, with the lamented RICHARD CARMICHAEL at its head, advocated the policy of demanding the right to be represented in Parliament, the conductors of the London medical press lent no aid to its endeavours. A light, however, seems to have broken in on some of them, as appears from the following:—

We are informed that, at the instance of two of the most eminent members of the council, a committee of the council of the College of Surgeons was appointed to consider the propriety of memorializing the government on the subject of conferring parliamentary representatives on the members and fellows of the College of Surgeons. The matter was discussed at many sittings; a memorial was prepared; once the question was carried in the affirmative, but on the proposal to confirm the minute of the previous meeting, the motion was negatived. Thus, for the present, the enlightened members of the council have been defeated; and it appears hopeless to expect that the council will proceed to reconsider their decision. As far as in them lies, the council of the College of Surgeons have had the question of professional parliamentary representation before them, and by them it has been coldly repudiated as an evil. If the representative privilege had been in their hands, and could have been conferred upon the profession, this enlightened body would have refused the boon. We have under our pen the names of the men who, blinded by prejudice and selfishness, defeated the object of the committee. The members and fellows ought to know who have balked them in this matter; but we forbear to publish the names of the men who have committed this grave fault, in the hope that hereafter they may lend themselves to better councils. The motives for the decision we condemn were as miserable as the decision itself. The council of the College of Surgeons were afraid to have their fellows and members entrusted with the power of returning one or more of their own class to represent them in parliament; lest their choice should fall upon improper persons. This was the only argument which could be adduced, and we regret to say it had the sanction of a majority when the question came to the vote. At a thousand points, our profession suffers from the want of such a power and status as parliamentary representation would confer; and the council of the College of Surgeons, instead of seizing the opportunity of pressing for such an advantage, cowers down, from an insane or childish fear lest the surgeons in general practice should return one of their own class instead of a so-called "pure." Such a want of confidence is at once most unjust and ignoble from men who are what they are by the suffrages of the men they suspect and would injure. But happily the question is not entirely in the hands of the council. The members and fellows throughout the country may move in this matter if they please; they may memorialize the government and petition parliament for that which the council have treacherously declined; and if they do so energetically and extensively, we have no fear of their success. With a new reform bill "looming in the distance," medical men may, if they choose, demand to have a specific voice in the legislature. We have laymen presiding over the registration of births and deaths; we have laymen presiding over the Board of Health; we have laymen administering the medical departments of the poor-law; we have laymen presiding over all that relates to lunacy; we have the spectacle of lawyers in plenty in the House of Commons, and of lawyers and divines in goodly proportion in the House of Peers; yet the ruling body of some twelve thousand surgeons deliberately pass a vote of unfitness upon the great bulk of our profession when the question of their having one, or at most two,



representatives in parliament comes before them. We fervently trust this pestilent mischief may be neutralized by the attitude of the profession. Deserted in this matter by their leaders, we hope the members and fellows, who form the bulk of the College of Surgeons, will presently take means to let the council and the government know that they scorn the pusillanimity of the one, and that they claim from the other a boon so which, in this age of intelligence, they are entitled, and which cannot be refused them, if the principle of the representation of educated classes, as well as of mere earth, or bricks and mortar, is to be recognized and grafted into the constitution of this great and free country.—*Lancet*.

## DUBLIN MEDICAL PRESS UPON EXAMINATIONS REAL, NOT VERBAL.

THE DUBLIN MEDICAL PRESS has reprinted our leading article of the 21st January, entitled, "Examinations Real, not Verbal," and although "not concurring in all the opinions offered," our contemporary fully admits that "the period has arrived for a free inquiry into the merits and defects of the present system of examination." The MEDICAL PRESS, however, does us injustice in supposing that we intended to assert that the London University deserves the honour of the "discovery" that *real* should be added to *verbal* examinations; for all we said was, that she has begun prominently to adopt the improvement, and that for this the profession owe her their thanks. We were aware that the Apothecaries' Society—a body constantly but ignorantly and unjustly spoken of by the DUBLIN MEDICAL PRESS—has for years adopted *real* examinations in *materia medica*, in addition to verbal ones, and has not been content with the candidates telling them whence colicium or cubebæ came, and the natural and Linnæan order of the plants, but has likewise required them to know the drugs when they saw them. And we were aware that the microscope has been introduced upon the examination table of the University of Edinburgh, so that there will be less danger of the embryo doctors being unable, when looking down upon it in the instrument, to indicate "the white matter of Schwann," although very accurate as to its exact linear measurement. All that we insisted on was, that this principle should be fully carried out, and that, in addition to the present verbal examinations, the student should be examined in the objects themselves. We trust, for his own sake, that our contemporary of Dublin does not imagine us to be so one-sided and absurd, as to think that anatomy or chemistry, or any other science, can be learned systematically without books, that is, without the assistance of all those who have preceded us, and who have enabled us to master with ease what they discovered with painful toil. All we assert is—and we are certain that every candid man who knows anything of the matter will agree with us—that by the present system a student may pass an examination in anatomy, in chemistry, *materia medica*, and the practice of physic and surgery, with very little knowledge of the sciences themselves, and with merely an acquaintance with the words which represent them; and that the prevailing system of examination fosters this mistaken direction of the pupil's industry. We rejoice to learn from our contemporary that the Colleges of Surgeons of Dublin and of London are at this moment engaged in considering this subject; and we trust that the result of their deliberations will be the needed reformation. We are not of the number of those who love great and sudden changes. We have a strong conservative bias; and we fully sympathise with those who have been actually engaged as examiners for years, who have adopted many improvements themselves, and who daily see where other changes might be effected were it not for circumstances which they cannot singly control. But, on the other hand, like every one who watches the progress of our Anglo-Saxon institutions, we know that all of them require public supervision and public discussion. However annoying it may be to the actual workers to be overlooked and scrutinized, yet suggestions *ab extra* are useful, and often quicken into vigorous life much that might have remained dormant without such a stimulus. Our institutions demand *progress* as well as *stability*: two principles which must work together in our medical corporations, if they are to live and grow, to rise and not to fall. We would ~~remind~~ then, that what we conceive to be imperatively wanted is *an addition to the prevailing system*. Let the present plan of systematic examination in words be still carried out, but let there be likewise an examination of the practical knowledge of the candidates in the things themselves. Many of the present staff of examiners, who are highly capable from long experience and ripe acquirements

of testing the general requisitions of young men, may neither be willing, nor able to act as demonstrators of anatomy, or manipulating chemists. But surely there can be no insuperable difficulty in appointing for this purpose examiners who are engaged in the daily practice of anatomy, of chemistry, *materia medica* and botany; and who therefore being up to the actual state of their sciences, would examine the candidates on the dead body, and with tests, retests, drugs, and plants previously to their verbal trial. On the other hand, it is possible that none might be more fit than the present examiners to investigate, at the bedside of the patients, the actual acquaintance of the pupil with manipulations, diagnosis, and treatment.—*Association Medical Journal*.

When have we "ignorantly and unjustly spoken of the London Apothecaries' Company?" We have taunted the Practitioners of England with their want of self-respect in accepting "medical honours" from a joint-stock drug company. That's all.

## MEDICAL LIFE IN LONDON.

THE HUNTERIAN ORATION.

London, February 14, 1853.

THE quiet of the Hunterian Museum this week has been disturbed by the removal of preparations and the din of hammers preparatory to the Hunterian Oration of Mr. Bransby Cooper. The theatre, by some want of arrangement as to some old houses next door, has been rebuilt for no earthly purpose, the same as before. New timber, the gold mace, injected testicles, and the Guy's men in the gallery, "thick as leaves in Valombrosa," affording a pleasing variety to the Hunterian of last year. Mr. Bransby Cooper appeared quite up to the mark. We were, however, grimly disappointed with the whole affair, not hearing any one of the excellent old jokes that erst kept us all alive at Guy's. Lord John Russell was expected every moment, it is true, and every body was on his good behaviour. The Oration, from beginning to end, was of the most elementary and simple character, the excellent lecturer commencing by deprecating a mere laudatory eulogium on Hunter, but which one could not help feeling he himself fell into insensibly as he went along. The Hunterian Oration, he well said, should take a simple practical shape, and, *erectis auribus*, every one waited for what was to follow. Warming with the dignity of his subject (written by the way in a large round hand), Mr. Cooper spoke of Hunter as the great "Prophet," as Professor Owen loves to call him the great "Saint," of Surgery—a prophet, might we say, with no honour in his own country till dead.

The first thing studied by Hunter (continued the lecturer) was the identity of phenomena engaged in the process of renewing broken shell, broken bone, and grafting in plants; in other words, organic *lesion*. Percival Pott, too, about this time, suggested many improvements that more or less influenced Hunter, "repudiating" the actual cautery and other violent measures, and simplifying surgery.

Here the lecturer reviewed old Hunterian Orations, and applying himself to the younger (Guy's) portion of the auditory, held up Hunter again as a striking instance of what industry and energy might achieve. After much consideration of the subject, Mr. Cooper had arrived at the conclusion, that it was as a "Naturalist" John Hunter would be ever known; his museum bearing ample testimony, as we, in common with every body else, must concede, to the untiring energy of his mind; but of all this order and system in his mode of study, we must look on it as moonshine. Without much education, but indomitable industry, the great subject of the Oration had performed miracles.



Mr. Cooper next spoke in eloquent terms of the difficulties encountered by Hunter. We half-feared, however, from his manner, that the lecturer was here going to make out Hunter a gold medal man or wrangler at Oxford. If Lord John Russell had arrived, we should have trembled for the result. Hunter's "slender means," we were told, however, after much discussion on the subject, "prevented him gaining any but the most ordinary branches of education." Mr. Cooper was free to confess, however (and it seemed to gain the assent of the whole Examining Board, winking through the haze of the lecture-rooms), that a college education was little or no use; that from the books of the classics, as he sententiously expressed it, the mind comes with "less freshness" to the great Book of Nature—a doctrine, we believe, that could be propounded nowhere but in the London College of Surgeons.

Hunter, said Mr. Cooper, wished his museum to be a "picture of the entire created universe." The man, the oak, and the mountain, are all mere modifications one of the other, and John Hunter wished to bring all creation into his collection. Here one might have wished, too, the lecturer had drawn it mild, but on he went, forgetting the perturbations of the solar system and volcanoes not shown in the museum. "Plants," with much gravity, it was stated, were not the same as animals, nor animals, perhaps, identical with minerals (one thought insensibly of "gods and little fishes;" no smile seemed, however, to light up the darksome shadows of the audience, or the snow storm out of doors). Plants, however, stand between animals and the mineral kingdom, it was mentioned, with some other rather A B C facts we hardly recollect.

The lecturer next spoke of carbonic acid gas, the decomposition of which, he stated, to be the most complex and troublesome of the processes in the laboratory, but every moment effected by the agency of life and living tissues; the beautiful relation of water plants to fishes, and both to the keeping of water from growing putrid, was here forgotten. One of the most beautiful of the results of Hunter's observation (natural history at the time of Hunter), was what the lecturer called a "barren waste," neither the classification of Linnæus, nor any of the phenomena under the microscope, being understood. Hunter studied, however, the animal and vegetable fluids; blood and sap in plants, he considered the same in their nature and uses; and modern physiology, said Mr. Cooper, had further shown the truth of Hunter's views, as the albumen and fibrin of the vegetable and animal kingdom were identical. Hunter's dogma of healing by the "first intention" grew out of his belief, that the blood was endowed with life, and extravasated between the lips of a wound, it partook of the life of the parts. Several preparations from the museum were here exhibited bearing on this point, especially the well-known and wonderful preparation of Hunter's of a human tooth, implanted and growing in the head and comb of a cock; and again, the spur of a cock, transplanted into its comb, not only living, but apparently growing in its new situation. These preparations are "household words" in physiology.

The next subject brought under consideration was motion in plants and animals. All kinds of so-called motion in plants, the lecturer contended, were owing to elasticity, true vital motion beginning in animals. Here one could not help thinking of the curious circulation, under the microscope, in the vessels of plants, impregnation of pollen, &c., not due to elasticity. Motion in muscles was very fully and in an elementary way next explained; the lec-

turer rather *naively* stating that Hunter was not probably aware of striped and unstriped muscles as seen in the microscope. He was quite aware of the characters of elastic tissue which he studied in the *ligamentum nuchæ* of long-necked animals. Want of time prevented the lecturer giving us all the characters of "elastic tissue;" but he satisfied himself with stating Mr. Quckett's discovery of striped marks in all such parts.

Nature, Hunter said, used elastic tissue to economise vital force, and in this way it was most useful. The lecturer next recapitulated about elasticity in plants, and skimming along in rather "ducks-and-drakes" fashion, lighted on Digestion, the shadows of evening still thickening, all buried in the penumbra of four wax candles. The "stomach," the lecturer stated, *suo periculo*, was the great distinctive mark between an animal and a plant—an alderman, for instance, and a banyan tree.

The elementary facts in the process of digestion were next entered into, much to the discomfort apparently of Dr. Paris, Dr. Addison, Professor Owen, and others. Animals, it was said, moreover, seize their food as contradistinguished from plants, the "apparatus of prehension" being very varied, the "ways and means" of eating singularly adapted to each tribe of animals. The carnivora, Mr. Cooper was inclined to think, could not manage with herbivorous molars, or herbivorous molars could not serve the hyena or tiger. We next expected the old fact of man being omnivorous, especially as the Board of Examiners were to dine at the Freemason's Tavern; but in place of this interesting statement, and something about Calipee and Calipash, an extract followed from Hunter on whalebone. As also connected with the function of digestion, the lecturer next spoke of "trituration" in the stomachs of some animals, mullet and other fishes, the gizzards of birds, and by some conjunction disjunctive, of the milk of the pigeon.

The lecturer's emphasis on some of poor Hunter's indifferent English was here a little too much for the gravity of the audience, and a beamy smile ran round the theatre. The general function of glands next came in review, their chief use, it was stated, being to change the ingesta and minister to the maturation of chyle and separation of chyme; the singular function of the liver, spoken of by Bernard, and like Hamlet in the rural play, the kidneys were here left out. The absorbents were next considered, which were not known, it was hinted, till the time of Hunter. The lecturer also deprecated the mistaken notion of the ancients, who thought, absurdly enough, that veins and lymphatics were nearly the same. (*Qu*: Were the ancients quite so much out as Mr. Cooper would have them?) Hunter, he went on to show, first demonstrated the nature of absorbent glands; this the lecturer fully showed, and having exhausted his subject, turned to the "ways and means" of getting children; or, as Mr. Cooper stated, it was sometimes called procreation.

The periodic enlargement of the testis in some animals was explained, but the ovular theory of menstruation and conception left out; and the excellent and accomplished lecturer wound up the more immediately professional part of the subject by a sort of insect-requiem on the short-lived character of some ephemeral insects, born but to die, but all procreative organs; in which, in fact, they were not unaptly studied.

Some few words in form of *éloge* were spoken, according to immemorial custom, relative to the several more prominent men who had died through the year—remarks, in the propriety and good taste of which every one seemed



agreed. Hats and umbrellas were now in requisition; but like the postscript of a lady's letter, the great purpose of the Hunterian Oration remained yet untold—namely, to bespeak government support for the college and museum: the latter having been so faithfully "taken in" and guarded since Hunter's death, and the college all that human wisdom could make it.

The "bane and antidote," however, had somehow got into the theatre, for distributed to every member was a pamphlet, in which we read these words:—"The London College of Surgeons grants no legal right, it constitutes the lowest professional qualification in the kingdom, sends forth more unqualified practitioners, inflicts more public injury, and encourages idleness among students, to a greater degree than any of the medical corporations of the kingdom." Its practitioners, before 1815, with the college twenty guineas' worth of diploma paper, it hints, must have been babies in the nurses' arms; and it serves as the cheap shop for rejected candidates from Ireland, who here find "immediate admission." The very eminence of the Examining Board is the "great obstacle to medical reform." So far the pamphlet addressed to the Home Secretary. Now the concluding words of Mr. Bransby Cooper:—"The government, recognizing with a liberal and discriminating spirit, the essential usefulness of the *corporate medical and surgical bodies*, had munificently granted a large sum of money towards the completion of the building, and enabled the college to increase the capabilities of the institution, so that its resources (of cheap diplomas?) might be progressively developed; to a degree, the influence of which (to many a man's cost) will be felt by every branch of the medical profession." So ended the Oration, and the evening was wound up with a jollification worthy of the ancient and money-making corporation. The *Times* newspaper speaks of colleges in Ireland, and the difficulties to be contended with, of ignorance, as very marked in all your faculties; but with an opposition shop like the College of Surgeons, London, underselling the College in Dublin—till there is an equalizing of curricula, and a surgeon at both sides of the Channel, like a carpenter or sawyer, being something definite, and everywhere the same, it is but an insult to the memory of Hunter to speak of the dignity, unanimity, or respectability of the profession.

FRAUDULENT TRAFFIC IN DIPLOMAS.

AN article appeared in the *Lancet* of January 8th, headed "Unqualified Practitioners and alleged Forged Diplomas." I regret that I was not at once aware of it, and trust you will allow me, even at this distant date, to make a remark or two on a communication in which my name so conspicuously figures. Your readers would naturally infer that the article had reference to an altogether unqualified practitioner. I beg, therefore, to state that, I qualified as L.S.A. in 1826, and that I had been engaged in general practice twenty-four years (the last seventeen in the same town), when ill-health compelled me to relinquish it. As to the documents I then obtained (and for which I paid £51), no doubt was entertained of their genuineness, either by myself or my friends. The astounding information contained in the letters, now so widely circulated, first awoke my suspicions, and led me to fear I had been the dupe of a set of accomplished impostors. My personal friends are already acquainted with the facts of the case. I shall not be expected to detail them here, especially as your own pages show that I do not stand alone, but that spurious diplomas have, within the last few years, been issued to a considerable extent by persons professing to be officially connected with the University. I learn from other sources that such diplomas have been palmed upon highly respectable practitioners holding other qualifications. To some, the annoyance arising from individual exposure might be ex-

treme; to myself, having altogether retired from practice, the matter is of less importance, and I care not how soon the title created by such documents be severed from my address. Mr. James Trull of Bath in *Lancet*. [The straightforward manner in which Mr. Trull has answered the charge is creditable to him; at the same time we think it but just to the profession that the names and addresses of the parties who imposed upon our correspondent should be given. It is indeed time that the traffic in these sham titles should be abolished.—Ed. L.]

METEOROLOGICAL TABLES.  
ROYAL COLLEGE OF SURGEONS, DUBLIN.  
1853. Max. T. Min. T. Barom. Rain.

Sunday, Feb. 3th	34	26	29.800	
Monday, 14th	35.5	26	29.950	
Tuesday, 15th	36	27	29.922	.040
Wednesday, 16th	37	31	30.050	.330
Thursday, 17th	37	24	29.950	.015
Friday, 18th	37	30	29.750	.050
Saturday, 19th	39	31	29.850	.080

PORTARLINGTON, QUEEN'S COUNTY.  
1853. Max. T. Min. T. Barom. Rain. Wind.

Feb. 13th	32	16	29.580	30.2	27.4	22.3	.062	NNE
14th	31.5	20	29.715	32.5	30.3	26.8	.034	ENE
15th	35	19.5	29.690	32.2	32	31.7		ENE
16th	33.5	19	29.864	33.5	31.1	27.3		ENE
17th	37	22	29.800	32.3	30.4	27.3		Calm
18th	39	28.5	29.635	34.2	34	33.7		NNW
19th	38	30	29.582	34.7	32.4	28.5		NNE

M. W. HANLON, M.B.

TABLE,  
Showing the number of Days on which Rain fell, and the Quantity in each Month and Year of 1850, 1851, and 1852; and also the Highest and Lowest Points of the Barometer each Month of 1851 and 1852.

MONTHS.	Number of days on which rain fell.		Fall of rain in inches and decimals.		Highest point of barometer.		Lowest point of barometer.	
	1850	1851	1850	1851	1851	1852	1851	1852
January	16	21	4.22	8.49	30.15	30.2	28.65	28.75
February	12	10	7.76	1.66	30.5	30.5	29.3	29.2
March	5	18	1.43	3.91	30.3	30.65	28.7	29.9
April	19	13	6.65	2.29	30.2	30.45	29.3	29.5
May	11	12	1.41	2.04	30.43	30.2	29.3	29.8
June	11	12	3.92	7.35	30.4	29.8	29.3	28.8
July	12	12	3.63	2.55	30.03	30.1	29.3	29.0
August	13	13	1.66	2.45	30.2	30.25	29.7	29.05
September	10	7	2.55	1.59	30.45	30.35	29.7	29.5
October	10	19	1.29	3.56	30.3	30.4	28.30	29.1
November	10	8	1.29	3.56	30.4	30.1	29.20	28.65
December	17	14	4.88	.68	30.4	30.1	29.5	28.55
	156	159	37.93	36.28	51.29			

JAMES MARTIN, M.D.

TREATMENT OF HYDROCELE BY GALVANO-PUNCTURE.—S. Vivanelli relates (in *Gazetta Medica Italiana Toscana*) three cases of hydrocele cured by, from seven to eleven applications of galvano-puncture, for five or six minutes at a time, the needles being introduced into the extremities of the tumour. There was an interval of one or two days between the application of the needles.



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The subjects proposed for discussion are—

- 1st. The working of the Medical Charities Act.
- 2nd. The insufficiency of the present salaries.
- 3rd. The transfer of Medical Salaries, either wholly or in part, from Poor's-rate to the Consolidated Fund.
- 4th. The establishment of District Hospitals.
- 5th. Such other matters as may be connected with the advancement of the interests of the profession.

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J. MORRISON, M.D., Treasurer.

J. WATERS, M.D., Hon. Secretary.

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Practitioners who possess a Licence or Diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their Licence or Diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University or at an Academy of acknowledged reputation.

Practitioners who commenced their Medical Studies before October, 1840, and who have not been in practice for five years, will be admitted to examination on producing, along with their Diploma, evidence of attendance at the Classics, of moral character, and of having been engaged in the Study of Medicine for four years, during which they must have attended, in a recognized School of Medicine, the following courses of Lectures:—

#### SIX MONTHS' COURSES.

Anatomy	...	...	Two courses.
Chemistry	...	...	One course.
Materia Medica	...	...	One course.
Surgery	...	...	One course.
Institutes of Medicine and Physiology,	...	...	One course.
Practice of Medicine	...	...	One course.
Midwifery	...	...	One course.

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Dissections	...	...	Two courses.
Practical Chemistry	...	...	One course.
Medical Jurisprudence	...	...	One course.
Clinical Surgery	...	...	One course.
Botany	...	...	One course.
Clinical Medicine	...	...	Two courses.

In addition to the above, Candidates must have attended for two years the Wards of a Hospital containing one hundred beds, and during three months a Shop or Dispensary for the compounding of Medicines.

ANDREW FYFE, M.D.,

Professor of Medicine.

Aberdeen, February 18, 1853.

### ASSOCIATION MEDICAL JOURNAL.

Edited for the

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By JOHN ROSE CORMACK, M.D.

FRIDAY, February 18. *Principal Contents*—1. College of Physicians of Edinburgh and the Diploma Stamp-Tax. 2. Court Martial on Mr. Umphelby. 3. Medical Society of London and the Science of Physiology. 4. Verdict of Man-slaughter against Mr. Hicks. 5. Report of Reading Pathological Society, by T. S. Little, Esq. 6. On Distichiasis, by White Cooper, Esq. 7. Identity of Erysipelas and Puerperal Fever, by R. Elsdale, Esq. 8. Hemiplegia from Exposure to Solar Heat, by W. H. Ashley, M.D. 9. Stricture of the Oesophagus, by G. Lowther, Esq. 10. Abscess of Cæcum containing solid Opium, by J. P. Bowling, Esq. 11. Periscopic Review; embracing articles in Practice of Medicine and Pathology, Epidemiology, Surgery, Midwifery, and Toxicology. 12. Letters to the Editor on the Case of Mr. Hicks; on the Income Tax; and on Hospital Sulphate of Quinine. 13. News and Topics of the Day.

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### SURGICAL SOCIETY OF IRELAND.—FEB. 12.

Dr. HUTTON, President of the College, in the chair.

#### ON DISLOCATION OF THE METATARSUS.

By JOLLIFFE TUFNELL, F.R.C.S., M.R.I.A.

MR. PRESIDENT,—The case which I purpose detailing to the Society this evening is one which, from its rarity, will, I trust, prove interesting to the members. It is that of luxation of three of the metatarsal bones of the foot downwards and backwards, the result of external violence. I believe that the case is almost, if not wholly, without parallel, at least I am not aware of any similar one being on record; and in proof of this assertion, I may quote from the last edition of Sir Astley Cooper's work on "Dislocations," by Bransby Cooper, in which he says:—"The metatarsal bones I have never known luxated; their union with each other and their irregular connexion with the tarsus prevent it."

For the opportunity of witnessing the case which I am about to describe, I am indebted to my friend Dr. Dolmage of the 7th Dragoon Guards, in whose regiment the accident occurred, and in the following manner:—T. D., æt. 26, a middle-sized, well-made man, was returning off duty to Portobello Barracks, Nov. 30, 1851. He was walking his horse near the side of the canal, when suddenly, the road being very slippery from frost, the animal came down upon his off side, falling with his whole weight upon the patient's right leg and foot, crushing it against the ground. The horse rose upon his legs, the patient remaining in the saddle, but from the agony he was suffering, having no power over the animal, who reined back into the canal, his hind legs dropping in off the bank. In the struggle which ensued, the patient became disengaged from the saddle, and was left floundering in the water, the horse making his own way up, and the patient being dragged out. From the spot where this occurrence took place to the hospital to which he was conveyed, is but a short distance, and he was seen by Dr. Dolmage in a very few minutes, and before any considerable degree of swelling

had taken place. The foot was curved inwards and bent, a large bony projection rising on the tarsus with a sharp edge anteriorly, overhanging the metatarsal bone of the second toe. In the sole of the foot, deep under the plantar muscles, a hard bony projection also could be felt.

Reduction was attempted by placing the patient on his back, fixing the pelvis, and flexing the leg upon the thigh. Extension by pullies attached to the phalanges of the great and adjoining toes was then made and persevered in for a considerable time, during which every possible movement likely to favour restoration of the parts by flexion of the metatarsus upon the tarsus was resorted to, and leverage also made directly upon the dislocated extremity of the metatarsal bone of the great toe, where projecting in the sole by means of a ruler applied to it, and drawn upwards and forwards, whilst the clasped hands of a strong assistant placed upon the instep, held that part downwards and backwards. As great force as it was considered justifiable to employ, was expended in the effort at reduction, but not the slightest alteration in the position of the bones was effected. Considerable effusion and ecchymosis followed, the latter extending up almost to the knee. Leeches, fomentations, &c. &c., were prescribed, and the ordinary treatment for violent contusions had recourse to. Under this treatment swelling subsided, and on the 14th of February (ten weeks from the accident), the foot presented the appearances represented in the cast,\* which was taken this day, and during which time the patient had been confined entirely to bed by suppurating bubo in the opposite groin.

All swelling and thickening were now gone, the outline of the tendons and every portion of the extremity being most accurately defined. In its general aspect, the foot somewhat resembled a case of pes equinus, being considerably shortened and arched upon its inner border, the distal extremity of the metatarsal bone and first phalanx of the great toe being adducted, the last phalanx at the same time pointing somewhat outwards. The instep bore a

\* This cast is in the Museum of the Royal College of Surgeons, Ireland.



natural appearance from the malleoli to the extremity of the internal cuneiform bone, which projected in a sharp point anteriorly, raising the integument which was stretched over it, white and glistening, like a tightly bent knuckle; and from the outer border of the cuneiform bone ran an evident ridge, marking the division between the tarsus and metatarsus, and defining the line for Hey's amputation of the foot.

In consequence of the bubo in the groin, the patient had made no effort to walk; but upon the few occasions on which he had tried to use the limb supported by crutches, he had found a total inability to move otherwise than on the heel, in consequence of pain of a burning lancing character being produced in the sole of the foot whenever he attempted to throw any weight upon the toes, and place the plantar structures on the stretch.

I saw this man subsequently in June, when I obtained a second cast of the foot. It had now become more inverted, and the projection in the sole was less evident, having been rounded and partly removed by absorption. He walked freely with a stick, bearing his weight on the outer border of the foot, as in a case of talipes varus, but he could not move or make any effort when the foot was placed flat upon the ground, from the same burning sensation already alluded to, and which he described as resembling the feeling that might be imagined to result from attempting to walk in a very tight boot, with a marble under the sole of the foot.

Dr. FLEMING thought the case related by Mr. Tufnell one of exceedingly great interest, and the cast by which it was accompanied admirably illustrated the deformity produced by the dislocation described in his valuable paper. It was, he believed (and his friend Mr. Adams who sat next him entertained the same opinion), a case altogether novel as regarded the nature of the injury, and nothing of a precisely similar kind would, as far as he knew, be met with amongst the cases of dislocation on record. It brought to his recollection a case which he witnessed in the person of a medical gentleman, who met with a dislocation of the internal cuneiform bone. The accident, he believed, occurred on horseback. The horse took fright and ran away; the rider was thrown off, and his foot being caught in the stirrup, the internal cuneiform bone was dislocated, producing a very remarkable kind of deformity. It resembled in appearance the "flat foot," as it was termed, met with in strumous females. Every effort was made to reduce the dislocation, but without success. However, the gentleman was able to make tolerable use of the limb, although he suffered now and then from those neuralgic pains which accompany injuries like that in Mr. Tufnell's case.

The PRESIDENT remarked, that in a case mentioned by Dupuytren, where there was dislocation of the fourth and fifth metatarsal bones, the latter were restored to their natural relationship by means of extension.

Mr. TUFNELL said that the extension in his case was made by pulleys, and kept up for nearly an hour without the slightest effect. In some cases also which had been in the Richmond Hospital, described by Dr. R. W. Smith, the dislocation was not reduced. In those instances the displacement was upwards and backwards.

The PRESIDENT observed, that the difficulty of reducing these bones of the foot must necessarily be very great. In a case which occurred some years ago in the City of Dublin Hospital, where the phalanges of the great toe were dislocated, they completely failed in reducing the dislocation.

Mr. ADAMS said that Dr. Fleming had truly represented his opinion, that the case adduced by Mr. Tufnell was unique, and that, as far as he knew, that nothing precisely similar had been recorded. The three examples of displacement of the metatarsus reported by Dupuytren, and the two additional ones described by Dr. R. W. Smith, were all dislocations of the metatarsus upwards on the dorsum of the tarsus, which we know to be the reverse of what had occurred in Mr. Tufnell's case just related. In this last case, the instep seemed preternaturally high and the sole hollowed; whereas in the five other examples of dislocation of the metatarsus upwards, the instep seemed

low, and the sole of the foot, as Dr. Smith had shown, remarkably convex. There is one more point of difference which perhaps ought here to be adverted to—namely, that Mr. Tufnell's case seemed to be a simple dislocation downwards of the metatarsus; whereas in Dupuytren's and Smith's cases, the internal cuneiform bone retaining its connexion with the bases of the metatarsal bone of the great toe, was dislocated upwards in company with the metatarsus. As to the surgical treatment of these injuries: if we permit ourselves to draw any inference from the few cases before us, we may conclude, from the result of Dupuytren's first case, that dislocation of the metatarsus upwards may be easily reduced, if the accident be seen early and properly treated; but that if the case be neglected for three weeks, as was the case in the second example of this accident met with by Dupuytren, that then the reduction of the dislocation will be found difficult or impracticable. As to the means which were used or omitted in Dr. R. W. Smith's cases, I believe nothing is accurately known. The value of these two facts consist in the accurate post-mortem examination which was instituted. As to the surgical treatment in the case of dislocation of the metatarsus downwards, we know of but one (Mr. Tufnell's case), and although the most energetic efforts were made to replace the bones a few moments after the accident had occurred, still these means failed; however, it is reasonable to hope that the patient will in time (as occurred in Dupuytren's case) regain fair use of his foot in progression. There is one practical point we should attend to, should we reduce the dislocation of the metatarsus, whether the displacement be upwards towards the dorsum of the foot, or downwards (as in Mr. Tufnell's case)—namely, that there is great mobility of the bones of the foot to be expected after the reduction of the dislocation. Dupuytren found that in the case of the patient in whom he was happy enough to reduce the dislocation, that the foot was found immediately afterwards very moveable in the metatarsal line of junction of the bones. He therefore found it necessary to enjoin absolute repose and to apply bandages, but ultimately recovery was complete.

Mr. TUFNELL.—In the course of six months after the injury, he gradually brought himself to walk on the outer border of the foot, and in June, 1852, when I last saw him, he could walk pretty well with the aid of a stick.

#### ACADEMY OF SCIENCES OF PARIS.

REDUCTION OF OLD LUXATION OF LOWER JAW, REDUCED BY M. STROMEYER'S APPARATUS.

By M. BOUSSON,

Professor of Clinical Surgery to the Faculty of Medicine, Montpellier.

EXAMPLES of reduction of old luxations of the lower jaw are still by no means common; so also are cases in which Stromeier's apparatus have been used. Adding a new and certain mode to those which science already possesses, will encourage practitioners not prematurely to renounce their attempts to reduce old luxations of the lower jaw. A new and progressive view of the mechanism of old luxations has been taken, and the assumed difficulty in reducing these luxations depends more upon the imperfection of the instruments used, than upon the obstinacy of the luxations themselves. Now-a-days, the application of the anæsthetic agent permits us to go further than we otherwise would, and multiplies our chances of success, by allowing us to act on the luxated bone in the suitable direction, and with proper instruments.

Case.—Françoise Arnaud from St. Lamert (Gard), entered the Hospital of St. Elai, in Montpellier, on the 16th of February, 1852. She is aged 31, has always enjoyed good health, and is of lymphatic temperament. When interrogated as to her previous life, she mentioned a circumstance which appeared to have made but slight impression on her, but which proved that she was disposed to luxations of the lower jaw. She stated that about five years before, after an intense and prolonged fit of yawning, she was seized with sudden immobility of the lower jaw, accompanied by great distension of the mouth.



Ignorant of what ailed her, she endeavoured of herself to restore parts to their natural position; she pressed her chin firmly against her breast, and suddenly applying both hands with all her strength, succeeded in causing the appearances mentioned to disappear. This first luxation, for which the patient had not consulted a surgeon, was not followed by any disagreeable consequence.

On the 20th of December, Frangoise Arnaud, when endeavouring to take an unusually large bite of a pear, which she was eating, found her jaws widely distended, and as firmly fixed and immoveable as they had been on the former occasion; but this time these symptoms were accompanied by severe pain in the temporo-maxillary articulation, extending towards the temple and orbit. The patient, who lived in a village in the department of Vaucluse, sent for the nearest medical man. As speaking was accompanied by the greatest suffering and difficulty, she neglected to inform this practitioner concerning her former accident. On this account, perhaps, mistaking the nature of the case, and believing it to be a nervous affection, he made no attempt at reduction; he confined himself to directing the application of ten leeches behind each ear and to the fossa parotidea; a warm poultice to be afterwards applied. Of course, no alleviation of the symptoms followed this treatment, which was blindly persevered in. About three weeks after the accident, the patient, disappointed at finding herself still in the same state, consulted another medical man, who unfortunately entered into the views of his confrere, and thought fit to continue the application of leeches, which had been discontinued for some time. Perhaps the inflammatory symptoms, or the severe pain, accompanied by swelling of the surrounding parts, suggested the idea of this antiphlogistic treatment, which was actively persevered in; but the patient's own assertions are not favourable to this supposition. The nature of the lesion was completely misunderstood, not the least attempt having been made at reduction.

On the 18th of February, Frangoise Arnaud decided on going to Avignon for the purpose of seeking relief from the misery which she endured. The surgeon consulted, at once perceived the case was one of complete luxation of the inferior maxilla, and immediately attempted the reduction of the bone. The manœuvres attempted not being sufficient to disengage the condyles, the patient was bled, and belladonna friction directed over the region of the masseters, for the purpose of overcoming muscular resistance. The patient returned to her village, when these frictions were continued for some days. The reduction was again attempted, and, for the purpose of acting more strongly on the jaw, the handle of a knife was introduced into the mouth between the dental arches, to serve as a lever to depress the bone. The loss of three molar teeth of the upper jaw, and one of the lower, on the right side, followed these attempts; at the same time, not the least advance was made towards the reduction.

Frangoise Arnaud again returned to Avignon, to seek the assistance of M. Pamard. My confrere and friend attempted the reduction with his usual ability, but his efforts were unavailing, for he found it impossible to dislocate the maxilla from its new position. M. Pamard, who had not at his disposal M. Stromeyer's apparatus, thinking that the patient would find every applicable resource at Montpellier, sent her to me. She presented the most evident symptoms of luxation of both condyles of the jaw. The mouth was open; in front, the jaws were two-thirds of an inch apart; this distance diminished towards the molar teeth, which were almost in contact; the lower projected also two-thirds of an inch beyond the upper. The teeth did not correspond, the lips could not be approximated, and very considerable difficulty attended any attempt at articulation. The patient could take none but liquid food. In front of the ear, on a level with the condyles of the inferior maxilla, there was a depression; the temporal muscles were tense, and formed a well-marked projection; the coronoid processes could be felt distinctly projecting forwards, by introducing the fingers into the mouth. The general state of the patient was favourable;

everything considered, she had suffered but little. She felt slight pain on a level with the luxated articulating surface, and in the surrounding textures. No doubt could exist of the nature of the lesion, so on the day of the patient's admission into hospital, I attempted the reduction. My attempts were made in the usual manner, and in the way most likely to disengage the coronoid processes from their relations to the malar bones. For the better carrying out of my intentions, the patient was seated on a low stool; this was done that the more efficient pressure might be kept up on both sides of the jaw. The only effects of these attempts were tiring myself and distressing the patient. Therefore I resolved, on the following day, to apply Stromeyer's apparatus, as I considered it the only means by which the organized adhesions of the condyles and the muscular resistance could be overcome. This instrument, made of steel, is composed of two blades, terminating at their anterior or buccal extremities by a plate, to which is given the parabolical curve of the dental arches; they should be well padded with chamois leather. These blades articulated in their middle without crossing. This articulation presents a *point d'appui*, by which the surgeon acts (as with a lever of the first order) upon the opposite extremities of the blades, which blades are kept separated by a spring. Pressure, by approximating the anterior extremities of the instrument, necessarily separates the posterior ones, and by that means allows us to make use of this simple mechanism so as to act on the dental arches, between which the blades, when closed, are carried. By this contrivance, the depression of the lower jaw is effected.

To act more gradually and forcibly, pressure can be used by means of a screw and nut; the end of the screw fits into a depression on the lower blade, and is retained there by a screw, the other end goes through a hole in the upper blade, and the nut, screwed down from above, presses on it, and so closes them. The instrument should be introduced into the mouth closed. When it is properly adjusted, the nut is screwed down as far as it is desirable to separate the parabolic plates; and after the reduction, as it would be painful to withdraw the instrument open, the screw which acted on the lower extremity of the pin, should be loosened; the spring then acts, and quickly brings the posterior extremities of the instrument to their original distance of separation, and of course closes the instrument at the other end, so that its removal from the mouth is easy.

I borrowed the instrument described above from the Museum of the Faculty, and on the 18th of February, at the morning visit, I applied it to the patient. I immediately entertained a high opinion of its efficacy, for I could separate the molar teeth, which I was unable to do with my thumbs; but this action was accompanied with very great pain, and by violent contraction of the temporal and masseter muscles. I then believed it prudent to suspend the operation until the patient was under the influence of chloroform, when I could easily overcome the muscular resistance, and when the patient should be spared needless suffering. The operation was deferred till the end of the visit.

*Operation.*—Frangoise Arnaud was brought into the operating theatre; I placed her in the horizontal position, and put her under the influence of chloroform. At the end of three minutes, insensibility and muscular relaxation were apparent. I then introduced Stromeyer's apparatus into her mouth, and having forced the anterior blades, approximated, between the molar teeth, I separated them by pressure. The inferior maxilla sunk, and yielded little by little; when I considered this separation sufficient, I entrusted the instrument to an assistant, and having made pressure backwards and downwards for a little time, both on the body and on the blades of the instrument, the bone sunk into its normal position. Immediately the instrument was removed from the mouth, and it was at once perceptible by the correspondence and approximation of the dental arches, that the reduction was then regular and complete; the mouth was shut, and the lips met naturally. This result was obtained without the



least pain, and unknown to the patient, who awoke delirious and astonished at finding herself thus instantaneously cured.

The dressing consisted of a bandage, and compresses dipped in cold water, applied to the temporo-maxillary region. For a day or two, there was slight pain in the part, but neither inflammation nor swelling supervened. The patient was put on liquid diet, and recommended not to open her mouth widely. On the third day, the pain was completely gone; the motions of the jaw were perfectly free, and regular nourishment was permitted. The patient remained in hospital for a few days, that there might be no doubt as to the permanency of her cure.

On the 26th, the patient possessed complete power over the jaw, and could masticate solid food. She then left the hospital.

I shall add a few observations on this authentic case. Books on surgery contain but three or four cases of reduction of old luxations of the lower jaw. The greater number of surgeons direct that if the luxation has existed more than one month, no attempt should be made at reduction. In a case of the same kind, when M. Stromeyer, for the first time used his parabolic plates, the accident was not of a month's standing. In this second case which I furnish, more than twice the specified time had elapsed between the time of the accident and the reduction; still this instrument proved as efficacious and prompt as in the first case. These results of our observation, facilitated by the intervention of chloroform, tend to increase the extent of surgical mechanism applicable to old luxations, especially the one which now occupies us. By these considerations, I conceive the following conclusions are justifiable:—That reduction of luxations of the lower jaw, are not only practicable but easy two months after the occurrence of the accident; that the most approved mode of operating is with the lever and parabolic plates; that the application of anæsthetic agents increases our chance of success in the operation. S. J.

#### PRESENCE OF SUGAR IN THE URINE OF EPILEPTICS.

By MM. MICHEA and ALVARO REGNOSO.

THE urine of epileptics after an attack, contains sugar, as we have distinctly proved by a number of experiments, except that all the usual tests will not suffice for its detection. Caustic potash, which usually shows it in diabetic urine, does not produce any reaction in that of epileptics. The saccharometer is also useless, as it is not sufficiently delicate or convenient. The best and most decisive proofs are fermentation and the action of Barswell's fluid. So that the latter may furnish certain and undoubted results, certain precautions must be taken. The urine must first be treated with acetate of lead concentrated, and then the fluid being added, the whole is boiled. Without these indispensable precautions, so as to deprive the urine of its organic matter, the presence of sugar cannot be sufficiently proved, even where it produces reactions capable of making the existence of sugar be suspected, when there is not a particle in the urine.

#### ON THE EMPLOYMENT OF GUTTA PERCHA IN LUXATIONS OF THE CLAVICLE AND FRACTURES OF THE PATELLA.

By M. LESUEUR.

M. LESUEUR having had under treatment a case of luxation of the sternal end of the clavicle forwards, endeavoured to keep it in its place by means of a Desault's bandage applied over a thick cushion, but the displacement quickly recurred. The idea occurred to him to make use of an application of gutta percha of considerable thickness, which moulding itself on the superior part of the chest and shoulders, would, when solidified, afford a most efficient apparatus to keep the parts *in situ*. This expedient succeeded admirably. The softened gutta percha applied to the skin, adhered to it at once. This adhesive property proved of further service. Having moulded his plate of gutta percha on the parts mentioned, M. Lesueur reapplied the Desault's bandage; the turns of the bandage adhering to

the gutta percha, acquired a remarkable degree of firmness, which completed the consolidation of the apparatus, so that during the period of its application not a single turn of the bandage became disturbed. The patient for the first day was kept as immovable as possible, so as to make sure of the consolidation of the mould in the same form as it had been applied in. On the twentieth day, the apparatus was removed; the head of the clavicle had reassumed its normal position, which it afterwards preserved. M. Lesueur also made use of gutta percha in the treatment of transverse fractures of the patella. Two plates of this substance, of a crescentic shape, are applied, one to the superior edge of the superior fragment, and the other to the inferior border of the inferior fragment. He then brought them together by means of straps, directed obliquely across, and attached to the edges of a wooden box-splint adapted to the limb. The advantages of this simple addition to Boyer's apparatus, were followed by the most favourable results in the hands of M. Lesueur in two cases of fractured patella.—*Gaz. Méd. de Paris*.

#### ON PROPHYLACTIC AND CURATIVE SYPHILIZATION.

By VICTOR DE MERIC, M.R.C.S.

OUR age is fertile in inventions and discoveries, which have caused alterations of vast magnitude, and undoubted improvements in the social state of man. The human mind, in its indefatigable activity, has been at work in all the provinces of science and art, and practical applications have followed very closely upon ingenious theories and well-ascertained principles. The science and art of medicine has not escaped the mighty influence of this mental restlessness, and innovations of various kinds have been made for the last half-century. Among these, some, which I need not detail here, have been universally hailed and adopted; and others, into the consideration of which it is not my purpose to enter, have been accepted by a small fraction only of medical men, and rejected by the rest. Now, I consider that new doctrines in medicine should never be set aside without due and dispassionate examination: let them after the scrutiny of close analysis and logical discussion, if they have stood the trial, be adopted; and if found wanting, energetically rejected and condemned. Without enumerating the follies of the day, I would state that the dispassionate examination which I have just mentioned has been ably made, as regards homœopathy, by Dr. Routh; and it is a scrutiny of the same kind, respecting prophylactic and curative syphilization, which I shall now attempt.

The subject is one of a startling kind, and has very probably attracted the attention of many members of the medical profession. Indeed syphilization has been so warmly discussed, and men of such eminence have taken part in the debates, that every practitioner is more or less aware of the insane attempt which has been made to introduce into the legitimate practice of medicine a new mode of preventing and treating syphilis. The supporters of this method propose no less than to saturate every human being with the syphilitic virus, either to cure existing symptoms of the same disease, or to render individuals proof against contagion before any syphilitic manifestations have occurred.

I may perhaps be allowed to state that I take much interest in the question, as I was present last summer at some of the discussions which took place before the Academy of Medicine of Paris, and because I had several conversations with M. Ricord (whose hospital I had gone to revisit) on this unfortunate *isopathy*, as he called it. I need hardly say that this eminent surgeon repudiates with all his might the pseudo-doctrine of syphilization, and no less could have been expected from his excellent judgment and vast experience.

The principal facts bearing upon this question are generally known; but the actual nature of the theory and practice of syphilization, the circumstances which gave rise to the wild scheme, the extent to which it has been



applied, and the arguments brought forward by the supporters of the method and its opponents, are perhaps not very clear to every one. I may therefore serve a good purpose by presenting in a connected form, the features which I have just enumerated, and my own views regarding the new system.

Contagious diseases are conveniently divided into those in which the morbid poison can be isolated and accidentally or artificially implanted upon human beings, and those in which the virulent and contagious principle is known only by its effects, the latter being in general regular, ever alike, and not under our control or guidance. Among the first class, I would mention small-pox, hydrophobia, the deadly effects of the bites of certain snakes, glanders, and syphilis; among the second, I need hardly mention typhus, scarlatina, rubeola, &c. Now, in the former of these two classes, there is but one disease against which an almost certain preservative has been discovered—small-pox has ceased to destroy a large proportion of the infantile and sometimes adult population; and, thanks to the immortal Jenner, the scourge is kept in abeyance. It should, however, not be overlooked that inoculation *preceded* vaccination. No preservatives are known regarding the rest of the diseases of the first class: hydrophobia, the effects of venomous bites (as illustrated by the late accident), glanders and syphilis, remain as fearful and destructive as ever.

But the fact of the inoculation of the small-pox virus having really and truly been ascertained to act as a preservative of the malady, has naturally led to the inquiry whether a similar proceeding might not be equally advantageous in some of the contagious diseases just alluded to; and prophylactic means, especially as to syphilis, were anxiously sought for. By a little false reasoning, it has lately been inferred, that by inoculating the syphilitic virus in sufficient quantity, a man, already affected, might be cured and shielded from further attacks; and others who had never had the disease be brought so far as to be able to expose themselves to infection without being contaminated. I shall presently inquire which are the real tenets of the originator of this plan, and the facts which he brings forward to support his views; but before doing this, it will be useful to throw a retrospective glance at the attempts which have been made in the same direction; we shall thus be enabled to judge more distinctly of M. Auzias Turenne's merits.

In a book published at Paris in 1815, by Luna Calderon, entitled "Practical Demonstration of Syphilitic Prophylaxis," a great number of experiments are given, which were made in 1812 before a committee at the Venereal Hospital of Paris, tending to prove that the author possessed unfailling means of preserving himself from contamination. These experiments were carried on in a perfectly authentic manner, they were constantly successful, and M. Ricord quotes several of them in his work on "Inoculation." It is unfortunate that Calderon kept his secret to himself; M. Ricord, however, thinks that it probably consisted in the use of some caustic saponaceous substance.

It has, indeed, been found that purulent matter from a chancre, mixed with an alkali or a slightly concentrated acid, and then inoculated, produced no effect; but Calderon allowed pure virulent matter to be inoculated upon his prepuce and various parts of the glans, and always left the hospital before applying any of his preservative, whatever it might be. No means but a complete destruction with the caustic are in our days known for obtaining such results, and the register of the hospital where the experiments were made, shows that no mark of cauterization was ever observed.

Another prophylactic agent was lately proposed, also in Paris, by M. Langlebert, and the discoverer has published the favourable results which he has obtained upon himself after the artificial inoculation of the syphilitic virus. The following is the formula:—Alcohol, ten drachms and a half; striped soft soap, prepared with potash, the same quantity. Dissolve the soap in the alcohol; strain, and add five drachms of the essential oil of lemons.

M. Langlebert mentioned the following experiment:—

He took purulent matter from an indurated chancre, and made an inoculation on the *left* thigh of one of his pupils, who had volunteered his services. On the *right* thigh scarifications were made with a lancet charged with the same matter. Nothing was applied to the *left* thigh, but on the *right* side the preservative was used after five or six minutes. A regular pustule sprung up in due time on the *left* side where nothing had been applied, but on the *right* where the preservative had been tested, a mere thin and dry crust appeared. Further experiments have been made upon two other pupils (who had requested the favour), as well as upon M. Langlebert himself, and success is said to have been complete. M. Ricord has not yet reported to the Academy of Medicine of Paris upon this new prophylactic of syphilis.

I shall not enter into the consideration of the other prophylactic means which have from time to time been proposed; suffice it to say, that up to M. Auzias's time inoculation as a *preservative* had not been thought of, but as a *curative* agent it had been used by Percy. This surgeon employed inoculation principally with the view of modifying a very obstinate case of syphilis, the patient having been pronounced incurable. His attention was first attracted by the following occurrences:—A drummer in the French army had been treated for a considerable period for a deep chancre at the corona glandis, a bubo in the right groin, pains in the limbs, and a general icterus. At last tired out by the uselessness of the treatment, he exposed himself to infection, which gave rise to a great number of verrucae on the corona, a new chancre on the prepuce, and the enlargement of the old one. The bubo and pains in the limbs became likewise worse, and the icterus remained as before. The patient was admitted in this state into the military hospital of Besançon, and was perfectly cured of the old and new symptoms by twenty mercurial frictions.

The second case, which gave Percy the idea of inoculating the virus, runs thus:—"In 1777, a gentleman holding office in the Treasury, underwent the usual treatment for a chancre on the velum palati, two on the penis, and a great many mucous tubercles on the verge of the anus. The mercurial frictions caused the two chancres on the penis to cicatrize, but the one on the velum persisted, and the mucous tubercles, which had been cut and cauterized, had soon afterwards reappeared. Aphonia and singing in the ears were at this time superadded to the former symptoms. The patient now placed himself in the hands of another surgeon, but a treatment of six months left him as bad or worse than before. He now fell into loose habits, and became infected afresh; all the chancres took on renewed ulceration; a third one, as well as a bubo in the groin, appeared besides, and deep sores on the whole of the velum became apparent. Percy now undertook this patient; sixteen mercurial frictions were made, and all the symptoms vanished without any salivation being induced."

Let us now examine the case in which Percy, remembering the two preceding ones, actually used inoculation of the syphilitic virus as a therapeutic agent.

The patient was an artilleryman, who had been affected with syphilis for a considerable period. When he came under the care of Percy, he had used a great many remedies, and had still upon him a chancre which had destroyed the left tonsil, another occupying two-thirds of the corona glandis, an eczematous eruption on the perinæum, scrotum, and left thigh, purple papule on the forehead, and a general cachectic, leaden hue of the skin. Percy, after having used bichloride of mercury to no purpose, inoculated virulent matter upon this patient's arms; he made three punctures on the right and three on the left side. On the sixth day, pustules, surrounded by an inflammatory areola, began to appear. On the seventh, the arms swelled up, some axillary glands became enlarged, and the symptomatic fever ran high. On the eighth, the pustules had coalesced, broken, and formed one suppurating sore. The throat had in the meanwhile become painful, and the chancres had not increased. On the fourteenth day, the artificial ulcer of the right arm was cicatrized, but that of the



left had become larger, and the pain which had been felt in the chancre and eczematous eruption had disappeared. On the eighteenth day, the patient came round to the same state in which he was before the inoculation, except that the chancres of the tonsil and the corona were larger, and that a deep ulcer was still observable on the left arm. Percy's father now conducted the case, and with sixteen mercurial frictions, the first of which was begun six weeks after the inoculation, a perfect cure was obtained.

Now what can be inferred from these facts? Simply that old symptoms have, in a few isolated cases, given way, along with more recent ones (the latter being accidentally or artificially superadded), under the influence of the renewed use of the same therapeutic agents which had before failed. But this circumstance does not prove that the fresh symptoms had any direct action on the disease or assisted in the cure. It would therefore be wrong, upon such slight grounds as these, to advise a new infection, the effect of which may, as far as we know, be excessively prejudicial instead of conferring any benefit.

It has, nevertheless, been coolly proposed to inoculate virulent matter again and again, in order to cure both primary and secondary symptoms, and moreover to shield individuals who have never had syphilis from the effects of a casual infection. But when we inquire more closely into the wild theories which have of late been broached, we find that there are four different systems of inoculation, or isopathy, now before the profession. The first—the author of which is M. Diday of Lyons, advocates a kind of vaccination; the second, which belongs to M. Laval, a young practitioner of Paris, restricts itself to the cure of *secondary* symptoms by inoculation; the third, proposed by M. Auzias Turenne, is the so-called prophylactic and curative syphilization; and the fourth, brought forward by M. Sperino of Turin, has much similarity with the third, differing principally in the manner of making the inoculations. It should likewise be mentioned that M. Thiry of Brussels has tried inoculations of the matter of chancre to cure *cancer*. This attempt has not been constructed into a regular system; it does not, therefore, come under the four heads just mentioned. This practice will presently be alluded to. I shall now rapidly pass these methods of treatment in review.

The first system, that of M. Diday of Lyons, is very far from calling for the complete repudiation which syphilization, properly so termed, fully deserves. M. Diday was a pupil of M. Ricord, and has upheld his master's doctrines with great talent at the Venereal Hospital of Lyons, of which he has been surgeon. Like all those practitioners who frequently come in contact with syphilitic patients, he was struck and grieved at the rapid manner in which the disease spreads, and bethought himself, since the most highly recommended prophylactics are of little avail, whether syphilis might not have its cow-pox as well as variola. It was not, however, among the inferior animals that he sought for his preservative, but he fancied that the syphilitic virus, very much weakened, as it is supposed to exist in the blood of patients affected with *tertiary* syphilis, might, by being inoculated upon individuals labouring under chancre, preserve them from secondary symptoms.

It will be at once perceived that this is not a complete imitation of vaccination; for the tertiary blood is intended to preserve from secondary syphilis those persons who are already affected with primary symptoms. M. Diday, however, cherishes the idea of finding a vaccine virus, which may as effectually preserve healthy individuals from syphilis, though exposed to infection, as cow-pox matter preserves from variolous attacks.

This curative vaccination, as it is called, has been the subject of experiments at the Venereal Hospital of Lyons. Sixteen patients, having recent chancres, were subjected to this vaccination, and inoculated, by means of a lancet, with blood taken from a patient suffering from tertiary syphilis. The punctures healed very rapidly, and there was, contrary to what takes place in real vaccination, no local manifestation. No mercury was given, and these patients were watched, after the healing of the chancres,

for six months or more. One of the patients had had an indurated chancre, and was of course attacked with secondary symptoms; a second proved untrue in his statements; and because the fourteen others did not suffer from secondary syphilis after from six months to a year had elapsed, M. Diday jumps at the conclusion that the tertiary blood has acted as a preservative, regardless of the very first tenets of his master, M. Ricord, who says, that simple unindurated chancres require no mercury, because they are never followed by secondary symptoms. So enthusiastic, however, was M. Diday, that he was proposing to take the utmost care of a few patients labouring under tertiary syphilis, and preserve them as storehouses of syphilitic vaccine matter, if the latter could not be kept like the real cow-pox virus.

I am not prepared to throw ridicule on M. Diday's experiments; his intentions are evidently good; he is anxious that syphilis should have its preservative as well as variola; but one circumstance should ever be borne in mind—viz., that small-pox may reign *epidemically* or be *accidentally* caught, but that matters are quite different as far as syphilis is concerned. M. Diday has proceeded very cautiously, and for fear of doing harm, took blood and not pus, and made use of tertiary affections rather than venture with secondary symptoms. His is a harmless error, and forms a very advantageous contrast with the wholesale inoculations of virulent matter to which I shall presently allude.

After M. Diday, we find M. Laval, not exactly in a chronological order, but being second as far as regards prudence and caution in the experiments. This young surgeon took curative syphilization as the subject of his thesis, after having, like a true enthusiast, made experiments upon himself. His view is to substitute inoculations of virulent pus for the use of mercury in the cure of *secondary* syphilis. His ideas were made public after the prophylactic and curative syphilization of M. Auzias Turenne had been proposed and carried into practice, but I mention M. Laval now, because he confines himself to the treatment of *secondary* syphilis.

Experiments were carried on at the military hospital of Val de Grâce, under the patronage of one of the surgeons of the institution, M. Marchal (de Calvi), who took up the subject very warmly. The number of patients was sixteen; seven had syphilitic psoriasis and roseola; four were affected with specific ecthyma and psoriasis; and five had mucous tubercles; almost every one of them had marked induration left in the part where the chancre had first appeared, and all presented tumefied posterior cervical glands. Only two inoculations of virulent syphilitic matter were made, and in a short time the above symptoms disappeared; the induration of the chancres vanished in twenty days, and the secondary symptoms in about ten. The inoculated chancres took, however, *fifty days* to cicatrize.

Now, these experiments (which were stopped by the military medical authorities) prove literally nothing; for it is well known that cutaneous manifestations and the induration left after chancres will gradually go off under the most simple treatment; but this result has very little to do with the eradication of the syphilitic diathesis, which is in general sought to be effected by the use of mercury. M. Ricord showed me repeatedly in his wards, last summer, that dry lint and simple diet drinks were sufficient to remove secondary symptoms of a mild variety, and he used to point out the patients to me with a view of proving the complete insufficiency of the above-mentioned experiments.

One case, however, has been held up as capable of supporting M. Laval's doctrines—viz., that of an infantry officer, who had a spreading secondary ulcer of the tongue. After one inoculation of matter taken from a chancre, the ulcer, which had before been very obstinate, began to improve. Several inoculations were afterwards made; the ulcer went on healing, but the patient was obliged some months afterwards to apply to M. Ricord for *well-marked tertiary symptoms*; so that the case upon which the greatest reliance was placed crumbles into nothing. M. Laval considered himself completely syphilized, and proof against any inoculation, and this circumstance was very much cried



up; but it happened that the purulent matter, which was used to try his powers of resistance, also failed upon other patients. When, however, purulent matter taken from a chancre at the period of development was employed, he was found to be but a weak inoculable mortal after all.

So much for M. Laval and his inoculations proposed for the cure of secondary symptoms! I now come to M. Auzias Turenne, the syphilizer *par excellence*. It appears that as long back as 1844, M. Auzias had made numerous and persevering experiments on animals, in order to find out whether Hunter, Ricord, Cullérier, and others, were not mistaken when they affirmed that the lower animals were unsusceptible of taking syphilis. M. Auzias was afforded great facilities by the managers of the Zoological Gardens in Paris; he carried on his experiments with much care, and did really at last succeed in inoculating chancres upon some monkeys. I cannot enter here into the details of these experiments; suffice it to say, that the ulcerations induced upon the monkeys (behind the ear a locality inaccessible to the animal's tongue) were so *bona fide* of a specific kind, that the pus secreted by them being inoculated upon a German physician, M. Robert de Welz, produced both primary and slightly marked secondary manifestations. Now, it is plain that M. Auzias has really and truly succeeded in giving chancres to monkeys, but I am much inclined to side with M. Ricord in considering this as a mere transplantation; for it should be noticed that the syphilitic disease is more comprehensive than the mere production of a chancre; it is a constitutional affection, and it still remains doubtful whether the lower animals are obnoxious to the malady, as *no secondary symptoms* have ever been observed among them.

Now, during these inoculations upon animals, which proved that it is extremely difficult to communicate the disease to the poor creatures, M. Auzias *thought* that the more numerous the ulcerations were becoming the feebler the later ones developed themselves; and this descending scale seemed to him so marked, that he at last fancied that the animals had become proof against any further infection, and he then looked upon them as being *syphilized*. The fact being thus construed into a kind of saturation, M. Auzias bethought himself that perhaps the same saturation might be effected in man; and in the experiments which he now begun upon human beings, he relied both upon the kind of immunity observed upon animals, and another fact which had been observed and made public by M. de Castelnau, the editor of the *Gazette des Hôpitaux*. This was no less than a species of saturation, or immunity, which the latter surgeon had observed among the prostitutes under treatment at the establishment of St. Lazare, where all diseased women of that description are obliged to repair. M. de Castelnau had noticed that such of these unfortunate women who had frequently suffered from syphilis, had at last become refractory to infection, and were even sought after on that account.

Now, upon these facts, which are, to say the least of them, anything but established, and vaguely and unsatisfactorily described, M. Auzias boldly begun to inoculate purulent matter from chancres upon healthy and diseased subjects, with results which I shall presently describe. Before doing so, however, I must be allowed to refute an assertion which has been made by some of M. Auzias's supporters. They say that Hunter and Ricord made inoculations on a large scale, and that the new doctrine is merely an offset of Hunter's school. Nothing, however, can be more erroneous, for every one knows that inoculations were made both by the English and French surgeons upon persons already affected with syphilis, and with the purulent matter secreted by their own sores. Patients could, in this way, not be any worse off from the experiments which were instituted; and comparing the odious method of implanting syphilis upon perfectly healthy or slightly-affected individuals with the scientific and prudent inoculations of Hunter and Ricord is perfectly unjustifiable.

Now, it would appear that in this instance, as in all circumstances when anything of a strange, new, mysterious, and startling kind is proposed, the human race has been

true to tradition, and numerous victims are being voluntarily made at the shrine of syphilization. So extensively multiplied have inoculations become, both on healthy and diseased subjects, that M. Auzias asserts having tried his method upon more than 300 patients, seventeen of whom are, according to his statement, completely syphilized, and unsusceptible of taking either gonorrhœa or chancre. These are, however, mere assertions, and no cases or facts have been brought before the profession, except such as are of so melancholy and mischievous a description as to attach the greatest blame on the operators.

M. Auzias was nevertheless so emboldened by his pseudo-success, that he applied to the Chief Commissioner of Police for permission to carry on his experiments at the hospital for prostitutes. The head of the police asked the Academy of Medicine to appoint a committee to report upon the doctrine of syphilization, and to advise him how to act: this report has not yet been published. The Academy has, however, largely discussed the matter, in consequence of a report of M. Bégin, which was rendered necessary by M. Ricord presenting before the Academy a patient *supposed* to be syphilized.—*Lancet*.

### IODIDE OF SODIUM.

DR. DAVERI, Chief Physician of the Hospital of Saint Orsola in Bologna, has employed the iodide of sodium instead of the corresponding salt of potassium. The iodide of sodium employed by Dr. Daveri, was prepared by placing three ounces of filings of iron in two and a half pounds of distilled water, and gradually adding, with constant agitation, a pound of iodine; as soon as the mixture had acquired a greenish colour, it was filtered and quickly treated with a solution of carbonate of soda, until all the iron was thrown down. The carbonate of iron thus formed was separated by filtration, the filtered fluid evaporated to dryness, and the residuum again dissolved, filtered, and evaporated, until a pellicle had formed. By this method, fourteen ounces of iodide of sodium were procured in the form of white rhomboidal prisms, deliquescent, and having a saltish taste, less disagreeable than that of iodide of potassium.

The iodide made from iodine and caustic soda is disagreeable to the taste, gives rise to a burning sensation in the fauces, to weight and uneasiness in the stomach, and to gastro-enteric pains.

The dose administered at the commencement of the treatment, was always a scruple of the iodide dissolved in three ounces of distilled water, and given in three equal portions in the course of twenty-four hours. The salt was likewise employed, in the form of ointment, in the proportion of half a drachm or a drachm to the ounce of lard. In the administration of the iodide of sodium, the same rules and precautions are to be observed as apply to the use of the potassium salt. The author divides the 116 cases, on the observation and treatment of which his paper is based, into the three following classes:—1. Cases of constitutional syphilis, in which so-called secondary and tertiary phenomena co-existed. 2. Cases of so-called tertiary lues, in which the use of mercury preceded the treatment by iodide of sodium. 3. Cases of so-called tertiary lues, in which iodide of sodium alone was employed.

Of the first class, twelve cases, in which the symptoms were pains in the bones or periostitis, united with some manifestly constitutional affection of the skin, generally of a papular or pustular form, were treated with iodide of sodium. In eight of these cases the use of the salt alone effected a cure; in the remaining four, it was necessary to have recourse to mercurial frictions, to remove the cutaneous affection which remained after the tertiary symptom had yielded to the iodide. The minimum quantity which succeeded in curing the disease was three drachms, the maximum three ounces; the quantity which was usually required ranged from two to three ounces. The shortest time in which the symptoms were removed was nine days; the longest three months; the average was about a month.

The cases of the second class, or those of so-called ter-



tiary lues, in which the use of mercury preceded the treatment by iodide of sodium, were seventeen. In some of these, six or seven ounces of stronger mercurial ointment had been rubbed in; the average quantity was from four to five ounces. The minimum quantity of iodide of sodium administered was three drachms; the maximum four and a half ounces; the average, from one to two ounces. Those patients who had derived no benefit from a protracted course of mercurial treatment, were cured after the administration of a small quantity of iodide of sodium; while this remedy had to be given to the extent of four and a half ounces, in cases in which only a limited number of mercurial frictions had been used. The patients who resisted the long-continued employment of the ointment, laboured under osteocopic pains, which subsequently gave way to a small quantity of the iodide; while those who practised, without benefit, a moderate number of mercurial frictions, suffered either from syphilitic rheumatism, or from a mixture of syphilis and scrofula. This fact of the iodide being required in the inverse ratio of the amount of mercury previously employed, arises, the author thinks, from this,—that in the first case the use of mercury had, in a great measure, overcome the syphilitic element, which was then entirely removed by the administration of the iodide; while in the second the elimination of the constitutional venereal principle, commenced by the mercury, was for the most part, reserved for the iodide of sodium.

The cases belonging to the third class, comprising those of so-called tertiary lues, in which the iodide of sodium was the only medicine administered, were eighty-five in number; of these, thirty-seven were cases of ostalgia, in the treatment of which vapour baths and iodide of sodium were employed: the minimum quantity of the latter given was from one to seven drachms; the maximum from eight to twelve ounces; the average from two to four ounces. Of rheumatism, the cases were seventeen, likewise treated with vapour baths and the iodide; the minimum dose of the latter being from two to four drachms; the maximum, nine ounces; the average two to four ounces. Of arthralgia, nine cases were similarly treated; the minimum quantity employed having been seven drachms; the maximum two ounces. Of the other varieties of tertiary disease, the numbers were too limited to require special mention, or to justify the deduction of conclusions from them.

Derangement of the stomach, iodic eructations, ptyalism, and affections of the throat, were seldom met with from the time the iodide of sodium was substituted for the potassium salt; consequently, the remedy could be more steadily persevered with and its dose more rapidly increased: circumstances directly promoting the cure of the diseases for which it was administered. In the few cases in which ptyalism occurred, it totally ceased on suspending the medicine for two or three days. In but a single case, did it appear to be obstinate; and in this instance the mouth was, on examination, found to be pale, free from swelling, and very slightly painful. As the patient lay in a ward with many syphilitic patients under mercurial treatment, it was thought the salivation might be owing to mercurial vapour present in the atmosphere—a suspicion which was verified by the result; for on removing the patient to another apartment, free from mercurial contamination, the salivation entirely ceased in two days.

The time required for the cure of nineteen patients treated with the iodide of sodium, was about twenty-eight or twenty-nine days; while with the potassium salt, likewise exhibited in nineteen cases, the average time was, from thirty-four to thirty-five days. Many cases, which had either not got entirely well, or were proceeding but slowly, under the use of the iodide of potassium, were rapidly cured by the substitution of the corresponding salt of sodium.

Several of the cases, however, treated with iodide of sodium, relapsed, and the disease again yielded sometimes to a repetition of the remedy; sometimes to the use of mercurial frictions. But this circumstance cannot be urged against the iodide of sodium alone, for the same is equally

true of every other anti-venereal remedy,—one of the leading features of lues being its tendency to present periods of lull and of relapse, whatever be the therapeutic means employed. The author concludes his paper with the following *resumé* :—

1. Soda being a very common ingredient in our organism, the iodide of its base appears best suited to the human system.
2. The taste of the iodide of sodium is much less disagreeable than that of the iodide of potassium.
3. It is less likely to occasion iodism.
4. It is better borne than the potassium salt, and in consequence of this, its dose can be almost daily increased; and it thus becomes a more efficient remedy.
5. It has sometimes succeeded where the iodide of potassium had failed.
6. We may commence by giving daily, in three equal doses, a scruple of the salt dissolved in three ounces of distilled water, increasing the strength of the solution, every two or three days, by six grains. Some patients have, in this way, been able to take more than two drachms a day, without suffering the slightest inconvenience.
7. The iodide of sodium is admirably adapted to cases in which the corresponding salt of potassium is indicated.
8. The iodide of sodium is the best substitute for mercury.—*Chemist and Association Jr.*

#### ON THE SYMPTOMATIC VALUE OF CEREBRAL SYMPTOMS IN INFANTILE FEVER.

By Dr. MEREI.

THE practitioner is frequently harassed by anxious doubts as to the character of headache and other cerebral symptoms in infantile fever; and as a correct diagnosis is of the last importance under these circumstances, we extract the following practical remarks from the valuable course of lectures to which we have previously been indebted:—Headache, a most constant companion of fever, easily appreciated and less alarming in adults, appears more obscure and threatening in children, because they cannot give us symptoms by words, so as to facilitate the distinction from congestion or meningitis. It manifests itself in the child in different degrees, when lifted up in the arms of the mother or nurse, by its difficulty or inability of holding its head upright, by leaning it on the shoulders, along with simultaneous appearance of some perpendicular wrinkles on the forehead between the brows, languor of the eyes, falling of the upper eyelid, and plaintive moaning; considerable degree of heat on the front. The little patient keeps the head rather steadily and quietly in the same posture, without restlessly moving it; and all the above symptoms are equable for some time. Recollect what adults say in this state by words, and thus you will have the whole more clearly before you. Sometimes they complain of acute, at other times of dull pain, on pressure, or giddiness. These differences it would be difficult to trace in a child; we must content ourselves with knowing that there is headache present, and judge of its importance according to the degree and weight of the above symptoms, comparatively with the general state, or some important local affection. In a little child we must be very careful, because painful abdominal affections may cause dropping of the head, moaning, and frontal wrinkles, just as if the head itself were suffering pain.

As to the nature of febrile headache, it is but an old superficiality, which always identifies pain and heat in the head with congestion. We know little of the nervous fluid yet, so plentifully developed in the brain, and of the laws of its circulation. The fact, however, stands firm, that paroxysms of intermittent fever present, as to heat and pain, a severe kind of headache, and still there is little fear of meningitis. Nervous headache in delicate ladies manifests the same severity, with the same exclusion of meningitis. In both cases, generally, leeching does not cause relief. Thus we may be allowed to establish a febrile headache of the nervous kind, perhaps a congestion of the nervous fluid causing pain or spasm. As to congestion of blood in the brain, which of course may also be connected with febrile headache, just as it complicates, occasionally, even hysterical headache—this, in the height of fever, I



do not know how to distinguish exactly; I believe, however, that in the case where congestion is the principal affection, there will be the appearance of a higher degree of heaviness of the head, and of the languor of the eyes and eyelids, more oppressive somnolence, or even soporose sleep, high heat on the forehead, but less of the extremities, and less moaning. And in the case of decided inflammatory action in the envelopes—that is, in the first stage of meningitis, there will be, with a given degree of heaviness and heat, less sleepiness, and, instead of steady posture, even restless rolling and pushing of the head here and there, and a more lively expression of pain, with occasional startings and screamings. The second stage is too clearly characterized to admit mistakes.

As to eclampsy, during the stage of febrile heat, I have been satisfied, by many dissections, that it is less frequently a symptom of the first stage of meningitis than the effect of different febrile and non-febrile, gastric, or other disturbances acting upon the nervous system, consequently there is a more natural combination between eclampsy and headache of a nervous or spasmodic kind, than between eclampsy and meningitis. Gastric disorder, during fever, I believe, frequently may be the simultaneous effect with headache, and is, perhaps, too generally considered as its source; at any rate, whenever fever, and along with the signs of headache, gastric disorder is well ascertained by its local and functional symptoms, we may be almost sure of the non-inflammatory nature of that headache. Tense epigastrium, for example, and furred tongue, are frequently connected with nervous, but never, I believe, with inflammatory headache. Moreover, consider the following comparative analysis:—A paroxysm of fever, with headache, in order to make us apprehend acute primary congestion, or meningitis, must be rather intense. Now, if this be the case, the temperature of the skin in fever will be high, and so all over the body, the highest on the epigastrium; and the pulse of a little child, between 150 and 170, or more. And all these conditions unitedly, will be the more expressed in high gastric fever, in which also the highest degrees of sympathetic headache do occur; whilst in the case of active congestion or meningitis, generally, and proportionally to other symptoms, there is less heat and dryness. Hands and feet frequently even cool, in comparison with the forehead, and in many cases the pulse less frequent.

Vomiting of bilious liquid may be the effect of simple fever or febrile headache, as well as of meningitis, and in both cases the epigastrium is soft, consequently this symptom has in itself not much diagnostic value.

Acute hydrocephalus (anatomically different from genuine meningitis), in the great majority, does not set in so suddenly, and under that sudden appearance of high fever, as we have described it above; a careful observer will, therefore, be less exposed to confound the first stage of hydrocephalus with the simple febrile head-symptoms, than the first stage of meningitis.

In conclusion, I have been satisfied, too, that simple febrile headache is far more frequent than meningitis or hydrocephalus.

All these different diagnostic points, of course, taken *singulatim*, admit of exceptions, and cannot be trusted by themselves. Considered, however, in relation with each other, and many special circumstances of the case, they are of some value. I nearly forgot, to recommend great care and application in accustoming your hands to distinguish the proportion between the heat on the forehead and on the epigastrium. This, I find, is important. In congestion or meningitis, the heat of the epigastrium is less. In medical practice there are few points of greater difficulty than that in question. Even in adults we labour sometimes under the ambiguity between the nervous and congestive character of headache. Nor can it be denied, that in many instances congestion may join spasmodic pains; or that headache, which at first was but an effect of nervous disorder, proper to fever, may become congestive. The question will be—shall you in a given case of recently developed primary fever, under the mentioned appearance

of the head, resort to energetic leeching, or wait, or adopt some milder means? By the industrious and clever application of your senses and mental powers, an increasing number of patients will increase your discernment, which I only wish to assist by giving you some facilitating directions. There are, however, those intermediate and undecided cases in which we cannot get rid of the ambiguity between simple headache and congestion or meningitis. This has been the case frequently with me, though I have seen thousands of them; and it will be the same with you. In similar emergencies, I can but recommend you the following conduct:—Consider well the constitution of the child. Is it strong? Then, after you have freely moved the bowels, and energetically used cold fomentations without effect, leech it; in the contrary case, wait a little longer before you take blood. And, in spite of the apparent vehemence of head-symptoms, abstain from taking blood if you have before you one of those scrofulous habits with thin legs and a large, flat, angular skull, or a rachitic or a very delicate decidedly nervous child. These are all exceedingly liable to febrile disorder and headache, but not to inflammation, and are injured by loss of blood.

Cold fomentations on the head, abundant cold water and sugar to drink, and perhaps a cooling injection (of thin barley decoction, with sugar and oil), will best answer the indications of that hot stage, with headache, within the first twenty-four hours. Sinapisms are improper at that stage for tender infants; they might increase the fever by irritating their tender skin. If, then, the general febrile symptoms continue longer than twenty-four hours, with unabated heat, pulse, and thirst, and heaviness of the head persists, or increases, together with languor of the eyes, and heavy moaning, restlessness, and painful crying, or occasional outcries, where no remarkable gastric derangement is discoverable by the above-mentioned signs, and after the bowels have been moved, then the indication of leeching acquires more weight and consideration.

Your call in these cases ought to be repeated after a few hours, and again the examination be performed with the same minute care as before. Do not forget to particularly investigate mouth and throat, outside and inside, and offer the child some water and sugar to drink, carefully observing his swallowing movements; and if you see they are not free, as if checked under expression of pain—in one word, if you find the slightest signs of pharyngeal irritation, with a degree of dryness in the mouth, do not hesitate to order an emetic. This is one of the important points of children's practice. In hundreds of similar instances, I have ordered the emetic where I should not have felt pressed to order it to grown up people; the reason is, the greater frequency, rapidity, and danger of laryngeal and pharyngeal inflammations of children.—*Ranking's Abstract.*

#### REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON OPERATIVE OPHTHALMIC SURGERY. By H. HAYNES WALTON, F.R.C.S., Surgeon to the Central London Ophthalmic Hospital, and Assistant-Surgeon to St. Mary's Hospital. 8vo. pp. 628. London. 1852.

It is some time since we had the pleasure of perusing an off-hand, manly book or paper on Eye Surgery; and some time, too, since we met one conspicuous for its honesty. The ophthalmological literature of London especially, has been for some time more remarkable for its diminutive than its large character, more for its caution than its candour. This being so, the book before us proves an agreeable novelty, for it is evidently written by a man having confidence in his resources, and who feels that he can afford to show fair play even to rivals. It is also somewhat novel in its aspect, in consequence of the evidence it contains that the author is a Surgeon; for with reverence be it spoken, our craft seem to pride themselves upon their alienation from that calling. The author does not profess to be the maker of a great book to supersede all other books, but



rather to provide the practitioner with one which will teach him as much as he himself knows, or perhaps as much as he thinks it necessary for him to know. Neither does he profess to give the result of his own experience exclusively, although he gives enough to prove that he has some of that essential qualification. The work, in fact, is a fair intelligible account of the operations required in Eye Surgery, with no small amount of illustrative comment on the diseases which render them necessary and the treatment which contributes to their success. It is divided into twenty-two chapters, treating the subject as follows:—

“History of Ophthalmic Surgery—The use of Chloroform in Ophthalmic Surgery—Ophthalmic Instruments in general—Injuries from Mechanical and Chemical Agents, Burns and Scalds, Echemosis, Blows, Wounds, Chemical Injuries—Foreign Bodies on the Surface of the Eye—Larvæ of Insects under the Lids—Foreign Bodies within the Eyeball—Ossification of the Ocular Tissues—Affections of the Eyelids—Diseases of the Lachrymal Passages—Abscess of Lid—Complete or partial Adhesion of the Eyelids to the Eyeball—Adhesion of the edges of the Eyelids—Encroachment of the Skin on the corner of the Eye—Falling of the Upper Eyelid—Trichiasis—Entropion—Entropion with Trichiasis—Ectropion—Obstruction of the Meibomian Ducts—Conjunctival Calculi—Affections of the Puncta, the Canaliculi, and the Lachrymal Tube—Caries of the Orbit—Nævi Materni—Dilated and Tortuous Veins—Aneurism by Anastomosis—Incision of the Conjunctiva, and of the subjacent Cellular Tissue in Chemosis from Purulent Ophthalmia—Strabismus or Squint—Internal Squint—External Squint—Tumours of the Eyelid—Tumours of the Conjunctiva—Tumours involving the Cornea and the Sclerotica—Tumours of the Orbit—Enlargement of the Lachrymal Gland—Tumours connected with the Lachrymal Gland—Protrusion of the Eyeball—Protrusion from causes within the Orbit—Protrusion from Anæmia—Rheumatic Inflammation of the Ocular Sheath—Abscess and Inflammation within the Orbit—Periostitis of the Orbit, and Disease of the Optic Nerve—Staphyloma of the Sclerotica and of the Cornea—General Enlargement of the Eyeball with Disorganization—Conical Cornea—Removal of Opacities of the Cornea by Operation—Transplantation of the Cornea—Cataract—Varieties of Cataract—Cause of Cataract—Nature of Lenticular Cataract—Hard Cataract—Soft Cataract—Capsular Cataract—Distinctions between Cataract and Amaurosis—Cataract and Glaucoma—Operations for Cataract—Preparation of Patient—Operation for Extraction—Operation for Displacement—Operation for Solution—Operation for Capsular Cataract—Operation for Drilling—Spectacles necessary after loss of Crystalline Lens—Entozoa within the Eyeball, and about the Ocular Appendages—Cysts within the Chambers of the Eyeball—Artificial Eyes—Malignant Affections of the Eye—General Considerations, including Definition of Cancer; Microscopic Character of Cancer; Origin and Physiology of Cancer in connexion with Treatment; Question of liability of the Eye to Cancer—Encephaloid Cancer of the Eyeball—Melanosis—Scirrhus—Cancer of the Orbit—Cancer of the Eyelids—Cancer of the Lachrymal Gland—Question of the propriety of Operating in the several Varieties of Cancer about the Eye—Artificial Pupil—Conditions under which an Operation may be undertaken, and those which contraindicate it—Relative advantages of the several positions in the Iris for a Pupil—Size of the Pupil—Shape of the Pupil—Classification of the principal Morbid States of the Eye requiring a Pupil, with the most appropriate Operations—Concluding General Remarks—Exstirpation of the Eyeball—Removal of the entire Contents of the Orbit—Removal of the Eyeball alone.”

The text is illustrated by 169 engravings on wood by Bagg, which, although uncoloured, present much better representations than the florid pictures usually provided by copper-plate artists. Here is the chapter “On Ophthalmic Instruments in General,” by way of specimen of the author's method:—

“It is easy to comprehend the extent of influence exerted over the success of a surgical operation by the perfection or imperfection of the instrument with which it is performed. It may even happen that the defects of the instrument shall amount to a prohibition of obtaining by means of it, the effects which it is intended to accomplish; and if this be the

case in surgery at large, it is more particularly true in ophthalmic operations. To lessen the defects of an instrument, is tantamount to an improvement in the branch of surgery to which it belongs. Simplicity and due adaptation to the purpose intended, are the qualities which a surgeon who operates on the eye should endeavour to acquire for his implements. The improvement of those in our day, contrast advantageously with the coarseness of form, and inferiority of workmanship, in times past. For these reasons alone, I should deem it proper to dwell somewhat on the subject of instruments; but further, I take this view of the matter, that in treating of any department of operative surgery, a great opportunity of communicating practical instruction is lost, when hints and observations on the instruments concerned are omitted. The plan proposed is, to introduce the several instruments with the subjects requiring their use, and to describe them apart from the operations, as it possesses the advantage of allowing a fuller attention for them than if they were spoken of digressively; while the subsequent details of the operations themselves, being uninterrupted, will then most readily command the attention of the reader. Some few, of general use, will be given at the end of this chapter. As each instrument will be illustrated by an engraving which will convey the most exact ideas of it; little more than those points only which deserve especial attention will be dwelt on in the description, or which the figure less prominently sets forth. The instruments that are introduced are those I am actually in the habit of using, and which appear to me to be the most appropriate to each occasion, and the most convenient for the several purposes which they are intended to fulfil. With ophthalmic instruments, lightness is an element of the highest importance. The lighter they are, the greater is the delicacy with which they can be applied. With light instruments, the resistance to be overcome is better appreciated, as well as the amount of the force required for that purpose. The blades should not be of greater size than the use intended requires; but in a far greater degree the same property is attained by exchanging the ivory handle so generally adopted, notwithstanding the nicer appearance, for one of light wood. In all other respects the minimum of the dimensions compatible with the kind of instrument, should be made the rule. In successive years, as I have required to renew my instruments, I have gradually had their size reduced; and the effect has been to adapt them better to the several operations. Besides remedying the clumsiness and awkwardness which attach to those of greater bulk, in several instances positive evils arising from inordinate size have been avoided.

To all small instruments, such as cataract knives, cataract needles, and the like, I prefer round handles, for when of this form they can be held with more ease and freedom, while stiffness and constraint are overcome, and a more individual independent control is thus given to the fingers. I am also of opinion that the handles of such should be smooth, and not cross-cut. There can be no other reason why the handle of a surgical instrument should be roughened, and thereby rendered unpleasant to the touch, as well as less suitable for delicate use, than that surgeons, having been careless about the subject, have permitted the instrument-maker to indulge his fancy, merely to give an air of finish to his workmanship. I believe it to be true, and if so, it is a fact of much significance, that there is no other manual art in which rough-handled instruments are used. All instruments designed to puncture the cornea, should have such a form, from the gradual increase of thickness from the point, as to act on the principle of a stopper in the aperture that is made; the effect of which is to retain the aqueous humour as long as possible, so that the natural prominence of the cornea is for a time preserved, the danger of prolapse of the iris is obviated, and the subsequent steps of the operation are facilitated. The gradual augmentation of size sufficient for this purpose, while a proper stiffness of point is preserved, need not, in needles, exceed at the largest part from 1-36th to 1-40th of an inch. Sharpness of point, and keenness of edge, are here of paramount importance; and these qualities of a perfect instrument should be carefully sought after, and ascertained by delicate processes. To test the point, the best criterion I know is the little drum made of the cuticle stripped from the softest kid skin, and stretched over a metallic cylinder. A less perfect method is, to stretch the cuticle across the fingers. In either case, if the point be in proper order, the mere weight of the instrument should cause it insensibly to penetrate the tissue. If, on the contrary, the point be dull, it requires to be forced through; if otherwise defective, by being turned; and if broken, in addition to the force re-



quired to make it penetrate, a sharp cracking sound is emitted. In consequence of the natural pores in the cuticle, several punctures should be made to ensure the passage of the point of the instrument through an unbroken space. The edge should be tried on some part of the hand where the cuticle is thinnest; for instance, on the ball of the thumb, and I cannot express myself more concisely than by saying, that with a slight drawing motion it should at once enter, or 'bite,' as instrument-makers say. It is necessary, also, that scissors be inspected. Their efficiency depends not only on the blades being properly sharpened, but, besides, on being lightly made and securely riveted. The simplest, and, at the same time, the surest test is, to close the blades gently, and without any lateral pressure, on a very thin piece of wetted paper. If effectual, they will readily divide it; if not, they will close over it without cutting. I cannot refrain from adding a remark on sponges. It is hardly conceivable that the success of an operation can, in any degree, be dependent on the mere purity of a sponge; yet I have the strongest reason to suspect that in many cases the partial or entire failure of the process of adhesion after incisions, has depended on the transmission of particles of sand from the sponges to the edges of wounds. The impossibility of buying a new sponge that is not loaded with earthy particles, is well known. To remove these, time is requisite; washing, necessary as it is, cannot at once cleanse them. The best method of procuring them free of grit is, to employ the best sponges of the shops for common domestic purposes for several months, taking care that on frequent occasions, when dry, they are beaten for some time.

**Scalpel.**—An instrument of such general use, and so well known, would have been passed over in silence, were it not that the kind here advocated is reduced considerably below the size of scalpels in general. The ordinary ones are decidedly too large for all dissecting operations on a small scale, especially such as those on the eyelids, where precision and neatness are imperatively demanded; and those for the removal of tumours about the eye and its appendages, particularly when encroaching upon, or actually lying within the orbit. The point is placed centrally, and this position, while it allows of a requisite amount of curve, renders it better adapted for minute dissection than when it is in a line with the back of the blade; and in a central point there may be the union of the greatest fineness with the greatest strength. In nearly all operations with the scalpel, it is the point of the blade that is principally available, and to its properties the value of the knife is chiefly due. The breadth of the handle is of some consequence, for if carried beyond a certain extent, it is not readily fingered. I also recommend that the parts to which the points of the fingers are applied, should be rounded. The length may be what fancy suggests, unless, as is the case with myself, the instrument be held in a particular manner, as a common table knife is held, my fingers being placed near the blade, a method which demands shortness of handle. This mode of holding it I adopt for almost all purposes, finding that it combines the greatest freedom of motion with the greatest power, and the lightest touch.

**Forceps.**—The proper length is such as allows them to rest on the hand between the thumb and the finger, when held in the ordinary manner. Any length beyond this is useless, and increases their weight. The blades should be slightly bowed, well hardened, and of a substance, in thickness rather than in breadth, that will not allow them to slip on each other, or bend under any force of pressure that can be required during their use; for, were their extremities to gape, which they surely would if the centres of the blades were weak, they must cease to be effectual. The spring should not be made stronger than sufficient to sustain their weight. Round points are, I think, superior to any other form. The holding, or interior surfaces of the extremities, should be raised, and obliquely cut, for at least a quarter of an inch, the serratures being large, and exactly fitting. This roughness is quite compatible with an accuracy of edge adapted for minute purposes. It is frequently required to use tenaculum forceps in operations about the ocular appendages, for the ordinary ones do not lay hold with sufficient firmness. In order to be effectual, their blades should be stout enough to enable sufficient pressure to be made at the points. When shut without an intervening substance, the teeth necessarily cross. A catch-spring, like that usually added to tenaculum forceps, and originally introduced for Amussat's treatment of bleeding arteries by torsion, is not only useless for dissection, but a decided impediment.

**Lid-retractor.**—Of the many instruments in use for the

purpose of retracting the eyelids, whether to procure an examination of the eye, or to facilitate the performance of operations, I give the preference to that which is designed to be inserted under the lid. The bent portion deserves attention. It should not be longer or more obtuse than sufficient to secure and confine the edge of the lid, otherwise its action might be detrimental; because if the sinus or sulcus of the lid were reached, on its introduction, a resistance would be immediately encountered, which would not only prevent the lid from being properly raised, but be a source of pain; owing to the dragging and violence then requisite to effect any degree of retraction.

**Suture Needles.**—That the stitching of wounds is very often the most painful part of an operation, is a fact early impressed upon the student of surgery. Without doubt, much of the suffering is too frequently to be attributed to the imperfection of the needle. Good surgical needles are rarely to be met with, merely because their manufacture is in general neglected, and they are not rendered hard enough to bear proper sharpening. The point, or cutting part, should be large enough to make a channel through which the shaft can glide with ease, or at least pass without force sufficient to stretch or tear the skin. These requisites seem to be fully united in the well-formed gloves' needle, which has three edges. The stoutness should be proportionate to the thread which is required, by which standard the size of a needle should invariably be regulated. The length is a matter of convenience. Where circumstances admit of choice, I always prefer the straight form, because a straight needle enters more readily and is more easily guided, than a curved one. A different body is desirable for a bent needle. The front or concave part should be quite flat from side to side, and the posterior or convex side, oval across. If both are oval, the edges cannot be made thin enough, consistently with smallness and strength.

**Curved Scissors.**—The slight bend in the blades of these scissors renders them very useful on many occasions, and the ophthalmic case is scarcely perfect without them. The points should be of a certain width, and not too delicate, in order to ensure proper strength. Within the last two years, Messrs. Weiss have registered two kinds of joints for scissors, and other double-bladed instruments of the same class. The one is called the lever-joint, the rivet being placed at the side in an angular projection, by which it is said that greater power is given, and the mode of cutting is rather improved, and a substance is less likely to slip from between the blades. The other is a sort of lock-joint, a screw not being used, and the advantage of which is, that the blades do not become loose, as often happens, but ever keep their degree of tightness, and the instrument can be the more readily used with either hand, and easily unlocked for the purpose of being cleaned."

After the observations we have made, our readers will not wonder at our expressing a hearty approval of Mr. Walton's book. Something of the kind was just now wanted, and we rejoice to see the want so well supplied.

**SERRES-FINES IN SUPERFICIAL RUPTURE OF THE PERINEUM.**—Dr. Crisp recently drew attention to a small instrument, called in France the "serre-fine," which he had seen used in Paris eighteen months since for the purpose of uniting the edges of wounds. He thought that these pincers were scarcely known in this country, and he believed that they would be found most effectual in arresting the bleeding from leech-bites, although he was not aware that they had been recommended for that purpose. He had tried them in one instance with immediate success. His chief object, however, in drawing attention to them, was in relation to the treatment of superficial rupture of the perineum. Dr. Deidier of Montpelier, has published, in the *Revue Thérapeutique du Midi*, January 15, 1852, a case of rupture of the perineum during labour, treated successfully by these means, in which the rent extended through the cutaneo-mucous tissue and constrictor vaginae. Three serres-fines were applied immediately after the laceration; the last was removed after forty-eight hours. The thighs were kept together, and the united surfaces carefully washed. On the sixth day the patient had a hard evacuation without dragging the parts, and on the ninth day the wound was perfectly healed. Dr. Crisp thought that this plan of treatment was so simple, and so easy of application, that it was worthy the attention of the profession.



## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 9, 1853.

It is often with some hesitation that we venture to handle a particular topic in that essential compartment of our journal which is devoted to the theme commonly denominated a "Leader," or "Leading Article;" because we often find that what is of high interest to some is of no interest whatever to others. We often, too, experience this hesitation the more, when we recollect the impatience with which one section of our readers view a discussion which another enjoys, sometimes even so much as to elicit remonstrances not very flattering to our editorial sagacity. When we exercise our critical abilities in the analysis of a difficult question of college law, a practical friend in the provinces will be as much disappointed as our metropolitan friend will be when we display our sympathies by a denunciation of some provision in a Medical Charities Act. "What," says our worthy country client, relying on us for his weekly meal of medico-literary provender, "what have we to do with college law or educational imperfections?" And "what," says our consequential patron in town, "have we to do with Poor-law Guardians and Dispensary Doctors?" Nay, others may start up and say, "what have we to do with either of you, gentlemen, or your personal objects; we are engrossed by higher aspirations; we think of scientific pursuits only, and have no relish for your medical politics?" Under such circumstances, what can we do, but mitigate the evil by as equitable a disposal of our pages as we can well make: one topic this week, and another next, until all are discussed. Keeping this consoling compromise in view, we venture on this occasion to revert to a subject often before handled and never to be left at rest. If there be amongst our readers any sick of the discussion of Medical Education, sick they for a time must be, as though they were tossed in any other ugly sea; for to Medical Education we must from time to time return, as surely as we must return to "Medical Charities," "Coroner's Law," or any other subject which interests a large portion of our brethren. But Medical Education can scarcely be considered a topic unworthy of consideration by any man, be his prospects and pursuits what they may. As we have had frequently to urge, it is from vicious educational arrangements that the practitioner has most to fear. Tangible evils, the results of bad laws or bad interpretation of laws, are easily recognized, and by perseverance may be corrected; but evils which elude the grasp or escape detection can scarcely be cured: in fact, they become known by their consequences only, and are not perceived until it is too late to combat them. We must repeat what we have lately had to observe. Of all the dangers to which the practitioner is exposed, that of an inundation of imperfectly educated competitors is the greatest; and this danger he can only avert by using his influence to prevent the practices which may lead to it. If any system prevails in the Schools by means of which candidates for professional employment can be formally accredited without substantial qualifications to practise, that system should be abolished; for it is as ruinous to the junior who avails himself of it as to the senior who deplures its effects. But does any such system prevail? The question is a provoking one, but nevertheless

it must be put and answered, however unpalatable. Without pointing to any locality or to any particular institution; to Dublin, London, or Edinburgh; to Colleges, Universities, or private Schools, we, without fear of contradiction, assert that no disinterested man can deny that at the present moment persons can obtain Medical Degrees and Surgical Diplomas without adequate study or opportunities of instruction. Not only can they obtain such qualifications to practise by prescribed attendances and exercises obviously insufficient, but they can obtain them by evading or neglecting even these, inadequate as they are. We do not mean to deny that this has taken place before to a limited extent, but we do venture to assert, that it has now been reduced to systematic practice, and promises to become the rule and not the exception. Adducing, what we hope is an unusual case, as proof of the imperfection of the arrangements to enforce discipline in the Schools, may best serve to prove that the results to which we allude follow. It cannot, we believe, be denied, that in some cases the "needful" in the shape of "certificates" can be obtained without any residence at the places where the Schools affording them are situated; that, in fact, a person may have his name entered as a student, pay his fee, and take his certificate, without the expense or trouble of a journey from home. This, we admit, is an extreme case, but if such can occur, the possibility of less difficult achievements in the same way may be admitted. In truth, we believe that no one now attempts to conceal the fact, that "the certificates" which are held to be evidence of devotion to study and proofs of proficiency can be obtained without any adequate attendance or exercise. We have heard it asserted by one well qualified to pronounce an opinion on such matters, that not only is this the case, but that a cunning artist will "pass a man" who never entered the wards of an hospital, attended a lecture, opened a book, or took a dissecting knife into his hand; nay, that in certain cases where the party is incorrigibly idle and stupid, experienced operators are obliged to interdict all such methods of acquiring the requisite knowledge, and to insist upon a rigid restriction to the grinding room. This probably is an exaggeration, and some may say it is an extravagant one, but that it has some foundation in truth cannot be denied. Under such circumstances, it is not surprising that the practice of substituting this method of instruction for every other should prevail, and that the policy of depreciating everything else naturally flows from it. It is now notorious that in certain quarters every species of information, not absolutely necessary to meet the present exigencies of the Examination Hall, is "cried down," and every branch of knowledge not immediately required for this purpose is coarsely ridiculed or discarded with opprobrious epithets. The consequences of such proceedings all must foresee and all must deplore, but none more than those already engaged in practice, who must meet as colleagues or encounter as rivals the persons ushered into professional life under such influence.

### PARLIAMENTARY REPRESENTATION OF THE MEDICAL PROFESSION.

As this question begins to assume a more consistent shape and decided tone, we copy the following articles respecting it. We are aware that many prudent men entertain doubts as to the policy of such a movement, or even the policy of accepting the privilege if offered; but as "much may be said on either side," we so far touch the matter:—

Dr. Beek has fully succeeded in making out a strong case for his *Alma Mater*. He has not indeed shown altogether to our



satisfaction that this particular privilege was in the contemplation of those, who advised the granting of a charter to the University of London; or of the legislature, in such acts of parliaments as have since been passed in ratification of it: but he fairly argues, that a parliamentary representation is a legitimate extension of the principle therein recognized; and he proves by statistics, that the University of London has already attained such a degree of development, and reckons so large a number of graduates, as to place it in a position advantageously to exercise the franchise. The same statistics, however, go far to show the correctness of Dr. Paterson's prognostication, that the medical element will not preponderate in this constituency. It appears from Dr. Beck's own showing, that the graduates in arts of the University of London are to those in medicine, nearly as two to one. Unless there should exist among the former, therefore, a much greater diversity of sentiment than is likely to be the case, we cannot see what chance there is for the medical part of the constituency to turn the election in favour of a candidate pledged to make medical questions and interests his especial study: and even though they should succeed in this, we are very sure that the great body of the profession in England will not stand quietly by, and see their concerns committed to the keeping of a favoured few. Dr. Beck appears to think that the claims of other universities, which are still unrepresented in parliament, must be postponed to those of the University of London, because their graduates have no voice in the direction of their affairs: and Mr. Disraeli is quoted, as stating this to be a great obstacle to their obtaining representatives. We cannot see the slightest force in this objection. When a gentleman filling a high official situation suggested, in the House of Commons, that militia-men might be admitted to the exercise of the franchise, it was not thence to be inferred that they were likewise to be privileged to assemble and enact statutes for the government of the regiment, or make grants of money out of the regimental chest. Surely it is very easy to enact that the graduates of a particular university shall have the power of electing members to represent that university in parliament, without conferring upon them other corporate rights or privileges. These may be very desirable in themselves, and for the sake of binding more closely together the academic body; but they are obviously not essential to the proper exercise of the franchise. We have been a good deal surprised to find a gentleman in the position of Dr. Beck, who ought to be well informed on every such point, speaking of the degree of the University of Edinburgh as a mere honorary certificate. This is not correct language to employ of a diploma which entitles its possessor to style himself M.D., which enables him to practise in our most distant possessions, and which constitutes the sole legal qualification of many of our most eminent provincial physicians at home. Whatever privileges, in respect of practice, are enjoyed in England, or elsewhere, by those holding their degrees from the University of London, precisely the same are inherent in the Edinburgh degree, and have been enjoyed, by long prescriptive right, by graduates of that university. In any way to depreciate the one degree, is simply to depreciate the other also; seeing that both enjoy the same legal recognition, and that neither is conferred without satisfactory evidence of the candidate having completed a prescribed course of study at accredited schools of medicine, and a full and rigid examination as to the extent of his medical acquirements. For the reasons now and formerly stated, we still maintain that the representation of the medical profession in parliament is urgently demanded; and that the enfranchisement of the University of London, or of any other university, is an entirely different question.—*Association Medical Journal*.

#### LETTER FROM DR. SNOW BECK.

SIR,—The number of graduates is nearly 800, of whom one-third are graduates in medicine, nearly two-thirds in arts, and about one-sixteenth in laws; whilst their numbers are increasing at the ratio of nearly one hundred annually. The number of under-graduates is about 1500, to which upwards of 200 are annually added. It is therefore urged that the time has now come for giving to this considerable and increasing constituency the privilege and advantage of returning members to parliament, as enjoyed by the other universities, and as guaranteed to them at the foundation of the University of London. It is also evident that the claims of this university rest upon peculiar and especial grounds. As regards the medical graduates: many are physicians, some consulting surgeons, and a large proportion are in general practice. At least one-half hold posts of responsibility in the

London and country hospitals. About one-third of the whole number are settled in London, and a large number in the principal towns of Lancashire and the West Riding of Yorkshire. Now it is contended that a constituency of this kind will fairly represent the feeling of the medical profession in England. And as the members for the University of London will have no local interests to engage their attention, it is considered that the medical graduates, forming more than one-third of their constituency, will have a right to require that they should make themselves fully acquainted with medical questions, and thus represent the interests of the medical profession in parliament more efficiently than has hitherto been the case. Should the present movement succeed, it is more than probable that the members of the University of London will be men of experience, of liberal views, and of high standing in parliament; for the choice is not restricted to the metropolitan graduates, nor, it is hoped, will it be fettered by the qualification of property. With pardonable partiality for his *Alma Mater*, Dr. Paterson says: "There is only one university in the united kingdom, that of Edinburgh, in which its medical graduates would have a preponderating voice in the election of a member of parliament, were one to be conceded to them." As stated by Mr. Disraeli in the House of Commons, in May last, there is, in the constitution of the University of Edinburgh, a great obstacle to their obtaining representatives in parliament. This obstacle is, that the graduates are not members of the university; they have no standing in it; nor have they any voice in the direction of its affairs. The University of Edinburgh consists solely of the professors, who are appointed and controlled by the Town Council; the degree is simply an honorary certificate, which confers no corporate rights or privileges on the possessor. Hence, before the University of Edinburgh would have any claim to be erected into a parliamentary constituency, it would require to be remodelled, and its graduates incorporated as members of the university. And in the meantime, I doubt not that the present support which the movement of the University of London has received from the medical profession, will continue, based on the broad principle, that whatever tends to elevate a part of the profession tends also to elevate the whole body; and also that, through the members of this university, the medical interests will be more fully attended to in parliament than they have yet been.

#### LETTER FROM JAMES BEDINGFIELD, ESQ.

SIR,—It affords me great pleasure to see that you have taken up the question of "Medical Men in Parliament," upon an enlarged and liberal basis. For myself, I am decidedly of opinion that Dame Partington, with her mop, would as effectually check the encroachments of the ocean, as one or two members, returned by the London University, would put a stop to, or correct the existing abuses in our profession.

In the year 1834, in an address delivered in the Town Hall, Ipswich, I expressed an opinion, that until we were fully and fairly represented in parliament, we should endeavour in vain to effect any substantial medical reform. In my address to the profession (see *Lancet*, 1841, vol. xli., p. 153), I again adverted to the subject in the following terms:—"Every sincere well-wisher to medical reform must now be satisfied that there is not the slightest probability of a redress of our grievances, until we can acquire some power and influence in that House, from whence our measures have been so contumaciously ejected. It is to endeavour to persuade you to take steps for the advancement of this grand, this all-important object, that I once more address you. We may be assured, that without our own representatives in the Commons House of Parliament, no substantial good will be effected. Would it not be well for us to follow the example set us by the other professions? The interests of the church, and of the army, and of the navy, are fully represented. Even the mercantile and trading interests have their advocates and supporters; and what but our own supineness prevents us from having ours? I repeat, gentlemen, that if you desire to maintain that rank and station to which you are entitled, physicians, surgeons, and general practitioners, throughout the kingdom, must unite, for the purpose of returning a certain number of members to the House of Commons, pledged to support, watch over, and protect our interests. Had we been thus supported, the late administration would not have dared to disregard our petitions for the redress of our manifold grievances, and our endeavours to procure a wise and efficient measure of medical reform."

Again, in the DUBLIN MEDICAL PRESS, vol. v., p. 11, 1841, I wrote:—"But some may inquire, how is this vast power



to be achieved? Again I say, by union; by an union of the whole profession. Let it be borne in mind, that upon a very moderate computation, we are 20,000 strong; and that under the present reform bill, there are but few of us who do not possess a vote, which, by a little management, may be doubled, or even quadrupled; and our interest with our friends and connexions must be very small indeed, if we cannot each of us influence three or four votes more. Thus, were we but once fairly and duly organized, we might command at least 160,000 votes. Let this power be concentrated, and it will be irresistible. We have hitherto allowed ourselves to be driven like horses, and beaten like asses, because, like them, we have been ignorant of our united strength."

But I hear some exclaim, "Funds, funds! what are we to do for funds?" Let every medical man throw his receipts of one odd day, or upon emergency, of the five odd days of every year, into one common treasury, and an ample provision will be made for every political purpose. With such a revenue as this would produce, we might return ten or a dozen members of our own—good men and true, staunch to our interests; and have also ample means left to oppose all enemies of our profession.

If we would succeed in securing such a representation in the House of Commons, as would really be useful to us, we must adopt some bold and broad measure, such as I have now recommended; in other words, instead of calling upon Hercules to help us, we must put our own shoulders to the wheel, and help ourselves.

#### DOINGS AT THE SOUTH UNION WORKHOUSE.

THOUGH we have not yet noticed these proceedings, we have not been inattentive to what has been going on. It appears that a very small knot of the Guardians of this Union recently took it on themselves to appoint a temporary Physician to the Workhouse. As no public notice had been given of this appointment being about to take place, the Commissioners very properly annulled it; and the day of election is now fixed for the 10th of March. This, however, would be but a slight irregularity in itself; but are we credibly informed that the gentleman who was thus irregularly appointed is not qualified according to the rules laid down by the Commissioners? Should this be the case, we must protest against his reappointment. The situation of temporary Physician to a Workhouse is one of too much moment to be committed to the charge of an unqualified man, and we trust that the Commissioners will at once use the powers they possess to prevent any irregularity of the kind. We may return to this subject again.

#### GOVT BOARD OF GUARDIANS.

Mr. Rosengrave, on rising to move the reduction of some of the officers salaries, said, I feel much relieved from any anxiety I might otherwise labour under in proposing a reduction of salaries, by seeing assembled at this board the wealth, intelligence, and respectability of this union—men who, if I were inclined to do wrong, would not tolerate it; but who will give me now, as they have done on former occasions, their unanimous support while I propose that, and that only, which reason dictates, justice approves, and common sense sanctions. A man may spend many anxious days and restless nights, in wet and cold attend fairs and markets, and at the end of the year, after paying his rent and taxes, allowing for wear and tear on his farm, five per cent. for his capital engaged, he may not have £80 profit, while a workhouse officer, who has no capital engaged, no anxiety of mind, ought to be well satisfied with an equal sum. The first salary which he proposed to reduce was that of the medical officer, from £75 per annum to £50.

Mr. H. Lahiff was of opinion that Dr. Nolan should be allowed £50 for the parent house, £50 for the fever hospital, and £50 for the dispensary, and also, in addition, that Dr. Nolan be called on to compound his own medicines.

Mr. Rosengrave would assent to this arrangement in the event of the medical officer being satisfied to agree to it.

The board concurred in the proposition of Mr. Lahiff.

Mr. Rosengrave then said he had to propose the reduction of the apothecary's salary from £42 to £30; that is, in the event of Dr. Nolan refusing to accept the compounding.

Mr. Alexander opposed this, as well as all the reductions.

He conceived the salaries to be low enough already, as the labours of the several officers were great and important; he expressed a hope that the commissioners would not sanction it.

Mr. Harty said that the salary of the apothecary should not be reduced; he considered two medical officers necessary in every public institution.

Dr. Nolan sent in a strong protest against the reduction of his salary, grounded on the informality of the notice of motion and the disqualification of the mover, Mr. Tobias Rosengrave, from exercising any of the functions of a guardian under the 1 & 2 Vict., cap. 56, sec. 101. He then proceeded to enter minutely into several arguments against the proposed reduction, and, amongst others, stated that whilst the last rate, struck for the requirements of the union, averages 4s. 2d. in the pound, the present salaries of the officers, including those under the Medical Charities Act, amount only to 43d. in the pound, and finally concluded an able and comprehensive statement by expressing a hope that, as old and efficient officers were rewarded and promoted in other branches of the public service, they might not at least be reduced or curtailed in that of the poor-law commission.

The medical officer having been called in by the board, was asked his opinion as to the reduction of his salary and the compounding of medicines, when he protested against the reduction of his salary, and stated that he would not undertake the compounding department under any consideration. The board then adjourned.—*Clare Journal*.

This Mr. ROSENGRAVE is obviously an orator and a patriot, but still, as regards Medical Charities, evidently convinced that charity should begin at home, and that the Poorhouse Doctor's salary should be reduced to raise the return for the Ratepayer's capital. That's candid at all events, but what will the Commissioners say to it? We have reason for believing that, with perhaps one exception of peculiar nature, they have in a score or so of cases refused to sanction such reductions, while in many they have advised an increase. Dr. NOLAN is entitled to thanks for his firmness in defence of his rights. If others acted with equal decision, we should have less of such doings.

#### CLUBBING FOR MEDICAL ATTENDANCE.

I OBSERVE that you have been addressed by a gentleman complaining of the injurious operation of the free dispensary system; I have a complaint, too, that I should like to bring under your notice—it is that of the cheap club system, of which I must confess myself to have been a recent victim. I was induced, after long persuasion, to accept a club, whose members resided in different parts of the metropolis, at half-a-crown a head. When I had undertaken the duty, I found that for this paltry sum I had to go to Lambeth, and Camberwell, and the City Road; all these places sometimes in one day, to visit members suffering under diseases of every degree of severity. I found that the half-crown a year would be soon expended in additional cab hire, and that I was let in for an indefinite amount of gratuitous service. After keeping the club nine months, I resigned, an immense loser by the contract, but when I wanted my small pittance, I was informed that the club had resigned too—in fact, had dissolved; that somehow the money in the strong box had been divided among deserving objects, *e.g.*, treasurers, secretaries, auditors, &c., and that there was nothing left for the doctor. I then sent in bills to the individual members, but they refuse to pay. What am I to do? Submit to be robbed, or take legal proceedings, and in that case against whom?—*Letter in Medical Circular*.

We know not to what extent this method of providing medical relief for persons of limited means prevails in Ireland, but we know enough to satisfy us that it is very imperfectly worked; principally owing, we believe, to the ruinous competition which prevails amongst the members of our body. We are convinced that the operatives in every branch of business understand their interests sufficiently to perceive that valuable medical services cannot be obtained without adequate payment; they are also naturally inimical to all underselling transactions in their own "bodies," and must therefore feel that Dutch auctions of their club appointments are discreditable.



## POOR-LAW PAYMENT IN ENGLAND.

A SHORT time since, I inserted an advertisement in your columns for a situation as medical assistant; and among the various replies I received one from the guardians of the Cleobury-Mortimer Union offering a salary of £40 per annum for an assistant to dispense and vaccinate, &c. Of course, for such a sum I supposed my board, residence, &c., was found, but wrote, however, to satisfy myself fully on the subject, and received an answer that that, and that only, was the remuneration offered. Supposing I was able (which I very much doubt) to obtain board, residence, and every accommodation at £30 per annum, I should have just £10 for my services, besides incurring the expense of going to a place so far distant as Cleobury-Mortimer, which would be little short of £2. And this is the remuneration the board of guardians think sufficient for gentlemen of a liberal education. I immediately declined the situation, and expressed my astonishment that the board of guardians could ever think of offering such a niggardly sum. I do not know whether they have been able to get any one to accept it, but this I know—that if medical assistants were but true to themselves, we should soon hear no more of such shameful offers. The board of guardians would be obliged to double the salary before they would get any one to fill the situation.—*Letter in Lancet.*

I observe, by a late number, the way in which my professional brethren of Tewkesbury are rewarded for their important services by the guardians of that union. I think much credit is to be attached to them for protesting against an arrangement which must be most noxious to the medical officer, in consequence of his being paid so badly already. It has long appeared to me that the medical officers of this country are most shamefully remunerated for their services. The question is—How is this to be remedied? The ratepayer complains of the oppressive tax he suffers from, and he receives nothing in return. This is true; but how are the medical officers of unions to be paid for their hard-earned services? It can never be remedied, in my opinion, unless government will sanction the payment of medical officers being made a charge upon the Consolidated Fund. It is not one set of medical men in this country that ought to complain, it is the whole body throughout the kingdom: it must be “a pull, a strong pull, and a pull altogether,” that must effect the change.—*Letter in Medical Circular.*

Government payment of Medical Officers would afford little relief unless altogether made from the Consolidated Fund. A vote in aid to increase salaries granted by the Guardians would be a vote to the Ratepayer, who would close on the grant, and put his tongue in his cheek at the Doctors.

## HOUSE OF COMMONS—FEB. 21.

## NAVAL ASSISTANT-SURGEONS.

Colonel BOLDERO reminded the committee that in 1850 he advocated the cause of the assistant-surgeons, and carried a resolution which declared that the accommodation provided for them was inadequate and insufficient for securing the full benefit of their professional services. He was anxious to know what were the views of the present Board of Admiralty? The Lords of the Admiralty issued a memorandum on the 17th of July, 1850, which was not calculated to give effect to the resolution of the House. The memorandum was, indeed, extremely offensive to that class of officers, and was considered an insult to the whole medical profession. According to that memorandum they were to be allowed cabins only when the space on board would admit of it. This last exception would leave the whole matter to the Board of Admiralty, and defeat the resolution which the House had passed in 1850. He had received returns from the Mediterranean station, and out of twelve assistant-surgeons who had passed through all the ranks of their profession only five had received cabins; and only two had those little advantages which were enjoyed by the other officers in the ward-room. The result of this was that the élite of the candidates at the London, Edinburgh, Glasgow, and other colleges shunned the navy. In the event of a sudden war, where would the government obtain assistant-surgeons when such was their treatment? How could government expect candidates for medical situations in the navy when for three years they must remain in the cockpit, where study was next to impossible? What was the effect

of such a system? Mr. Guthrie, in his lectures, said that medical officers could not be found qualified for the navy, and that the system adopted by the Admiralty, instead of raising the value of the service, deteriorated it by employing persons of an inferior description. Was it desirable that they should continue a system which disgusted young men, and deterred them from entering into the naval service? It was even more necessary that there should be well qualified surgeons in the navy than in the army. The sailors depended entirely upon the assistance of medical men, and, if those men were such surgeons as were employed in 1809, what confidence could the service have in them?

Admiral BERKELEY would ask the hon. and gallant officer how he would like, as the colonel of a regiment, to have the discipline of his regiment and the internal arrangements of his regiment regulated by a naval officer? That was really the question. Admiral Berkeley affirmed that very great improvements had taken place on board ship, and that great additional accommodation had been afforded to the medical officers attached to the naval service. The Board of Admiralty had done all that was possible to carry into effect the resolution of April, 1850, and he expressed his regret to find the hon. and gallant officer doing so much to create dissatisfaction in the navy by his efforts to place the assistant-surgeons above their superior officers—the mates. The fact was, that the assistant-surgeons were, on the whole, very well off; and so far from there being any want of candidates, no fewer than fifty-four had entered within the last few months.

Mr. HUME said, that the question was whether the navy ought not to obtain as able and efficient medical assistance as the army? He could see no reason why both officers and men in the navy should not receive the best medical talent that was to be had; which, however, was impossible so long as the assistant-surgeons were treated as at present.

Mr. OSBORNE said, that the resolution of April, 1850, to which the hon. and gallant officer had referred, was carried by surprise in a thin house of eighty-eight members. He contended that for many years past there had been no class of men whose comforts had been more attended to than those of the assistant-surgeons. In 1840 a commission, composed of the Duke of Wellington, the Duke of Richmond, Sir George Cockburn, &c., reported that there were practical difficulties in the way of allowing the assistant-surgeons in all cases to mess in the ward-room; but that this was less essential, as they had ascertained that the accommodation afforded them of late years was so improved as to render it unnecessary for them to make any recommendation in that respect. The hon. and gallant officer had characterized the memorandum of July, 1850, as an insult to the medical profession. The recommendation of that memorandum was, that the assistant-surgeons should be allowed cabins where space would admit of them. He (Mr. Osborne) could not see where there was any insult in that. He found, from a return furnished in May, 1851, that the recommendation of the board had been carried out in all cases, except where it had been found utterly impossible; and what more would the hon. and gallant officer have?

Colonel BOLDERO assured the hon. and gallant admiral (Berkeley) that nothing was further from his intention than to create dissatisfaction in the navy, and that he had taken up the question solely as a matter of public duty.

Captain SCOBELL was astonished how the Admiralty had found it practicable to find cabins for so many. Cabins were impediments to clearing for action. There were other classes—such as the mates, who would be our future admirals—struggling upwards, who had claims for cabins as well as the assistant-surgeons, who were, no doubt, a very respectable class of men: but it must be considered that a ship was like that House—if all were to have seats, there would be no room for them.

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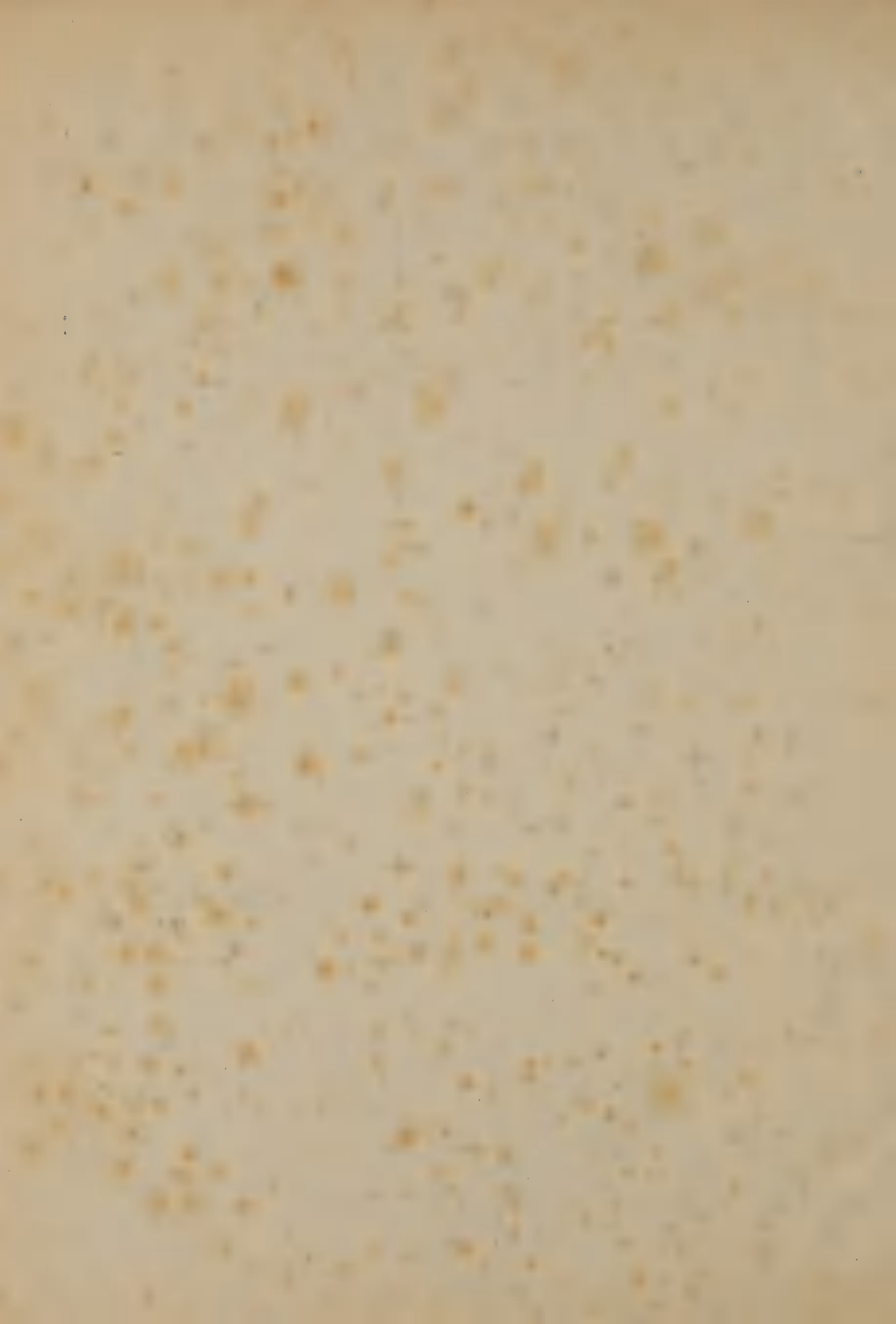
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